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QUALITATIVE EXPLORATION OF FACTORS IMPACTING ADJUSTMENT IN WOMEN SURVIVORS OF MILITARY SEXUAL TRAUMA

by

Rae Anne M. Frey

A Dissertation Submitted in

Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

in Educational Psychology

at

University of Wisconsin – Milwaukee

May 2018

ABSTRACT

QUALITATIVE EXPLORATION OF FACTORS IMPACTING ADJUSTMENT
IN WOMEN SURVIVORS OF MILITARY SEXUAL TRAUMA

by

Rae Anne M. Frey

The University of Wisconsin-Milwaukee, 2018
Under the Supervision of Professor Stephen Wester

This project draws from posttraumatic growth and resilience theories, as well as Critical Discourse Analysis and utilizes multiple case study to offer an in-depth examination of the military sexual assault experiences across eleven cases of women who served in the Marine Corps, Navy, Army, and Air Force from the 1960s to the present-day military. The cross-case analysis revealed a three-stage model of adjustment including adjustment to the military culture, surviving the sexual assault, and surviving the fallout, as well as the internal characteristics and behaviors women relied on to navigate these stages. While the data yielded pockets of strengths within the military context there was a notable lack of consistency among the perceived strengths of the military environment. There was, however, consistency in women's reports of misogyny and sexism and significant barriers to adjustment created by this pervasive military culture. This project offered an integrated perspective of the interaction of behaviors, environments, and individual characteristics and how these simultaneously result in resilience, distress, growth, and posttraumatic stress and adds to current understandings of MST by offering a description of how the military environment both supported and presented considerable barriers to adjustment for the participants.

To

My sisters in arms,

especially those who have

survived the insufferable

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CHAPTER I - INTRODUCTION

In the last decade, increasing awareness of the widespread occurrence of sexual assault and harassment in the military has been the catalyst for national conversation. Estimates suggest that between 20 and 43 percent of women service members have experienced some form of sexual trauma in the military (Suris & Lind, 2008). Military sexual trauma (MST) is the term used to describe these experiences and is defined by the Department of Veterans Affairs (VA) as:

> …sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. It includes any sexual activity where someone is involved against his or her will – he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities…(U.S. Department of Veterans Affairs, 2012).

Research has demonstrated that women in the military are sexually assaulted at startling and disproportionately high rates compared to men (Cater & Leach, 2011; Fontana & Rosenheck, 1998; Hyun, Pavao, & Kimerling, 2009; Suris & Lind, 2008; Yaerger, Himelfarb, Cammack, & Mintz, 2006). In fact, between 13 and 30 percent of women in the military have been raped (Yaerger, Himelfarb, Cammack, & Mintz, 2006) while similarly aged college students experience sexual assault at rates between 3-19 percent (DeMatteo, Galloway, Arnold, & Patel, 2015). Some suggest the military's hierarchical organization lends itself to allowing perpetrators to hold positions of power with control over their victims' careers, livelihood, and survival (Bell & Reardon, 2011; Ferdinand, Kelly, Skelton, Stephens, & Bradley, 2011). Others add that military values, such as loyalty and camaraderie, may "intensify the sense of betrayal" (Ferdinand et al., 2011, p. 553). As military members often see each other as brothers and sisters in arms, sexual assault becomes akin to a familial betrayal. Thus, researchers have concluded

that the military environment seems to perpetuate a culture that permits MST and exacerbates the consequences of the sexual trauma.

Posttraumatic stress disorder (PTSD) is diagnosable in nearly 60% of MST survivors (Fontana & Rosenheck, 1998; Himmelfarb et al., 2006; Yaeger et al., 2006), with MST being four times more likely to lead to PTSD than any other duty-related stress (Fontana & Rosenheck, 1998). Other related mental health concerns include other anxiety disorders (Kimerling et al., 2010; Suris & Lind, 2008), depression (Bell & Reardon, 2011; Kimerling, et al, 2010; Suris & Lind, 2008), substance use disorders (Bell & Reardon, 2011; Katz et al.,2007; Kimerling et al., 2010; Suris & Lind, 2008), dissociative disorders (Bell & Reardon, 2011), eating disorders (Bell & Reardon, 2011; Suris & Lind, 2008), and personality disorders (Bell & Reardon, 2011). Overall increases in psychological distress and general decreases in mental health functioning have been well-documented with this population (Suris & Lind, 2008). Additionally, survivors report rage and self-blame, have more difficulty with readjustment (Katz et al., 2007), and have resistance to acknowledging the impact, trouble monitoring or identifying emotions, difficulties with power dynamics in relationships, disruptions in relationships, trust issues, and interpersonal boundary issues (Bell & Reardon, 2011).

Approximately one-third of military recruits leave service prior to the end of their initial service obligation (Stander, Merrill, Thomsen, Crouch, & Milner, 2007). The loss of these recruits is costly to the U.S. taxpayers (Caldwell, 2008; Stander et al., 2007) and a detriment to mission readiness and the Armed Forces' abilities to respond to emergencies and to engage in homeland security (Caldwell, 2007). Additionally, it is suggested that women improve the collective intelligence and task cohesion in military organizations (Haring, 2013). Unfortunately, accurate data are unavailable regarding the number of women who separate from

the military as a result of MST (A. Street, personal communication, April 7, 2014), although in one qualitative study a theme emerged of early departure from the military due to traumatic experiences, including sexual assaults (Dichter & True, 2015). Researchers have found that in the period from 1994 to 2007, approximately 20% of discharged Soldiers from the Army were mental health related (Bell, Hunt, Harford, & Kay, 2011). Additionally, PTSD was found to be correlated with misconduct related discharges from the Marine Corps (Highfill-McRoy, Larson, Booth-Kewley, & Garland, 2010). Given that women who survive sexual assaults in the military also experience alarmingly high rates of PTSD, it is likely that some of these women are being discharged on the basis of mental health conditions and/or misconduct directly related to the MST.

Despite the disparate rates of sexual trauma, the unprecedented rates of PTSD, and the unsupportive aspects of the military culture, over the last century, women have entered military service at increasing rates. Currently, 201,400 women serve on active duty and represent nearly 13% of our deployed forces (Department of Defense, 2015). Women are becoming increasing integrated in all aspects of the military, including those which were traditionally male dominated. On December 3, 2015, the Pentagon opened all military occupations to women in all branches of the armed services with no exceptions (Rosenberg & Philipps, 2015, December 3). Three women recently graduated from the U.S. Army's esteemed Ranger School (Pedersen, 2015, October 16), a school, until then only open to men, further demonstrating the capabilities and desire of women to participate in all areas of the military. In sum, despite the probability of experiencing a sexual assault and the negative consequences, women are entering military service, succeeding, and surviving traumatic experiences. Researchers have attempted to explore adaptive coping in women veterans and found that women veterans cope with trauma (not specific to military sexual

trauma) with approaching behaviors like exercise (especially mindfulness based), breathing, reaching out to others at places like Vet Centers, and by connecting with other women Veterans, as well as negative coping through behavioral and cognitive avoidance (Mattocks et al., 2012). Yet, little is understood about the specific mechanisms that contribute to their adjustment after sexual assault. There are two bodies of literature that offer a strengths-based perspective for understanding resistance to psychopathology following trauma: Resilience and posttraumatic growth.

Resilience is "characterized by *good outcomes in spite of serious threats to adaptation or development*" (Masten, 2001, p. 228). For it to occur there has to be a significant threat or risk factors that have the potential to lead to undesirable outcomes. Resilience is an ordinary phenomena defined by "connections to competent and caring adults in the family and community, cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment" (Masten, 2001, p. 234). Considerable scholarship in this area has focused on resilience in children, but as researchers branch out they have identified several factors associated with resilience in adults including positive self-esteem, optimism/positive cognitive appraisal, self-efficacy/perceived control, and use of social support (Larner & Blow, 2011; Whealin, Ruzek, & Southwick, 2008). Still, there is arguably a lack of consensus in the field as to what factors contribute to psychological resilience (Luthar et al., 2000). In a study claiming to explore resilience factors in military members who have experienced a traumatic military-related experience, the authors operationalized resilience as adaptive coping along with a number of psychological first aid theory factors (Gibbons, Shafer, Aramanda, Hickling, & Benedek, 2014) including a sense of safety, calming, self- and collective efficacy, social connectedness, and hope (Whealin et al., 2008). To add to the confusion, in a study exploring

psychological resilience in women survivors of assaultive trauma, the researchers deconstructed resilience into three components: resistance, recovery, and rebound (Rusch, Shvil, Szanton, Neria, & Gill, 2015). Furthermore, the RAND Corporation identified 20 factors that support resilience in military service members (Meredith et al., 2011). The measurement of psychological resilience is complicated by the lack of consensus in the operationalization of the construct. Further, psychological resilience has not been explored in survivors of military sexual trauma and there is limited research in the overlapping areas of military trauma and sexual assault.

Posttraumatic growth is the "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p. 1). While there is nothing positive about sexual assault, Tedeschi and Calhoun suggest that surviving a traumatic experience often leads to psychological distress which may result in interpersonal growth and other positive outcomes including social connectedness, intrinsic religiosity, purpose in life, and an increased perception of personal strength. Tedeschi and Calhoun (2004) stress that PTG is not a return to normative functioning but an improvement beyond baseline levels of adaptation which is ultimately influenced by distal and proximal factors (Zoellner & Maercker, 2006). Measures of posttraumatic constructs were designed with interviewees who had experienced death, physical disabilities, and other life crises. Interpersonal trauma survivors, specifically sexual assault survivors were not a significant portion of the norming population. Additionally, the relationship between PTSD and PTG has ranged from negative to positive, with significant negative correlations among survivors of sexual assault (Zoellner & Maercker, 2006). Zoellner and Maercker (2006) discussed the range of conceptualizations of PTG and proposed that there are both functional and self-deception aspects of PTG. Nonetheless, they suggest that

PTG has clinical utility in understanding trauma recovery. Indeed, the post-traumatic growth literature suggests that 30-90% of individuals may experience positive changes following trauma (Van Slyke, n.d.), even protecting against suicidality for combat Veterans (Bush, Skopp, McCann, & Luxton, 2011; Gallaway, Millikan, & Bell, 2011).

PTG has yet to be explored in survivors of MST yet research by Tsai and colleagues (2015) demonstrated that fifty percent of veterans with at least one lifetime traumatic experience and 72% of those who screened positive for PTSD reported PTG. However, they found that assaultive events were negatively associated with posttraumatic growth. Additionally, physical/sexual trauma as an adult was not significantly related to any of the PTG factors. While this study provided a snapshot of PTG in military veterans, it was unable to demonstrate PTG as it relates to survivors of adult sexual trauma, nonetheless, military sexual trauma.

Current Study

Resilience and posttraumatic growth theories provide strengths-based lenses through which to view the experiences of survivors of military sexual trauma. Both theories suggest individual factors that may be associated with psychological adjustment following a trauma. It is likely that some of these factors will be present in survivors of military sexual assault. However, resilience theory is not well-defined, and aspects of posttraumatic growth have been negatively associated with survivors of civilian sexual assault. Additionally, neither of the theories account for external factors that may support or hinder psychological adjustment following the trauma, factors which are clearly present in the military context.

Research over the last two decades has drawn attention to the epidemic of MST resulting in nationwide awareness, programming, and allocation of resources to begin to address the needs of military service members and veterans who have been impacted by MST. However,

reinforced by the popular media, this body of literature has inadvertently contributed to the existing "broken Veteran" narrative. While this work needs attention, the last several decades of literature have almost wholly focused on deficits in the military culture and the survivors themselves. The literature is saturated with negative coping, mental health, and performance implications, as well as a focus on the toxicity of the military environment. Indeed, Grych, Hamby, and Banyard (2015) reached a similar conclusion about the research on the effects of violence and the focus on negative outcomes. While they commend the trauma psychology field for creating a platform that incited action, they note that "many people exposed to violence exhibit healthy functioning" (p. 343). The gap in the military sexual trauma parallels the deficits in the violence literature and demonstrates the need for a comprehensive examination of survivor strengths, resiliencies, growth orientations, and supportive military environments. Research in this area will help us better understand protective factors among survivors of military sexual assault and may offer guidance on environmental factors that may be adapted to support adjustment. Masten (2001) challenges clinicians to attend to "adaptive systems that promote healthy development and functioning [in order to] inform policy and programs that foster competence and human capital and aim to improve the health of communities and nations while also preventing problems" (p. 235).

Thus, this qualitative study proposes research to begin examination of this phenomenon by addressing the research question: How do individual and environmental factors influence adjustment in women following MST? Attendant research questions include: 1) Following military sexual assault, what individual strategies of survival do women use/utilize/take up; 2) What individual factors/personal attributes do women draw on that support adjustment following

military sexual assault; 3) What military environmental factors support women's adjustment following military sexual assault?

CHAPTER II - LITERATURE REVIEW

This chapter focuses on the theoretical and empirical literature regarding military sexual trauma and related areas. The goal for the literature review was to first seek literature specific to military sexual trauma and then fill in gaps as related and overlapping constructs emerged from the initial review. A UWM Library psychology-based search engine (e.g. PsychInfo) was used for most of the theoretical and empirical articles. The internet search engine Google was used to find information related to Department of Defense definitions and policies. The prevalence and mental health outcomes of MST are widely documented and therefore literature searches were straight-forward in this area. However, the strengths-based literature is limited. A number of search combinations revealed no results (e.g. MST + positive functioning; MST + growth: MST + PTG; MST + psychological well-being). A search for MST and resilience revealed one study (i.e. Klingensmith, Tsai, Mota, Southwick, & Pietrzak, 2014) which did not focus on the psychological construct of resilience, but instead reported prevalence and mental health correlates. Therefore, much of the literature review results from empirical literature in related populations, for example civilian sexual trauma survivors, or with related experiences, for example military who experienced a different trauma.

This chapter is organized to facilitate an understanding of military sexual trauma and the associated consequences, and next explore options for viewing the problem using strengths-based approach. The literature review opens with a discussion of military sexual trauma including the prevalence, protective factors, and risk factors. The military culture's contribution to MST is also reviewed including socialization and the military hierarchy. Several outcomes related to MST are explored including health outcomes and attrition and retention. Finally, a review of the strengths-based literature is presented along with a summary of the relevant resilience and posttraumatic growth literature.

Military Sexual Trauma

Prevalence

Accurate information on the prevalence of MST is difficult to identify because sexual trauma is often unreported and/or underreported. Additionally, definitions of MST vary throughout the literature, with some researchers limiting MST to rape and others including harassment and/or other forms of sexual assault. The most consistently cited rates are from a review of 26 studies conducted by Suris and Lind (2008) who found an average prevalence between 20 and 43 percent. As military sexual assault is the focus of the current research, several studies will be highlighted the specifically report the prevalence of rape in their analyses.

Fontana and Rosenheck (1998) analyzed the impact of duty related stress and military sexual stress in the development of PTSD for women across military service eras, that is WWII through the Persian Gulf era. Their sample of 327 women represented all military branches and included primarily White (62%) and African American (33%) women, with Latinas (2%) and Other (3%) making up a small portion of the sample. Fontana and Rosenheck defined military sexual stress as harassment, rape (unsuccessful or successful), and pressure to fraternize with male officers. Ninety-three percent of women acknowledged the experience of sexual stress in the military, 63% reported physical sexual harassment, and 43.1% reported rape or attempted rape. The prevalence of PTSD was 58.4% for the sample with military sexual stress 3.5 times more likely to lead to the development of PTSD than duty-related stress, yet both contributed significantly to the development of PTSD. This study demonstrated that women across service eras and ethnic groups experience sexual stress and that this stress is more likely to lead to PTSD than any other duty-related stressor.

Himmelfarb, Yaeger, and Mintz (2006) sought to explore the differences in PTSD prevalence among individuals who experienced pre-military, military, and post-military sexual

trauma in a sample of 196 racially and military branch diverse women veterans. The researchers acknowledged the range of incidents included under the term sexual trauma can lead to differences in prevalence reports. For the purposes of their study, they defined military sexual trauma as "any type of sexual trauma that occurred during a woman's military service, including forced intercourse, anal or oral sex, insertion of objects threats to elicit forced sex, or fondling" (p. 838). The researchers used the Stressful Life Events Questionnaire to assess for lifetime traumatic experiences with a modification to specifically assess for types of sexually assaultive experiences. Additionally, they conducted follow-up interviews and only included traumas in which individuals felt their lives were threatened and also experienced fear, helplessness, and horror. Himmelfarb and colleagues (2006) found that 72% of the women had experienced some type of abuse and 60% were sexually assaulted as adults. Forty-one percent of the women had experienced military sexual trauma, which was significantly higher than the number of women who experienced pre-military and post-military sexual assault despite the timeframes being longer. The women who had experienced a military sexual trauma had a two and a half times greater chance of developing PTSD with a 60% prevalence rate. Interestingly, among this sample, the average age of discharge from military service was 26.5 years of age with a mean of 4.9 years in the service. The authors made a contribution to the literature by discerning military sexual assault data from the broader definition of military sexual trauma offered by the Department of Veterans Affairs. Additionally, the research demonstrated that sexual assaults in the military are significantly more prevalent, albeit in a shorter time period (average 4.9 years), than sexual assault rates pre-military (5.6 years) or post-military (21.1 years) service leading to an understanding of the gravity of the problem. Although the researchers had data for the average age the women were discharged from the military, as well as the number of years the women

served, and therefore had the opportunity to determine if the experience of MST was associated with earlier discharge from the military, this was not explored. Attrition data for survivors of MST would have added to the understanding of the impact of MST on women.

Protective factors

In addition to their findings on the high prevalence of MST, Fontana and Rosenheck (1998) found that high levels of social support from family and friends played a mediating role in the development of PTSD, yet sexual stress was also associated with lower levels of social support post-service. Their findings confirmed the role of social support in protecting against the development of PTSD. However, social support is less likely for women who experienced sexual stress, the social support measure only accounted for family and friends, and the researchers did not explore other protective factors whether individual or environmental that may help explain resistance to pathology following sexual trauma. Does social support from the military look different than social support from family and friends? How does military social support contribute to the development or resistance to PTSD? What other factors mediate the development of PTSD?

Risk factors

Risk factor can be seen as a contentious term because it implies some fault on the part of the victim. Nonetheless, it is important for the sake of prevention to understand what factors may increase vulnerability to MST. In a review of the literature, Suris and Lind (2008) determined that younger age of enlistment and enlisted rank are associated with higher rates of MST. Additionally, nearly half of women admit to joining the military to escape their dysfunctional home life. Consistent with findings in the civilian literature, Suris and Lind found

that a history of childhood sexual assault was associated with rape as an adult and female soldiers have higher rates of childhood sexual abuse.

Sadler, Booth, Cook, and Doebbeling (2003) examined prevalence and risk factors in a sample of 506 women across service eras (Vietnam – Post-Persian Gulf War) using a structured interview based on a workplace violence risk assessment model. Consistent with other studies, the researchers found high rates of sexual harassment (79%) and unwanted sexual contact (54%). In this sample, 30% of the women reported one or more completed or attempted rapes. Of the women who had been raped, 37% had been raped repeatedly and 14% had been raped by a group of perpetrators. Sadler and colleagues also found that rape in the military is not a new problem--the prevalence of rape was consistent across eras.

Consistent with the findings of Suris and Lind (2008), Sadler and colleagues identified younger age of service entry and lower educational attainment as risk factors for being raped in the military. Moving beyond prior scholarship, the researchers also empirically explored the military culture, perpetrator characteristics, factors impeding reporting, and attrition. Their data suggests that mixed gender sleeping quarters are associated with higher prevalence of rape; however, the cultural dynamics within these barracks contribute significantly such that witnessing sexual activity in the sleeping quarters and being subjected to sexual harassment in the barracks increases the likelihood of being raped by three times. For Post-Gulf War era women, the risk increased by 4.6 times. Seventy percent of the rapes occurred on base, 36.6% while on-duty, 21.4% during training assignments, and 51.7% in the barracks. Of the 151 incidents of rape, 75% of the victims did not report the rape out of shame and fear that the report would escalate the situation and negatively impact their careers. Most startling was that 19.2% of victims believed rape was to be expected in the military. This expectation may be in part due

to the implicit or explicit messages women receive from officers who permit or engage in sexual harassment which leads to a 3-4 times increase in the likelihood of rape.

Additionally, women reported being limited in the places they could recreate or enjoy leisure time free of sexual assault and harassment, including in their living quarters where they experienced sexual advances and pressure for dates. Arguably, these factors in the military environment seem to permit the existence of a rape culture. The messages women receive from the environment about the expectations of rape and sexual harassment can limit women's agency in reporting. Reporting is complicated by the fact that the perpetrators tend to be male, non-commissioned officers (70.1%) or superiors (40.7%). In fact, of the women who did not report the rape, 24.7% said it was because the rapist was the person she would need to report to. A significant contribution of the study was the finding that 12% of the women who were raped reported leaving their military careers earlier than they had wanted due to the rape and 22% requested a transfer.

Military Culture

The findings by Sadler and colleagues (2003) lend themselves to a discussion about the military culture and its contribution to the prevalence and consequences of sexual assault. According to Langston, Gould, and Greenberg (2007) "Culture provides unwritten rules that inform and shape expected behaviors" (p. 931) and socialization is the process by which individuals acquire these rules. The military was designed for warfare which depends on a fighting force that is able to work as a cohesive unit to quickly implement directives given from superiors and therefore enforces an intensive socialization process which is arguably necessary to achieve the goals of the organization and nearly inescapable. However, because service members are inundated in this process and unable to selectively choose which aspects of the culture they

absorb, the positive and negative aspects of the military culture are learned simultaneously. As Sadler and colleagues (2003) demonstrated, this often involves socialization into a culture ripe with sexual harassment, a known risk factor for sexual assault. This is complicated by the fact that individual needs are subservient to the collective, perpetrators often reside in the chain-of-command, and there is relatively no privacy in reporting or help-seeking due to the hierarchical nature of the organization. This section offers an introduction to military socialization, the hierarchy, and how both may impact the prevalence and outcomes of sexual assault in the military.

Socialization

Haynie and Shepard (2011) argue that military socialization relies almost wholly on institutionalized socialization that emphasizes the development the collective identity based on "shared norms, values, and beliefs" (p. 503) over the individual identity. A sense of loyalty to the military organization and dedication to the mission is fostered, which the authors suggest are necessary given the mission of the military and the need for individuals to perform under extreme stress including threats to self. Individuals quickly realize the importance of becoming valuable members of the team. This camaraderie ensures service members will have each other's backs in life-or-death situations. The intensive team environment is adaptive and necessary for survival in combat situations. However, there is push back against individuals who may disrupt the comradery. Instead of ostracizing perpetrators of sexual assaults, it is the victim who usually becomes ousted from the team.

The victim's feelings of isolation are intensified by a socialization process that includes completely removing individuals from their families, support systems, and homes, making them completely dependent on the military. Soldiers learn military traditions and customs and are

subjected to corrective training if they fail to appropriately carry-out culturally normative behaviors. Phrases like “one team, one fight,” “the Army of one,” and “mission first, soldiers always” are used to remind soldiers that assimilation is necessary to accomplish the mission. Victims, especially in deployment situations, may only have other military members to rely on following a sexual assault. However, the strong commitment to and reliance on the team may prevent the victim from reporting the assault for fear of betraying a comrade.

Additionally, researchers have argued that the military culture presents a unique environment that makes MST akin to incest and different than civilian adult sexual assault. The military environment, especially during deployment, is such that individuals live, eat, work and recreate with the same group of people, creating familial bonds (Bell & Reardon, 2011; Ferdinand et al, 2011; Katz, Bloor, Cojucar, & Draper, 2007). When a woman is assaulted by a person who the system told her she was to trust as a brother or sister-in-arms, the entire system is reconsidered. That is, the military values, such as loyalty and camaraderie, may “intensify the sense of betrayal” (Ferdinand et al., 2011, p. 553).

An key component to understand regarding socialization in the military is the role valued characteristics such as “emotional control…physical fitness, self-discipline, self-reliance, the willingness to use aggression and physical violence, and risk-taking” (Hinojosa, 2010, p. 180). Bell and Reardon (2011) point out that in combat it is adaptive to suppress emotions. Danforth and Wester (2014) also suggest characteristics such as self-reliance and mental toughness can be highly adaptive to survive combat situations. The military further reinforces these characteristics as they are rewarded through “promotion, advancement, and accolades from their peers” (p. 445). These characteristics permeate the military culture with individuals with extreme versions of these characteristics at the “top of the hierarchy” (Hinojosa, 2010, p. 181). Extreme versions

of these characteristics reinforce the social dominance of men over women and overlap with the characteristics desired by the military to include: “Violence, aggression, risk-taking, physical ability and self-discipline” (Hinojosa, 2010, p. 180). Hinojosa goes on to say, service members are “legally vested with the right to use lethal force in order to maintain political and physical domination of others” (p. 180). These characteristics can lead to the objectification of women and may be responsible for the sexual harassment that permeates the military culture. On the extreme end, these glorified characteristics are the same used to assert physical dominance over an individual’s colleagues through sexual assault.

Hierarchy

The military is comprised of the Navy, Marines, Coast Guard, Air Force, and Army. Each organization utilizes a chain-of-command for disseminating directives from superiors to subordinates, communicating from subordinates-to-superiors, and maintaining order and discipline. The top of the hierarchy for each branch of the military is the Commander-in-Chief—the U.S. President. The hierarchy operates on two levels: organizationally and individually. For example, generally speaking in the Army the smallest component of the organizational structure is a squad with seven to fourteen soldiers. Three to four squads create a platoon and two to four platoons create a company (100 - 250 soldiers). Two to five companies then make up a battalion, three battalions make up a brigade, two to three brigades create a division, two to seven divisions make up a corps, and finally, two to five corps make up the field army (Encyclopedia Britannica, 2015).

Embedded within the organizational structure are the two primary individual rank structures of commissioned officers and enlisted service members. Although the rank structures seem to exist parallel to one another, “Commissioned officers are direct representatives of the

President…[they] command, establish policy, and manage Army resources" (Department of the Army, 2001, para. 3-4). Officers create operation orders, oversee all operations, and generally make all command decisions. The smallest unit an officer generally controls is a platoon consisting of 20 – 50 soldiers. In the Army, the officer rank structure begins with the rank of Second Lieutenant and advances to the rank of General of the Army (Five Star General).

Enlisted personnel make up the majority of the Army (83.4%) (Office of the Deputy Assistant Secretary of Defense, 2013). The rank structure begins with the rank of Private and advances to the rank of Sergeant Major of the Army. Within this rank structure there is a clear divide between junior enlisted and noncommissioned officers (sergeants and above). The noncommissioned officers are responsible for carrying out the orders of the officers. Enlisted members have a separate but integrated chain-of-command starting with a team or squad leader (usually a sergeant), to the platoon sergeant (usually a staff sergeant or sergeant first class), up to the unit first sergeant. However, at each level starting with the platoon, the enlisted member is also expected to involve the officer at that level of the chain, ensuring that important information makes its way to the unit commander who is ultimately responsible for all happenings within the unit.

The hierarchy is ingrained in service members from the onset of training. Service members are taught to salute and stand at attention when addressing officers and to stand at parade rest when speaking to noncommissioned officers. They are trained to carry out orders without hesitation or suffer consequences, such as physical punishment, extra duty, or loss of pay. This leads to a situation where there is little opportunity to question superiors and creates a scenario where superiors hold absolute power. In a qualitative study, one woman reported that the superior officer who sexually assaulted her was never punished (Dichter & True, 2015).

Further, the power dynamics often involved in sexual assault situations may create fear of negative repercussions. For example, the perpetrator may be a supervisor and evaluator, responsible for career progression, duty assignments, and awards (Bell & Reardon, 2011; Ferdinand et al., 2011). In Dichter and True's (2015) study, a woman described how her perpetrator went unpunished and instead her superiors moved her to a different section and limited her job duties. Finally, the structure of the organization requires all reports go through the chain-of-command, making the reporting of sexual assault tricky if the perpetrator was a superior. It also guarantees that many people, from the unit commander up through the brigade command, will be involved in sensitive personal business.

Katz and colleagues (2007) surveyed and interviewed 18 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) women veterans about their experiences with military sexual trauma. Ten of the 18 women reported experiences of military sexual trauma, three of these women were sexually assaulted. The researchers identified several themes when they asked the women about their experiences specific to being women in the military. These themes included "thoughts about men," "thoughts about equality in the workplace," and "thoughts about women" (p. 243). Women were made aware of their inferiority to men and some felt judged, scrutinized, less competent, disrespected, and disregarded by men. Some women felt that equality was nonexistent such that they were denied opportunities given to men and continuously had to prove themselves as being as capable as men. Finally, some of the participants said that other women presented more challenges than the men whether it be due to jealously, undermining, or disrespect. Katz and colleagues used t-tests to compare women who had experienced MST with those who had not and found that the women who had experienced MST had greater symptom ratings, more difficulty with global and social readjustment, and had more

concerns about Iraq. This study adds to the understanding of how some women experience the military culture; however the method section lacked a description of the qualitative methodology. Without information about how the interviews were coded and analyzed so themes emerged about the women's experiences, the results can only be considered anecdotal. It is unclear if these are individual stories or indicative of a cultural pattern system-wide. While they help paint a picture of women's experiences in the military, without knowing how the researchers came to their conclusions, the results are not generalizable or replicable.

Burns, Grindlay, Holt, Manski, and Grossman (2014) conducted the first qualitative study of survivors of military sexual trauma. Using a modified ground theory approach, Burns and colleagues explored 22 OIF/OEF women veteran's experiences with MST with a focus on the barriers and facilitators to reporting and seeking services. Thirty-two percent of the women experienced sexual assault or rape during a deployment and 27% of the women personally knew someone who had experienced sexual assault or rape. Women's perceptions of the factors contributing to military sexual trauma clustered into four themes. First, women suggested that the deployment dynamics may increase risk due to factors such as higher stress levels, risky behaviors, and changes in ideas about acceptable behavior. Second, women reported that aspects of the military culture contribute to the problem, for example sexism, significantly fewer women than men, and a rank structure that favors men. Third, women noted a lack of consequences for perpetrators and that the victims were often blamed. Last, other women were often responsible for the victim blaming. For example, the women participants who did not experience MST portrayed victims as irresponsible, citing classic victim-blaming statements regarding substance use, being alone, or clothing choice. The systemic stigma experienced by women who are sexually assaulted may contribute to their fear of reporting and help-seeking.

Burns and colleagues specifically explored women's perceptions of reporting and help-seeking and found that in addition to the stigma explained above, women felt that reporting military sexual trauma is discouraged due to negative reactions, concerns about confidentiality, and fear of disrupting unit cohesion. Women cited similar reasons for not seeking health care including limits to confidentiality and stigma or shame, as well as lack of knowledge about care options.

Burns and colleagues' findings added to the existent literature on the contribution of military environment to the high rates of sexual trauma in the military and the reasons survivors might avoid help-seeking. Despite the overwhelmingly negative findings, Burns and colleagues found that unit cohesion could also facilitate reporting in cases where the camaraderie of the team was perceived as supportive to the survivor. Additionally, they found that separation from the perpetrator facilitated reporting. Burns and colleagues' research begins to address factors in the military environment that are supportive of survivors of military sexual trauma. However, because the question was not directly asked, it is unclear if there are other factors that may facilitate adjustment.

The military culture including its socialization processes, the hierarchy, the over-emphasis of violence, aggression, and risk-taking, and the omni-presence of sexual harassment create an environment that is ripe for exploitation. Women learn that their needs for protection, justice, and health services are not as important as the comradery or the mission. They are often bullied into silence by threats to their careers and are discouraged to report due to lack of confidentiality and stigma. Regardless of the barriers to help-seeking, Burns and colleagues (2014) found that six of the seven participants in their study sought care for the physical and/or mental health outcomes of the military sexual trauma experience. Indeed, the research suggests

that women are in need of medical and mental health services following military sexual trauma due to the high prevalence of negative health outcomes.

MST and Health Outcomes

Posttraumatic stress disorder (PTSD) is a commonly associated outcome of any traumatic experience, including MST. PTSD is well-documented in the MST literature and has about a 60% prevalence rate in the population of MST survivors as demonstrated in several studies detailed in the MST section above (Fontana & Rosenheck, 1998; Himmelfarb et al., 2006). MST is four times more likely to lead to PTSD than any other duty-related stress (Fontana & Rosenheck, 1998). Although PTSD is prevalent among the population of survivors, there are additional mental and medical health concerns.

The Veterans Health Administration (VHA) has been uniquely positioned to assess the outcomes of MST. Their use of a system-wide universal screening questionnaire targeting experiences of MST gives survivors the opportunity to disclose MST regardless of the purpose of their visit to the VHA. The universal screening tool is combined with policy that requires the VHA to address all the health outcomes of MST free of charge and with Public Law 108-422 has become a permanent benefit at the VHA (Kimerling et al., 2010). This more supportive system-wide attitude toward addressing the mental and medical health needs of veterans who have survived MST has allowed researchers better access to outcome data within the VHA system.

Kimerling and colleagues (2010) were among the first to examine the resultant data from the implementation of the universal screening tool with a sample of 137,000 women and 2,925,615 men. Among the 22% of women who had experienced MST, they found several associated demographic variables including younger age, White race, single (never married), and service-connected disability. The odds ratios revealed that MST was 2 to 3 times more likely to lead to a mental health diagnosis, especially in women. Although PTSD was the most likely

mental health outcome for the genders studied, its prevalence was three times greater in women. Kimerling and colleagues found other significant mental health correlates with MST across genders including alcohol, anxiety, dissociative, eating, depressive, and personality disorders, as well as twice the risk for suicidality and self-harm. In addition to the mental health outcomes, the researchers identified medical conditions that were significantly related to MST for both genders including liver and chronic pulmonary disease. Women in particular had higher rates of obesity, weight loss, and hypothyroidism than their peers who had not experienced MST. This research illuminated the serious mental and medical health correlates of military sexual trauma in a nationwide sample. This study cast a wide net and provided a general understanding of the potential outcomes of MST. However, it is limited by the correlational nature of the results. Although MST was significantly related to a variety of mental and medical health outcomes, causation cannot be assumed and confounding factors were not ruled out. It is unclear how contextual factors may have contributed to participants' pathology or adjustment. In such a large quantitative sample these nuances cannot be revealed.

Yaeger and colleagues (2006) compared the rates of PTSD in women veterans with women veterans who reported other types of trauma in a sample of 196 women participants. Participants completed the Stressful Life Events Questionnaire and the PTSD Symptom Scale Interview, as well as health and military history questionnaires. In order for the researchers to count an event as a trauma, it had to meet the DSM-IV criteria for PTSD; therefore, experiences of verbal sexual harassment were not included as MST. The researchers found that 92% of the participants reported at least one traumatic experience and 41% reported MST. Even though the number of women who reported MST was less than half of those who reported other traumas, MST was more traumatizing and more predictive of posttraumatic stress disorder. In fact, the

researchers found MST was nearly four and half times more likely to lead to PTSD with a prevalence of 60 percent. These findings reveal the differential impact of MST compared to other traumas on the mental health of women veterans and suggests that over half of the women who experience MST will go onto receive a diagnosis of PTSD. However, the participants represented a clinical sample of women who were seeking care at a VA and were therefore more likely to have a diagnosis. The study is limited by the lack of women participants who experienced similar traumas, but were not help-seeking. It is unclear how the addition of these women would influence the prevalence of PTSD related to MST.

Suris and Lind (2008) reviewed 16 studies regarding the mental and physical health outcomes of MST. Generally they found that across studies women who experienced MST evidenced more psychological distress included greater frequency and severity of symptoms. In addition to an increased prevalence of PTSD found across studies, women with histories of MST had higher rates of depression and substance use and struggled with eating disorders. Additionally, across studies women with MST reported higher frequencies of physical symptoms, chronic health problems, and overall poorer physical health. Specific findings suggest that women with a history of MST are more likely to experience pelvic pain, menstrual problems, back pain, headaches, gastrointestinal symptoms, chronic fatigue, obesity, and are more likely to have a hysterectomy before the age of 40 years (p. 262).

In the study by Katz and colleagues (2007) detailed in the section about military culture, additional findings suggest that 100% of survivors had difficulty concentrating and reported irritability, 72% said they felt numb and detached, 44% felt depressed, 44% reported anxiety, 33% felt angry, and 11% reported substance abuse. In general, women who experienced MST had higher clinical symptom ratings, more difficulty with global and social readjustment,

and had more concerns about Iraq than women who did not report MST. Notably, MST had a stronger relationship with readjustment difficulties than being injured or witnessing injury or death.

In their literature review, Bell and Reardon (2011) added to these findings by identifying symptoms that are exacerbated in veterans including self-blame, resistance to acknowledging the impact, trouble monitoring or identifying emotions, difficulties with power dynamics in relationships, disruptions in relationships, trust issues, and interpersonal boundary issues. Consistent to the findings of Suris and Lind's (2008) literature review, Bell and Reardon (2011) also suggested that women who experienced MST struggled with PTSD, depression, substance use disorders, eating disorders, and physical health problems. They also noted that survivors of MST may be diagnosed with dissociative disorders and personality disorders.

The extant literature clearly demonstrates the associated mental, emotional, and physical health concerns commonly associated with clinical populations of women who have survived MST, with PTSD being the most prevalent outcome. This research has drawn important attention to the detrimental impacts of MST; however, it has almost wholly focused on deficits in clinical samples while less is known about the population of survivors who may not seek treatment. It is unknown if women who assuage help-seeking experience similar rates of mental and physical health conditions. Also unclear are the contextual factors that may influence the adjustment of women who survive MST. Finally, although Himmelfarb and colleagues (2006) had data for the average age women who experienced MST were discharged from the military, as well as the number of years the women served, and therefore had the opportunity to determine if the experience of MST was associated with earlier discharge from the military, this was not

explored. Attrition data for survivors of MST adds to the understanding of the impact of MST on women. With that in mind, the impact of MST on women's careers will next be examined.

MST, Attrition, and Retention

Although official statistics are unavailable to demonstrate the impact MST has on women's attrition and retention in the military (A. Street, personal communication, April 7, 2014), data from the mental health discharge research, as well as recent qualitative studies begin to illuminate the far-reaching impact of MST on women's careers.

Bell and colleagues (2011) examined records for 22,559 Soldiers who were discharged from the Army from 1994 – 2007. Of these Soldiers, approximately 20% were discharged with a mental health related disability (~18% for the women in the sample). They found that combat deployments were the greatest risk factor for this type of discharge, speaking to the role of trauma in mental health related discharges. Jones, Fear, Jones, Wessely, and Greenberg (2010) examined factors leading to discharge from the Army of United Kingdom Armed Forces Soldiers who had received treatment by a Field Mental Health Team (FMHT) while on a combat deployment to Iraq. They found that over 70% of the Soldiers seen by the FMHT were able to return to their deployed units and were more likely to serve out the remainder of the deployment, as well as continue service after deployment demonstrating the importance of psychological support following mental health injuries. Their findings also underscored the impact trauma has on retention, as combat exposure was the most significant risk factor for premature discharge. Both of these studies highlight a concern that service members are being discharged for mental health injuries related to their service with the assumption that MST related PTSD is included in this figure. On the other hand, there are also large numbers of military members who are experiencing similar potentially traumatic events but able to continue serving in their military

roles. While Jones and colleagues' (2010) findings discuss the positive role of psychological support in well-being, it is unclear how this applies to women who have experienced sexual trauma.

Unfortunately, trauma and related mental health consequences impact service members across many domains including conduct and performance. In a study of 91,825 Marines, Highfill-McRoy and colleagues (2010) found that combat Marines diagnosed with PTSD were 8.6 times more likely to be punitively discharged for drugs, 11.1 times more likely to be discharged for misconduct, and 5.8 times more likely to be demoted. These results are staggering and shed light on the complex and integrated impact trauma has on career trajectory.

In her dissertation, Grajewski (2012) examined the impact MST has on service members' perceived fitness for duty. Survivors of MST rated themselves significantly lower than their peers on four of the ten domains the United States Marine Corps uses to assess fitness for duty including positive attitude/camaraderie, adaptability, following orders without hesitation, and continued development of leadership skills. As impaired fitness for duty can ultimately lead to a discharge, this research begins to make the connection between MST and separation from the military. Although this study provides some insight as to how performance may be negatively impacted by MST, the small sample size (n=11) makes it difficult to generalize the findings. Also, like much of the research on MST, the focus is on the individual's deficits in performance, rather than adjustment.

Lancaster and colleagues (2013) identified a number of factors associated with Army National Guard soldiers' intentions to re-enlist following a deployment to Iraq. The research team found that unit support was the strongest predictor of re-enlistment. Interestingly, they did not find associations with PTSD or depression and a soldier's intention to re-enlist. While these

results may suggest that a soldier with mental health concerns may persist in their careers with strong unit support, the researchers did not explicitly explore these associations. Further, the research did not address specific environmental needs for survivors of MST.

Using a structured interview described earlier, Sadler and colleagues (2003) found that women actively worked to remove themselves from the environment in which they were assaulted by requesting to transfer units (22%) or leaving their careers earlier than they planned (12%). A qualitative study by Dichter and True (2015) supported these findings. The researchers used semi-structured interviews to investigate premature career separation in 35 women veterans. They found the reasons for separation fell into two major categories including: "circumstances extraneous to military service" and "negative and traumatic events experienced during military service" (p. 191). Women who separated due to sexual assault described experiences of perpetrators going unpunished, victim-blaming, and being forced into medical retirement due to resultant PTSD. This study provided insight into the individual experiences of women who separate early following MST; however, it is unclear how many women had this experience. Descriptive information regarding the percentage of the sample who endorsed early separation resulting from MST would have added to the findings.

Although attrition and retention information specifically related to MST has not been published, the research suggests that women who experience MST are much more likely to receive a diagnosis of PTSD and individuals with PTSD are at times discharged for symptom-related behaviors. Generally speaking, the extant literature paints a bleak picture for women who experience MST. The research has demonstrated high rates of PTSD, as well as other mental, emotional, and physical health problems and shows how these outcomes tend to be related to early discharge from the military. Yet despite the high levels of negative outcomes, a significant

portion of survivors go on to lead lives free of serious mental, emotional, and physical problems. The following research begins to shed light on the factors associated with resistance to pathology in survivors of MST.

Strengths-Based Literature

Using the structured interview described early, Sadler and colleagues (2003) identified self-defensive behaviors women take up following MST. Women reported using strategies to make themselves less noticeable (41%) and less attractive (28%). Some women socialized only with other women (36%) and others partnered with a man for protection (27%). A quarter of the women reported they were armed and ready for self-defense. Another 13-22% avoided becoming re-victimized by moving off-base. These findings suggest women actively engage in behaviors to avoid becoming re-victimized following an experience of sexual assault. However, the findings are limited by the descriptive nature of the results. The researchers reported a percentage of women that endorsed a behavior from a structured interview form. The impact of these behaviors is unclear, specifically it is unknown if the behaviors were effective in helping the women avoid re-victimization or whether they facilitated adjustment.

Mattocks and colleagues (2012) set out to understand how women veterans cope with MST and combat trauma. The researchers used semi-structured interviews to qualitative explore the experiences of nineteen OEF/OIF women veterans. They identified three thematic groups of coping strategies including: "behavioral avoidance, cognitive avoidance and behavioral approach" (p. 541). The researchers described behavioral avoidance as an attempt to engage in behaviors that facilitated an active avoidance of the traumatic experiences by replacing them with satisfactory activities. The four strategies listed under this category of coping include: binging and purging, compulsive spending, over-exercising, and prescription drug use. Mattocks

and colleagues defined cognitive avoidance as the preference towards isolating when engaging in behavioral avoidance, as well as general withdrawal from support networks. Finally, the researchers defined behavioral approach coping as “coping strategies they used to successfully navigate their post-deployment stress” (p. 543). These behaviors included exercise (especially mindfulness based), breathing, reaching out to others at places like Vet Centers, and connecting with other women veterans. This research moved the field beyond the negative ways women are impacted by trauma, to an emerging understanding of the ways women cope with these experiences. Unfortunately, many of the compensatory strategies identified in this research were negative coping strategies with the potential for mental and physical health consequences. The researchers did not provide their interview questions, but stated the “interview format allowed respondents to talk freely about their military experiences, including their jobs…living conditions…deployment-related stressors, challenges…, and stress-related coping mechanisms” (p. 539). Perhaps more pointed questions investigating positive coping behaviors would have revealed that women also engage in a range of healthy and helpful strategies. Additionally, the researchers did not ask about personal factors or characteristics that may have facilitated adjustment, nor did they investigate environmental factors that may have been supportive.

In a study described earlier, Grajewski (2012) sought out to examine the negative impact MST has on service members’ perceived fitness for duty and unexpectedly discovered several areas that were not significantly different for survivors of MST. Women who suffered MST did not rate lower their ability to maintain a favorable impression, appearance, and personal conduct and did not lose interest in their unit. They also perceived themselves as continuing to be supportive of superiors, peers, and subordinates, as maintaining their technical skills, and as staying connected with their friends, unit members, and family. Unfortunately, Grajewski (2012)

was developing a screening tool that was meant to detect negative effects on perceived fitness for duty; therefore, she dropped these questions from the questionnaire. The sample size in this study was too small to make generalizations; however, it is clear that women are differentially impacted and some women are able to carry on their duties and dedication despite the MST. The question remains, what are the factors associated with the ability to maintain skills critical to military service despite having experienced MST?

Gibbons and colleagues (2014) used a mixed-methods approach to investigate adaptive coping mechanisms used to overcome the psychological impact of wartime trauma in 20 Active Duty (Army, Air Force, Navy) health professionals who were not diagnosed with PTSD or any other significant mental health issue. The health professionals participated in a semi-structured interview and answered questions on self-report measures including the PTSD Checklist-Military version and the General Self-Efficacy Scale. The researchers found that coping fell into four major categories including: control and self-efficacy, cognitive appraisal, post-event coping, and after deployment. Participants achieved self-efficacy and control through task orientation and a realist perspective. Their cognitive appraisal strategies included: perceptions of meaningful contributions, protective mechanisms (e.g. detaching or distancing), and gratitude. Post-event coping behaviors included seeking social support, participating in social activities, and seeking solitude which usually centered on mindfulness-based activities (e.g. reflection, prayer). Finally, post-deployment behaviors including staying connected with colleagues, recognizing that healing takes time, and seeking professional help (only 20%). In general, participants who were isolated, reclusive, and chose not to speak about their trauma experiences evidenced more mental defeat. This study is one of the first to investigate individual factors in military members that lead to positive mental health outcomes following trauma and provides a conceptual framework for

understanding post-trauma adaptive coping in service members. It is limited by the nature of the sample, that is, it included only high-ranking health professionals that experienced vicarious traumatization in OIF/OEF. Therefore, it is unknown if similar coping strategies would emerge for individuals of lower rank or with other traumatic experiences.

Grych, Hamby, and Banyard (2015) offered a review on the contributions from positive psychology and the coping literature. They commended positive psychology's focus on protective factors that are defined independently of risk factors yet noted the limited exploration of these factors in survivors of trauma, specifically violence. Similarly, the authors reviewed Lazarus and Folman's 1984 coping model that suggests "behavioral responses to stressful events are guided by individuals' *appraisals* of the event, which involve perceptions of how threatening the event is and beliefs about their ability to cope effectively with the event" (p. 345). Essentially this model focuses on affect, cognitions, and behaviors that facilitate well-being after a negative event. This literature, however, focuses on short-term solutions and outcomes and fails to take context into account, pathologizing behaviors that may be adaptive for survivors of trauma (Grych, Hamby, & Banyard, 2015). The authors propose "that individuals' psychological health after exposure to violence is a product of the characteristics of the adversity, the assets and resources available to them, and their behavior or responses" (p. 345). The authors suggest several assets including: regulatory strengths, interpersonal strengths, and meaning-making strengths, as well as several resources including: supportive relationships, environmental factors, and coping responses. Notably, this is one of the few theories that address environmental factors and their role in resilience. To this point, the authors mentioned the lack of empirical data examining the role of environmental characteristics in survivors of violence. Expanding on the role of environmental factors, Grych, Hamby, and Banyard (2015) highlight the idea that

environments can provide resources and can determine “how resilience is expressed or what coping options are utilized” (p. 348). They suggest further research is needed to explore the expression of resilience within environments and as result of cultural norms.

The limited research examining survivor strengths has frequently occurred within a qualitative framework. However, few studies utilized a theoretical framework to guide the investigations. While the individual research results offer specific strategies women utilize following traumatic experiences, it is unclear how these fit with existing theories of individual strength following adversity. Resilience and posttraumatic growth theories offer frameworks for approaching investigation in this area; however, they are not without flaws.

Resilience

Masten (2001) characterizes resilience as “*good outcomes in spite of serious threats to adaptation or development*” (p. 228). Accordingly, for resilience to occur there has to be a significant threat or risk factors that have the potential to lead to undesirable outcomes (Masten, 2001). However, there is debate in the literature regarding the construct of resilience. Some refer to resilience as resistance to psychopathy following trauma, whereas others refer to the tools needed to adapt following trauma. Although an agreement has not been reached regarding the construct of resilience (Luthar, Cicchetti, & Becker, 2000; Masten, 2001), Masten argues that resilience is an ordinary phenomena defined by “connections to competent and caring adults in the family and community, cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment” (p. 234).

While Masten and colleagues have focused on resilience in children, others have built upon the foundational literature in efforts to address resilience in the adult population. According to a literature review by Agaibi and Wilson (2005), resilience is the ability of an individual to

return to or surpass normal functioning without long-term disruptions following a traumatic experience. While it is theorized that posttraumatic growth and PTSD stem from the same pathway, resilience is thought to diverge on a separate pathway with relatively little distress post-trauma (Larner & Blow, 2011). Throughout the literature factors associated with resilience include positive self-esteem, optimism/positive cognitive appraisal, self-efficacy/perceived control, and use of social support (Larner & Blow, 2011; Whealin, Ruzek, & Southwick, 2008).

Taking resilience beyond theory, Rusch, Shvil, Szanton, Neria, and Gill (2015) explored psychological resilience in 159 women survivors of assaultive trauma. Fifty-six of the women had no diagnosis, 31 had past diagnoses, and 72 had current diagnoses. The authors suggested a resilience model that explores three outcomes: resistance, recovery, and rebound. The authors define these concepts as such: "(1) *resistance,* a state of non-compromised function following challenge, (2) *recovery,* a state of compromised function following challenge, succeeded by a return to previous levels of function, and (3) *rebound,* a state of increased function following challenge…also known as posttraumatic growth" (p. 3). Participants who evidenced resilience (either no diagnosis or past diagnosis) had higher scores in mastery, optimism, positive coping behaviors, and posttraumatic growth. Participants with no diagnosis reported more social support than the current diagnosis group. However, only mastery and social support predicted resistance to pathology and only mastery and posttraumatic growth predicted recovery from mental illness. These findings suggest that mastery is the only factor that consistently predicts resilience across outcomes and that different factors may explain different facets of resilience. These findings are limited by the measures used to assess resilience factors. The authors used a total of five psychological resilience measures that each assessed one of the chosen resilience factors including positive coping behaviors, mastery, optimism, posttraumatic growth, and social

support. Other factors theorized to be associated with resilience were not explored, nor were women given the opportunity to share what they found helpful following their traumatic experiences.

In 2011, the RAND Corporation and the Center for Military Health Policy Research, reviewed the literature with the intent on proving best practices information to the Department of Defense (Meredith et al., 2011). They reviewed 270 publications and found 20 factors associated with resilience including individual-level, family-level, unit-level, and community-level factors. Individual-level factors included: positive coping, positive affect, positive thinking, realism, behavioral control, physical fitness, and altruism. Family-level factors included: emotional ties, communication, support, closeness, nurturing, and adaptability. Unit-level factors included: positive command climate, teamwork, and cohesion. Finally, community-level factors included: belongingness, cohesion, connectedness, and collective efficacy. Meredith and colleagues (2011) noted the lack of rigor and consistency in the extant research. This report offered a comprehensive list of the wide-variety of factors associated with resilience, yet it remains unclear which, if any, are applicable to survivors of sexual assault.

Following the RAND (2011) study, Eisen and colleagues (2014) conducted a study examining resilience in a sample of 512 OEF/OIF service members. The researchers focused on three resilience factors: hardiness, self-efficacy, and social support assessed using the Deployment Risk and Resilience Inventory and the Dispositional Resilience Scale. They assessed mental health and alcohol/drug use using the PTSD Checklist-Military version, Mental Component Score of the 12-item Veterans RAND Health Survey, Alcohol Use Disorders Test-Consumption, and the Drug Abuse Screening Test. Eisen and colleagues found that hardiness predicted overall mental health and alcohol use 6-12 months later. Social support predicted

overall mental health, PTSD, and alcohol and drug use. These resilience factors predicted better mental health and lower substance use. Interestingly, although other research has found that mastery is correlated with resilience (Rusch et al, 2015), in this study self-efficacy was not associated with any of the outcome factors. While this study provides important information about what factors may facilitate resistance to pathology, there was no assessment of trauma exposure. Rusch and colleagues (2015) demonstrated that in trauma survivors, perceived social support decreases as mental health concerns increase. It may be that those who endorsed hardiness and social support in Eisen et al.'s (2014) study were not exposed to trauma and therefore would be expected to also have fewer mental health problems post-deployment and greater perceived social support.

In a recent publication, Grych, Hamby, and Banyard (2015) reviewed contributions from major areas in psychology that examine healthy outcomes including resilience, positive psychology, posttraumatic growth, and coping. The authors highlight two major limitations within the existing resilience literature including that protective factors are often defined as the "inverse of risk factors" (p. 344) and that outcome variables measure the lack of pathology rather than health. They suggest that people can concurrently experience trauma-related mental health concerns and well-being.

Resilience is differently defined across the literature, with a general understanding that it represents good outcomes in spite of adversity. The body of research offers a range of perspectives on the factors that may contribute to psychological adjustment following trauma with some studies citing up to twenty factors (e.g., Meredith et al., 2011). Yet only a small body of research has supported common factors in the construct of resilience, with even fewer still in the sexual assault literature. While Luthar and colleagues (2011) acknowledge a lack of

consensus in the field, several researchers suggest the following are common factors found across the literature: positive self-esteem, optimism/positive cognitive appraisal, self-efficacy/perceived control, and use of social support (Larner & Blow, 2011; Whealin, Ruzek, & Southwick, 2008). In their review of resilience measurement scales, Windle, Bennett, and Noyes (2011) concluded that these inconsistencies have impacted the validity and reliability of resilience measurement, which in turn is responsible for the wide range of prevalence found across studies. In addition to the concerns about the validity and reliability of the construct, there has been little to no research examining resilience factors in survivors of military sexual trauma. Arguably, quantitative methods, which rely on well-defined constructs, would be inappropriate for understanding resilience in this population. As such, the project presented in this proposal is positioned to add to/extend research addressing resilience.

Posttraumatic Growth

Tedeschi and Calhoun (2004) define posttraumatic growth as the "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (p. 1). They recognized that surviving a traumatic experience often leads to psychological distress which may co-occur with interpersonal growth and other positive outcomes including social connectedness, intrinsic religiosity, purpose in life, and an increased perception of personal strength. PTG represents a struggle following the traumatic event, taking the same initial course as PTSD, and arises as the individual processes the distressing event and integrates the memory (Larner & Blow, 2011). Tedeschi and Calhoun (2004) suggest that PTG is not a return to normative functioning, but an improvement beyond baseline levels of adaptation. Measures of posttraumatic constructs were designed with interviewees who had experienced death, physical disabilities, and other life crises and include five factors: (1) relating to others, (2) new possibilities, (3) personal strength, (4) spiritual change, and (5) appreciation for life (Tedeschi &

Calhoun,1996). The post-traumatic growth literature suggests that 30-90% of individuals may experience positive changes following trauma (Van Slyke, n.d.).

PTG has yet to be explored in survivors of MST; however, research by Tsai and colleagues (2015) may facilitate a beginning understanding. Tsai and colleagues sought to explore post-traumatic growth (PTG) in a nationally representative sample of U.S. Veterans. Their sample included 2,719 Veterans who had experienced at least one traumatic event in their lifetime (M=3.4). Veterans were asked about their worst traumatic experience, this was then used as an index trauma for assessing the relationship with PTG. Fifty percent of the participants reported at least moderate PTG. Of those who screened positive for PTSD, 72% reported PTG. The Veterans with PTSD who reported PTG had better mental functioning and general health than those who did not report PTG. Several psychosocial factors stood out as being independently related to PTG including social connectedness, intrinsic religiosity, and purpose in life. It is imperative to note that all traumatic events across the lifespan were included in the analysis. When the researchers investigated specific events and their relationship with PTG, they found that assaultive events were negatively associated with posttraumatic growth, including specific negative correlations with ‘relation to others’ and ‘appreciation of life.’ Additionally, physical/sexual trauma as an adult was not significantly related to any of the PTG factors. While this study provided a snapshot of PTG in military veterans, it was unable to demonstrate PTG as it relates to survivors of adult sexual trauma, nonetheless, military sexual trauma.

Bush, Skopp, McCann, and Luxton (2011) investigated the relationship between posttraumatic growth and suicidal ideation in a sample of 5,301 service members who had been deployed to a combat zone. They used the Posttraumatic Growth Inventory (PTGI) to measure the five factors which include: new possibilities, relating to others, personal strength, spiritual

change, and appreciation for life. The researchers found that the five factors were highly correlated and therefore treated PTG as a single construct. Their results indicated that the relationship between combat exposure and PTG was not significant; however, higher levels of PTG predicted lower levels of suicidal ideation even in participants who endorsed mental health concerns. This research demonstrated that posttraumatic growth can serve as a protective factor against suicidal ideation even when other distressing symptoms are present. However, it also demonstrated the overlap among the PTG factors and is only applicable to a clinical population of service members who survived combat trauma.

Gallaway, Millikan, & Bell (2011) conducted a similar study. They assessed PTG in a sample of 1,834 soldiers with combat deployment histories using the PTGI and found an average total score of 41.1 out of a possible 105 points. The researchers included average scores along each of the five dimensions of PTG: new possibilities, relating to others, personal strength, spiritual change, and appreciation for life. Soldiers self-reported recent suicidal ideation, alcohol use, and history of mental health diagnoses. Findings suggested that appreciation for life (M=7.7 out of 15) and personal strength (M=9.5 out of 20) were the most readily endorsed. Higher PTG scores were more likely for African Americans, Hispanics, and Asian/Pacifica Islanders, compared to Caucasians and for lower ranking enlisted soldiers compared to higher ranking enlisted soldiers. The researchers found an effect for combat experience such that a higher number of combat experiences was related to higher levels of PTG. Although the researchers did not specifically find that PTG was a protective factor against suicidal ideation, findings suggested that self-reported endorsement of suicidal ideation was associated with lower levels of overall PTG. Suicidal ideation was negatively correlated with relating to others, personal strength, and new possibilities. Interestingly, self-reported posttraumatic stress and alcohol use

was positively correlated with appreciation for life. While these results offer insight into the possible protective mechanisms associated with suicidal ideation, posttraumatic stress, and substance use, it is unclear if they preceded the traumatic experiences, or if they resulted from the traumatic experiences. Similar to the resilience studies, not all factors were present and different factors emerged than in other studies adding to the inconsistencies in this body of literature.

Stermac, Cabra, Clarke, and Toner (2014) conducted a study to explore factors that were associated with and/or mediated the relationship between the experience of a sexual assault and posttraumatic outcomes. Their sample included 73 mostly White (71.6%) female (93%) survivors of sexual assault. The participants completed a battery of online assessments that measured their posttraumatic distress, positive changes following the sexual assault, positive and negative changes in their outlook, characteristic ways of responding, dispositional cognitive coping, perceived social support, general engagement in and sense of connection to their community, and dispositional optimism. In general, survivors had low to moderate levels of posttraumatic growth, hope, optimism, social support, and community engagement and high levels of posttraumatic distress. Additionally, the researchers found that only hope agency (i.e. goal directed energy, will) and brooding mediated the relationship between trauma symptoms and posttraumatic growth. Although PTG seems to be found in survivors of trauma, results continue to be inconsistent among survivors of sexual trauma. In this sample, PTG was low, as was the association between distress symptoms and PTG. Furthermore, some of the known variables such as social support, optimism, and community engagement did not appear to influence the relationship between PTG and traumatic symptomology.

While PTG offers a strengths-based lens to view outcomes of traumatic experiences, there are areas of needed development. Although intended to capture "growth in the aftermath of traumatic events" (Tedeschi & Calhoun, 2004, p. 2), Grych and colleagues (2015) note that "PTG has been conceptualized both as a process for coping with trauma and as an outcome of the coping process" (p. 344). After reviewing the PTG literature, Zoellner and colleagues (2006) concluded that like resilience, there is a lack of consensus in the field regarding PTG. Studies they reviewed conceptualized PTG as an outcome, coping strategy, meaning-making coping process, interpretative process, and self-enhancing appraisal or positive illusion. Additionally, as demonstrated in the literature reviewed by Grych and colleagues (2015), as well as Zoellner and Maercker (2006) findings are mixed with some research demonstrating positive associations with health and others negative associations. Furthermore, little is understood about the way specific environmental contexts impact one's ability to utilize personal survival strategies and researchers suggest moving toward a more thorough understanding of adjustment following trauma through the exploration of individual (assets) and environmental (resources) factors (Grych et al., 2015).

Conclusions and Current Study

In summary, pathological outcomes of military sexual assault have been well documented in the military and psychology literature, as well as by the popular press. Indeed, a review of the literature revealed that research in this area has almost wholly focused on pathology with very little understanding of the applicability of the existing theories of resilience and posttraumatic growth to this population. While this research was critical in drawing much needed attention to the issue and has elicited problem-solving in the military and Department of Veteran's Affairs, it also contributes to the narrative that survivors of MST are damaged painting survivors' reactionary behaviors as pathological. For example, when a survivor begins to avoid that which

reminds her of the sexual assault and starts to withdraw from her peers and colleagues, this is conceptualized as a symptom of posttraumatic stress disorder (which it may be); however, what is lacking is the understanding of the behaviors from multiple perspectives. What might be considered avoidance contributing to a pathological posttraumatic response, in a different context, from an alternative perspective may be seen as adaptive. For example, in the case of military sexual trauma, women continue to live and work in the environment in which her perpetrators also live and work, thereby avoidance becomes a survival strategy. When a survivor who was once strategically conditioned to rely on the battle buddy to her left and right is later assaulted by them, withdrawal from all the people who look and behave like the perpetrators becomes protective. Resilience and posttraumatic growth theories offer lenses through which to view survivors' experiences that do not wholly focus on pathology. However, as demonstrated in this literature review, resilience and posttraumatic growth are not well understood in survivors of military sexual trauma. These theories have offered alternative methods for capturing the experiences of trauma survivors from a variety of populations and offer the potential for this population.

It is the purpose of this qualitative study to begin to fill in the gaps in our understanding of factors that support adjustment in women who survive military sexual assault, building upon existing theory. Specifically, the current research aims to address the question: How do individual and environmental factors influence adjustment following MST? Attendant research questions include: 1) Following military sexual assault, what individual strategies of survival do women use/utilize/take up; 2) What individual factors/personal attributes do women draw on that support adjustment following military sexual assault; 3) What military environmental factors support women's adjustment following military sexual assault.

CHAPTER III - METHODOLOGY

This section aims to orient the reader to the methodological approach, as well as the analytic framework and tools used in this study. The rationale for working within the interpretive, qualitative research paradigm and using Multiple Case Study as the methodological approach is presented, as well as the rationale for the utilization of specific data-generating instruments. Finally a description of how generated data was analyzed using the grounding tenets of resilience and posttraumatic growth theories and refined further through a Critical Discourse Analysis will be provided.

Research Design: Why Qualitative

Resilience and posttraumatic growth theories provide strengths-based lenses through which to view the experiences of survivors of military sexual trauma. Both theories suggest individual factors that may be associated with psychological adjustment following a trauma. It is likely that some of these factors will be present in survivors of military sexual assault. While resilience theory offers a strengths-based perspective for understanding the characteristics that may be responsible for positive adjustment following a trauma, there is little consensus in the field as to the operationalization of resilience and its contributing factors. It is likely that survivors of military sexual trauma have relied on many of the factors that seem to be common across the resilience literature, but based on the lack of consistency, it is also likely women who survive military sexual trauma may identify additional characteristics that were important to their adjustment. Similarly, posttraumatic growth theory deconstructs the pathological approaches commonly used to conceptualize trauma survivors and identifies five growth areas that commonly occur following a traumatic experience, as well as an instrument to measure growth. However, like resilience, posttraumatic growth has not been well-researched among survivors of military sexual trauma. The efforts made by researchers to investigate posttraumatic growth

among survivors of civilian sexual assault have shown that sexual assault has resulted in little-to-no posttraumatic growth. Additionally, both theories were created to explain individual characteristics and are not well-suited to explain environmental factors that may influence adjustment following the trauma, factors which are clearly present in the military context. Lastly, much of the extant research has been conducted from a quantitative perspective, offering no explanation to the endorsement of resilience factors or the lack of endorsement of the posttraumatic growth factors. When viewed purely quantitively, this lack of endorsement leads to an understanding of women who survive MST as non-resilient or lacking in growth. These limitations support the need for a new way of exploring the individual and environmental factors that influence adjustment in survivors of military sexual trauma.

Research within the interpretive, qualitative paradigm offers space for new understandings of MST based on the voices of the survivors themselves. This approach allows the researcher to understand how the survivors interpret their experiences, construct their worlds post-trauma, and ascribe meaning to the assault and post-assault experiences (Merriam, 2009). The meaningful interpretations of these interactions are the focal points of interpretive research. Glesne (2011) explains,

> interpretivists assume that they deal with multiple, socially constructed realities or "qualities" that are complex and indivisible into discrete variables, they regard their research task as coming to understand and interpret how the various participants in a social setting construct the world around them. To make their interpretations, the researchers must gain access to the multiple perspectives of the participants (p. 5).

Qualitative research is particularly useful when a researcher is not interested in predicting future outcomes, but in understanding the individual's experience (Patton, 1985 as cited in Merriam, 2009). Further, qualitative research analyzed through a critical lens such as Critical Discourse Analysis, allows the researcher to critique the current military context through the

individuals' perspectives in order to affect structural changes to support survivors' resiliency and growth. To that end, this qualitative project aimed to address the research question: How do individual and environmental factors influence adjustment in women following MST? Attendant research questions included: 1) Following military sexual assault, what individual strategies of survival do women use/utilize/take up; 2) What individual factors/personal attributes do women draw on that support adjustment following military sexual assault; 3) What military environmental factors support their adjustment following military sexual assault?

Methodological Framework

When literature is scarce and/or existing theory cannot accurately describe a phenomenon, it is appropriate to use qualitative methods to gather information based on the voices of the community (Haynie & Shepherd, 2011). Qualitative research helps researchers uncover the nuances of how individuals make decisions and offers approaches for examining sensitive topics. In that spirit, this project utilized multiple case study to explore the individual and environmental factors that influence adjustment in eleven women who experienced sexual assault in the military. As multiple case study is situated within case study design, it will be described first.

Case Study

Case study methodology allows researchers to explore "complex phenomena within their contexts" (Baxter & Jack, 2008, p. 544). Case study methodologists hold that truth is relative and subjective and reality is socially constructed. Hence, case study methodology allows individuals to tell their stories in order to gain an understanding of how reality is constructed within a context (Baxter & Jack, 2008). A case is the subject of study that allows the research to better understand the phenomenon (Stake, 2006). Cases can be individual people or entities (e.g.

a school). For the purposes of the current research, each "case" was an individual survivor of military sexual assault. According to Stake (2006) case study is used when "ordinary measurement of the case fails to give adequate attention to the ways the case interacts with fellow cases in its environment" (p. 3) and allows the researcher to explore the experience of "real cases operating in real situations" (p. 3). As demonstrated throughout the literature review, resilience theory and posttraumatic growth theory are unable to fully explain the factors that facilitate psychological adjustment in survivors of military sexual assault. Stake (2006) suggests that certain factors may be bounded within a case, for example individual factors, and other features exist outside of the case itself helping to explain the environment in which the case exists. Case study's exploration of internal and external factors is serviceable in efforts to understand personal factors inherent to the case, as well as the military environment's contributions to psychological adjustment

Multiple Case Study

Multiple case study methodology allows a researcher to examine a collection of related cases to answer a research question (Stake, 2006) and is utilized when interested in exploring a phenomenon within a case and across cases (Baxter & Jack, 2008). Multiple case study assists the researcher in gaining a deeper understanding of a phenomenon than can be provided by a single case study (Chmiliar, 2010). According to Chmiliar (2010), this design "allows examination of processes and outcomes across many cases, identification of how individual cases might be affected by different environments and the specific condition under which a finding might occur" (p. 1). Extending this idea to the present study, multiple case study allowed a thorough exploration of individual cases' experiences of military sexual assault and how differing military environments influenced outcomes. An in-depth understanding of each case is

presented to illuminate the construction of each case's individual reality, while a comparison across cases is presented to help the reader develop an understanding of the systemic factors impacting the phenomenon. Additionally, the use of multiple cases offered opportunities to look at factors of resiliency and post-traumatic growth across the cases through the analysis of data across the multiple cases. In summary, as suggested in multiple case study, the factors that influence each case independent of all others is first examined, then similarities and differences across cases are identified with attention to the ways external factors imposed by the system impact the cases, as well as how these contribute to the collective case (see Appendix A).

Haynie and Shepard (2011) applied this methodology in an examination of discontinuous career transition for military members who survived combat trauma. Haynie and Shepard chose multiple case study because this area had not yet been explored, they were interested in the context of individuals' lived experiences, and they planned to examine similarities and differences across cases. Consistent with the methodology, the researchers used multiple sources of data including self-reports, relevant other-reports, and archival data. Haynie and Shepard demonstrated the utility of multiple case study methodology in understanding the context of traumatic experiences in the military.

Furthermore, as Baxter and Jack (2008) discuss, the utilization of multiple data sources improves dependability and credibility in the findings. Unlike other qualitative approaches, case study research, and by extension multiple case study research, allows for the integration of quantitative survey data in addition to interviews, records, corroborating interviews, artifacts, and observation. For the purposes of the current research, interviews, surveys, and observations served as the multiple data sources. Each of these data-generating tools are detailed later in this chapter.

Analytic Tools

As discussed in Chapter 2, resilience and posttraumatic growth theories offer individual factors that may be operating to help survivors adapt following a sexual assault. Although the theories have limitations, the common factors of each theory served as a starting point for analysis. Factors that are theorized to lead to resilience are generally categorized as internal spiritual, cognitive, social, behavioral, physical, and emotional competencies (Kumpfer, 1999). While Luthar and colleagues (2011) acknowledge a lack of consensus in the field, several researchers suggest the following specific factors that show consistency across the literature: positive self-esteem, optimism/positive cognitive appraisal, self-efficacy/perceived control, and use of social support (Larner & Blow, 2011; Whealin, Ruzek, & Southwick, 2008). With respect to posttraumatic growth theory, the researcher attended to positive change in the five areas suggested by Tedeschi and Calhoun (1996): (1) relating to others, (2) new possibilities, (3) personal strength, (4) spiritual change, and (5) appreciation for life. Analyzing the data through the lens of resilience and posttraumatic growth theories allowed for confirmation of the proposed individual factors that contributed to adjustment following the sexual assault, as well as the recognition of additional factors that are not accounted for by these theories.

Critical discourse analysis (CDA) offers an additional analytic tool for approaching this qualitative study. CDA originated in the 1970s as a response to the prevailing positivistic paradigms and follows the qualitative "tradition that rejects the possibility of a 'value-free' science" (Van Kijk, 2001, p. 352) acknowledging that all reality is created in interaction. CDA allows the researcher to examine the way "social power abuse, dominance, and inequality are enacted, reproduced, and resisted…in the social and political context" (Van Dijk, 2001, p. 352). Scholars have suggested the military cultural context presents considerable challenges for

women who have been sexually assaulted, which CDA would argue represents systemic power abuse, dominance, and inequality in favor of the male hierarchy pervasive in the military structure. According to CDA, power is control. In the military context, predators use the power of force and status to control their victims. Further, CDA theorists attempt to bridge the gap between the micro and macro (Van Dijk, 2001) or individual level experiences and systems. The existing discourse has largely been utilized to pathologize women who have encountered a range of military sexual traumas. The intention of this research is to change the discourse into a conversation that systematically examines survivor strengths (micro), the ways the individuals are interacting with the military environment (macro), and how both influence adjustment following sexual assault. CDA was used as a magnifying glass to hone in on the environmental factors women resisted following their sexual assaults, as well as the structures in place that supported women.

Instruments

The methodological tools that were used for data generation included: Structured demographics questionnaires, semi-structured interviews, the Connor-Davidson Resilience Scale 25, and the Posttraumatic Growth Inventory. Two additional screening instruments, the Patient Health Questionnaire and Columbia Suicide Severity Rating Scale, were included at the request of the IRB to ensure women who were at risk for suicide were not included in the project.

Demographics Questionnaire

A structured demographic questionnaire (see Appendix B) was utilized to gather information relevant to broad identity categories and military history. Participants were asked to disclose their self-identified race, ethnicity, sexual orientation, religious/spiritual preference, as well as their age, era and branch of service, age of service, rank, military occupation, and combat

experience. Women were also asked if they had received mental health treatment and to briefly describe the type of treatment. All eleven participants completed the questionnaires. Demographics tables will be presented in Chapter IV – Results.

Semi-structured Interview

A semi-structured, person-to-person interview was employed for data collection. According to Merriam (2009), interviews help researchers understand past events that are impossible or unethical to replicate, as well as the way individuals responded to and defined the event. Although there is specific information the researcher aimed to address, allowing flexibility in the interview was paramount since each woman's sexual assault experience was unique, as was their comfort with telling their story. As evidenced in a pilot interview, some participants addressed the research questions with well-told narratives of their story while others needed further questions and prompts to reveal key information. A semi-structured interview allowed for flexibly worded questions and ideas to be explored instead of rigid adherence to a list of pre-determined questions (Merriam, 2009). Additionally, this format allowed the researcher to utilize her clinical knowledge of trauma psychology to gauge the well-being of the client during this difficult interview and to adjust course as indicated.

To that end, the following list of questions was created and used to guide a discussion of experiences that lent themselves to understanding the participants' perceptions of the individual and environmental factors that supported them following their sexual assault experiences:

1. How did the reasons you entered the military align with your actual experiences prior to the assault?
2. With as much or as little detail as you feel comfortable sharing, please describe the context surrounding the assault. I am interested in hearing about events prior to the

assault, the location, information about the perpetrator, and events immediately after. You needn't describe the assault unless you want to.

3. What did you do following the assault that helped you move forward? (Be sure to ask about disclosure, help-seeking, isolating, transfer of units, etc.)
4. Which factors (personal or environmental) may have contributed to you being vulnerable? Why do you think this happened?
5. So now tell me what characteristics/internal resources helped you survive?
6. Please describe the response of the military following the assault. I am interested in hearing about experiences with medical staff, military police, leadership, peers, subordinates, and any other systems or people you interacted with regarding the assault.
7. Can you think back to any particular people, places, or programs that were supportive and tell me about the things you found to be helpful?
8. In thinking back about your expectations of the military, please tell me about how the assault impacted your initial perceptions.
9. What was the impetus for leaving the military? (Or staying if still active)

Appendix C shares the rationale for each question and its link to the research questions. Finally, to develop trustworthiness and dependability in the interview data, researchers use a strategy called triangulation in which they use "multiple methods, multiple sources of data, multiple investigators, or multiple theories to confirm findings" (Denzin, 1978 as cited in Merriam, 2009, p. 215). The process of triangulation allows the researcher to see if data across measures is consistent. To the end, two quantitative measures, Connor-Davidson Resilience Scale 25 and the Posttraumatic Growth Inventory, were analyzed *qualitatively* in service of

triangulating the data generated in the report (see Figure 1). Both self-report measures were administered after the interview to avoid contamination of the interview data.

Connor-Davidson Resilience Scale 25

The Connor-Davidson Resilience Scale 25 (CD-RISC-25) is a 25 item self-report scale designed to measure resilience in the areas of spiritual influences, personal competence, trust in instincts, positive acceptance of change, secure relationships, personal strength, high self-standards, tolerance of negative affect, and perceived control. Participants are asked to answer 25 questions on a Likert-type scale (0 = Not at all true, 1 = Rarely true, 2 = Sometimes true, 3 = Often true, 4 = True nearly all the time) with a total possible score of 100. The measure has demonstrated good construct validity across studies such that higher resilience scores are associated with decreased PTSD severity and lower resilience scores are associated with substance use disorders and risk of suicide attempt (Davidson & Connor, 2016). Scores in the general population tend to average around 80.4 and scores in OIF/OEF Veterans with PTSD tend to average around 59.6 (Davidson & Conner, 2016). While average resilience scores for this group will be provided in the results chapter, this measure was analyzed qualitatively to better the resilience characteristics participants identified with and how those characteristics were or were not revealed through the interview data.

Posttraumatic Growth Inventory

The Posttraumatic Growth Inventory (PTGI) (Tedeschi & Calhoun, 1996) is a 21-item inventory that measures positive change following a traumatic experience in regards to five factors: relating to others, new possibilities, personal strength, spiritual change, and appreciation for life. Participants are asked to respond on a 6-point Likert-scale from not at all (0) to a very great degree (5). The internal consistency is 0.90 and the test-retest reliability is 0.71. The

responses to this measure will also be analyzed qualitatively to add an additional layer of trustworthiness and credibility to the interview data.

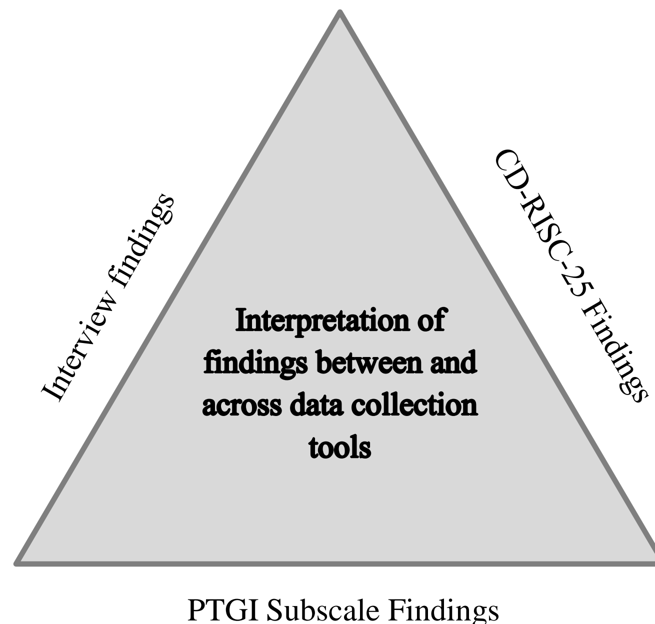


Figure 1. Triangulation of the interview, PTGI, and CD-RISC-25 data builds trustworthiness and dependability in responses to the research questions.

Patient Health Questionnaire

The Patient Health Questionnaire – 9 (PHQ-9) is a 9 item self-report instrument widely used in primary care and other medical settings, including VA Hospitals, to screen for depression and suicidal ideation. The PHQ-9 was added as a screening instrument at the request of the IRB to screen for depression and suicidality. Potential participants who scored 15 or above, indicating moderately severe to severe depression, were to be excluded from the study. If a potential participant scored 0-14 and endorsed Item 9 indicating suicidal ideation, the Columbia Suicide

Severity Rating Scale was then used to assess for severity of suicidal ideation. There was one potential participant who endorsed Item 9 and therefore was given the next level of screening.

Columbia Suicide Severity Rating Scale

The Columbia Suicide Severity Rating Scale (CSSRS) is a six-item questionnaire designed to be used by a professional to assess suicide risk. Individuals who endorsed items 3, 4, or 5 indicating a current suicide plan or intent were excluded from the study. There was one participant who endorsed item 3, suicidal thoughts with method. The participant adamantly denied an intent to act on the thoughts and was actively engaged in regular psychotherapy. Dr. Wester, the primary investigator, was immediately contacted for support and supervision. It was decided that while the individual was stable with no intention to attempt suicide, participation in the study might increase her suicidal ideation and therefore she was excluded from the study. The primary student investigator (PSI) explained to the potential participant that research should never do harm and while her strength was apparent and her willingness to participant sincerely appreciated, it would be unethical to ask her to explore the context of her sexual assault at this time. The participant was understanding and appreciative of the concern for her well-being. The PSI provided a list of national resources and her contact number for follow-up if needed.

Data Collection Procedures

Protection of Human Subjects

This project was proposed to the University of Milwaukee's Institutional Review Board (IRB). Due to concerns regarding the sensitivity of the information in this project, the IRB recommended data collection tools refrain from eliciting information that could link data to the participant. The signature line on the consent form was deleted and all participants were assigned

a case letter and later a pseudonym. The IRB approved the project with this added layer of security. Data was collected from October 2016 – January 2017.

Recruitment

Participants were recruited using a combination of convenience and snowball sampling. Convenience sampling involved selecting a sample based on availability of participants (Merriam, 2009). Snowball sampling required knowing a few community insiders, interviewing them, and then asking them to refer other community members (Merriam, 2009). The principal student investigator (PSI) utilized community contacts to begin the snowball sampling procedure. Contact was made in person and via email. Informational flyers were distributed through a Midwestern university's Military and Veterans Resource Center (MAVRC) email list-serves and posted at sites that serve military personnel and veterans including MAVRC, a Midwest Vet Center, and Healing Warrior Hearts. The PSI created an electronic description of the study and posted it on the social media site Facebook on pages that are known to be viewed by military and veterans including the Tillman Scholars (Official) and personal Facebook pages. This recruitment strategy led to participation of service members and Veterans from across the U.S., as well as two who were deployed internationally. Compensation is often given for qualitative interviews, for example Sadler and colleagues (2003) paid their participants $40.00 for their time and Burns and colleagues (2014) compensated participants with $25.00 for 45-60 minute interviews. Consistent with other time-intensive research studies, participants were offered a $25.00 gift card as compensation for their time and participation. The $25 gift cards were paid for by the PSI. Interested participants were asked to contact the researcher via email or phone to learn more about the study. After the initial contact was made, the PSI and potential participant agreed on a time to conduct the phone screening. At that time, the PSI administered

the PHQ-9 and CSSRS as indicated. If the individual was eligible for participation and agreed to participate, the PSI coordinated with the participant to plan a meeting time and location. If the participant was unable to meet in person, the PSI emailed the consent form prior to the interview date. As participants self-selected for the study and completed the interview, the researcher requested they reach out to other survivors and provided contact information for the interested potential participants to initiate contact. Thirteen women expressed interest in participation. Of these women, three women were recruited from Healing Warrior Hearts, four from the Tillman Foundation Facebook post, two from MAVRC, two were personal contacts of the researcher, and two were recruited through snowball sampling. Participants lived across the U.S. and in two were deployed/stationed abroad at the time of their interviews.

Participants

To participate in the current study, a participant had to be at least 18 years of age and self-identify as a woman who served in any branch of the U.S. military for at least a year, over any service era. Military sexual trauma (MST) is broadly defined and captures a range of experiences from sexual harassment to rape (U. S. Department of Veterans Affairs, 2015). For the purposes of this study, participant selection was limited to women who experienced a sexual assault while on military duty. According to the Department of Defense (2004),

> "Sexual assault is defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. Sexual assault includes rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling), or attempts to commit these acts."

Due to the sensitive nature of the topic, women needed only to respond yes to a verbal question "Did you experience a sexual assault while on military duty?" to be considered for the study.

There was no formal screening process beyond self-identification. If during the interview, it became clear that the individual did not experience a sexual assault, the data would have been discarded. Additionally, if during the course of the interview the participant evidenced psychological distress indicative of potential harm during the process, the interview would have terminated and the participant would have been given information about applicable resources. Notably, the researcher is a therapist trained in trauma psychology and has been extensively supervised in recognizing the signs of emotional dysregulation and cognitive intolerance. All of the women who endorsed MST did indeed meet the definition set forth by the Department of Defense. Each of the participants tolerated the interview without evidence of distress. Each participant expressed appreciation for the opportunity to tell her story and for taking the time to do research she deemed as important and lacking. Therefore, all interviews were conducted and all data was included for all eleven participants in this project.

According to Stake (2006), the number of cases should range between four and ten to assure a thorough understanding of the collective case. Indeed, Haynie and Shepard (2011) recruited ten cases (individuals) in their examination of discontinuous career transition for combat trauma survivors which they reported was consistent with other studies using multiple case method. Thus, the goal for this study was to interview eight to ten women. In an attempt to adequately represent the collective case, an effort was made to recruit participants from a variety of service branches, service eras, and racial/ethnic identities; however, this was limited by the sampling procedure and nature of the research. In considering the sensitivity of the research, recruitment was expected to be challenging; however, within a few weeks' time, 13 women had contacted the researcher. One woman did not respond to contact attempts and one woman was

excluded due to suicidal ideation as evidenced on the PHQ-9; thus, the remaining eleven women were included in the final project and recruitment was terminated.

Demographics. All women in the sample self-identified as "female" and ranged in age between 25 – 66 years old, with a mean age of 40.36 years. Nine women identified as White/Caucasian, one as Hispanic, and one as Hispanic/Caucasian. Eight women identified as straight/heterosexual, two as lesbian, and one as bisexual. One women self-identified as Roman Catholic, three as Christian, one as Lutheran, one as Episcopal, and five women did not identify a religious or spiritual preference. Participants represented all branches of service including: Air Force (4), Army (4), Marines (2), and Navy (1). Age of enlistment/commission ranged from 17 – 25, with a mean age of 19.72 years. Nine women were honorably discharged, two of whom medically retired. Those nine women served between 3 – 15 years, with a mean of 6.56 years of service and a mode of 5 years of service. Two women were still actively serving at the time of the interview and had served 8 and 14 years each. Ten of the women were enlisted with paygrades between E-3 and E-6 at time of discharge. One woman was an officer, paygrade O-4. Four women were deployed at some point during their service, two of whom saw combat.

Consent Form

The consent form (Appendix D) included the researcher's contact information, a brief description of the study, the potential risks and benefits of participation, confidentiality, data security, and voluntary participation consent. The consent form was provided to all participants. Consent was indicated through verbal agreement.

Research Site

The PI was flexible and responsive to the needs of the participants allowing interviews to be conducted in person, via telephone, or on Skype. For in-person interviews, participants were

given the choice to meet in a variety of locations including the Madison Vet Center, specific private locations on UWM, or a location of their choice. Two women agreed to be interviewed in-person at the Madison Vet Center. One woman, who was deployed, agreed to a Skype interview. Three additional women (one who was deployed) requested Skype interviews, but due to limited internet connectivity ended up completing phone interviews. The remaining five participants did not feel comfortable meeting at any of the pre-planned locations and therefore, the PI offered to meet at the PI's residence. All five women agreed that would be most comfortable due to the sensitivity of the interview questions.

Data Collection

At the beginning of the meeting, the researcher gave a copy of the informed consent form (Appendix C) to the participant and asked her to follow along as it was read aloud. The informed consent included consent to audio record the interviews. Participants were given the opportunity to ask questions. The researcher stressed the voluntary nature of participation and the participant's right to terminate at any time without repercussions. Once verbal permission was granted by the participant, audio recording commenced, and the interview process started beginning with the semi-structured interview. Following the interview, participants were asked to complete the demographic form, CD-RISC-25 and the PTGI. The interviews were between 45 and 100 minutes in length. At the request of the IRB, a list of community and national resources was provided (See Appendix E) and the PSI's contact information was provided for follow-up questions.

Data Transcription

All audio recordings were transcribed verbatim by the research team with the exception of identifying information which was removed to ensure anonymity. Notes about proxemics and

emotional reactions of the participants, as well as reflexive reactions of the researcher during the interview was also included as data; however, this was limited by need for the researcher to be fully present during the interview rather than writing notes.

Research Team

The research team included five doctoral level students with an interest in military or trauma psychology. It proved difficult to maintain the same research team members throughout the project and to find times for regular meetings. That being said, most of the training and discussion with research team members occurred in a one-on-one format. The PSI provided research team members with training in military sexual trauma and qualitative analysis. Different research team members were involved at various points in the research process including transcription of interviews and first and second cycle coding. Research assistants only had access to de-identified, anonymous data. The PSI oversaw the process, mediated discussions and resolutions of differential coding, and facilitated discussions regarding reflexivity.

Description, Analysis, and Interpretation of the Data

After the transcriptions had been quality-checked by the PSI, the coding process began. It was the intention to use the qualitative data analysis software, NVivo, to manage and track the coding process. However, access to the software proved challenging and therefore it was decided to rely on hand-coding methods using features in Microsoft Word. In qualitative research, the use of codes and the process of coding provides a systematic way of analyzing qualitative data (Saldaña, 2013) so connections, themes, and patterns between and among the data are revealed (Glesne, 2011). Saldaña defines a code as “a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (p. 3). In this study, data from each case, from each of the three sources –

interviews, PTGI and CD-RISC-25 – yielded a ‘data strip’ to be coded. Taken together, this process yielded 33 strips of data to be coded from the eleven cases.

True to multiple case study research, each case was initially examined and coded isolated from the others. This process rendered each survivor’s individual experience and story which will be revealed in Chapter IV - Results. Then the cases were examined and coded collectively, rendering a cross case analysis of experiences.

Preliminary Decisions

Saldaña (2013) suggests the decision to code theoretically is made before the coding process begins. In this project, the tenets of resiliency and posttraumatic growth theory are foundational in understanding how individual and environmental factors influence women’s adjustment following MST. The literature review also revealed significant gaps in our understanding of factors that support adjustment in survivors of military sexual trauma. Specifically, consensus is lacking regarding resilience and posttraumatic growth theories’ ability to accurately describe adjustment in survivors of sexual trauma. Additionally, Critical Discourse Analysis (CDA) was to be used to describe the systemic factors that are present in the data strips. In this manner, the two theories and CDA guided the first and second coding cycles across the three data strips from each case and helped identify and describe consistencies and inconsistences within and across cases. Figure 2 illustrates how the strips of coded data in each case were analyzed through this process.

First Cycle Coding

According to Saldaña (2013), a researcher should choose the first cycle coding method(s) based on the goals of the research. The goal of the current study, congruent with multiple case study, is to utilize deductive and inductive methods to add to existing understandings of the

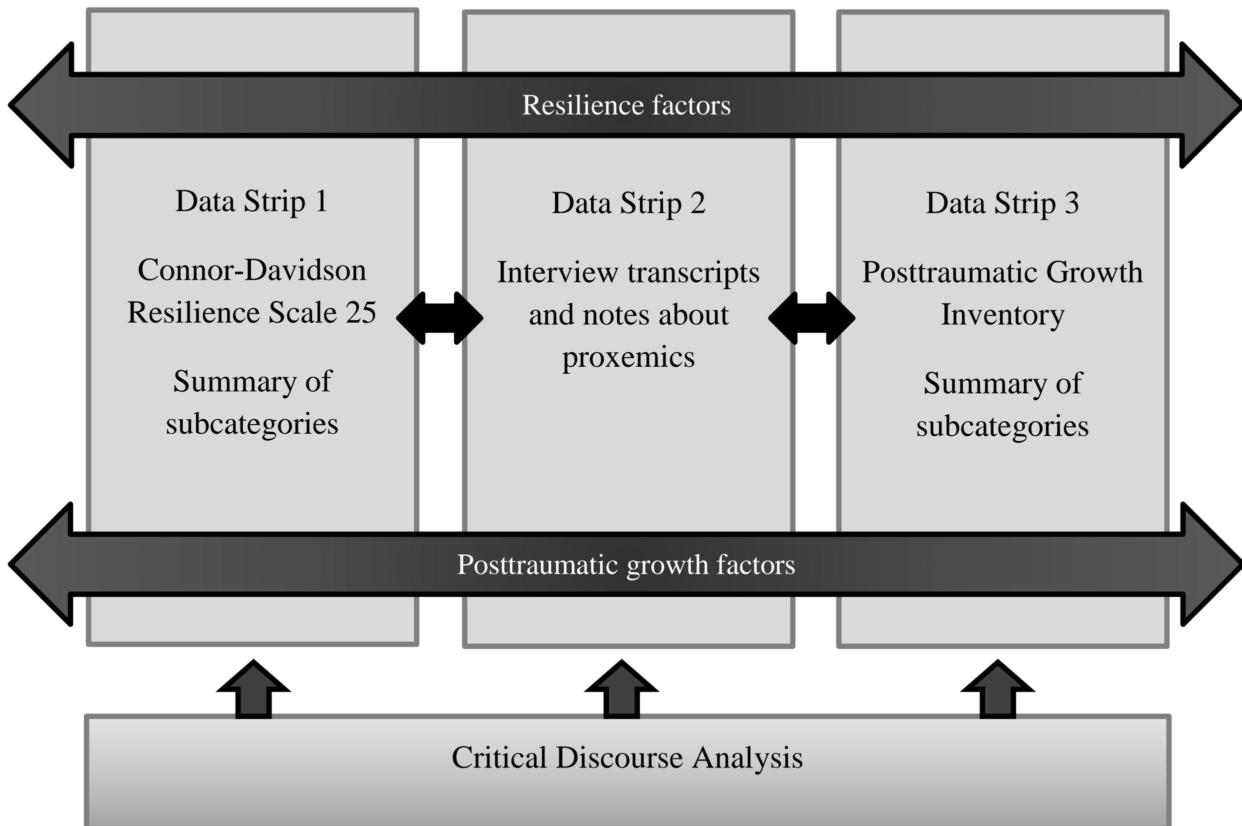


Figure 2. Data strips. Coding occurred within and across data strips adding to the trustworthiness and credibility in the findings.

individual and environmental factors that support adjustment in survivors of sexual trauma, particularly military sexual assault. The deductive piece comes from an understanding of the resilience and posttraumatic growth literature. The tenets of these two theories as noted in the literature were systematically searched for in the data. The inductive piece comes from the voices of the participants. These data strips were coded with an eye on specific thoughts and actions related to resilience and posttraumatic growth theories' ability to accurately describe adjustment in survivors of sexual trauma, including references to structures in the military culture which were examined using CDA. With both inductive and deductive processes in mind, the researcher utilized two different types of first cycle coding, initial coding and provisional, as discussed in Saldaña (2013).

According to Saldaña (2013), initial coding is appropriate for novice researchers and can be used with interview transcripts. Initial coding is an open-ended approach which allows the researcher to listen to the voices of the participants to better understand their worldviews. With over 200 pages of interview data, initial coding offered the research team a strategic way to organize the data into broad themes that would begin to address the research questions. While provisional coding (see below) was the intended first step in the first-round coding process, it soon became apparent that the overwhelming amount of data called for a pre-coding process. The researcher created codes inductively based on emerging ideas that arose from the interview data which included: External helpful, environmental harmful, environmental ambiguous, individual helpful, individual harmful, individual ambiguous, important/stands out, and family/civilian friends/other (see Coding Manual, Appendix F). This pre-coding process enabled the research team to pull out everything we thought fell into these broad categories and discard data that was not relevant to the research question. Next, the research team sifted through the data in these broad categories to identify the data that fit with provisional codes which all fell under "individual helpful." The leftover data made up the initial codes including: Leadership characteristic, education, personal values, development of self-knowledge, altruism, self-reliance, perseverance, healthy avoidance, advocacy, problem-solving in the moment, cognitive strategies, attempts at boundary setting, and avoidance of substance use.

In provisional coding, "codes can be developed from anticipated categories" (p. 144) which is appropriate when one hopes to add to or build the existing literature base. Based on the resilience literature, the factors on the CD-RISC-25, and the posttraumatic growth literature the following codes were developed: Spiritual/religious influences, personal strength, high self-standards, meaning making, optimism, future orientation, self-efficacy/perceived control, social

competence, use of social resources, social connectedness, intrinsic religiosity or spirituality, purpose in life, appreciation for life, and perception of personal strength (see Coding Manual, Appendix F).

Second Cycle Coding

Second cycle coding requires the researcher to reorganize, reanalyze, and reconfigure data into themes and categories (Saldaña, 2013). Axial coding was employed as the method for second cycle coding as it extends from the first cycle method of initial coding and allowed the researcher to sort, relabel, and reassemble into conceptual categories (p. 218) based on both inductive and deductive findings. Throughout the first cycle coding, the researcher began to sort codes into natural groupings using tentative labels; however, as expected, some codes were split during this process and there was overlap between codes. The second cycle coding allowed the researcher to reexamine and regroup the codes into themes and categories by identifying relationships among the initial codes. During the second cycle coding process, three stages of adjustment emerged from the data including adjustment to military culture, adjustment to the sexual assault, and adjustment following the sexual assault. Initial and provisional codes were re-organized and a stage model of adjustment emerged which will be explained in detail in Chapter IV – Results.

Coding Manual

A coding manual (Appendix F) was created to document all codes, a description of their properties, and included examples from the data. As relationships emerged among codes, they were arranged according to thematic groupings. The coding manual was shared with the methodologist as codes developed and feedback was incorporated. It was also shared with all members of the research team to guide their coding decisions.

Trustworthiness of the Data

In qualitative research, the terms reliability and validity are avoided, as these are constructs most readily demonstrated through statistical analysis. Instead, qualitative researchers are concerned with credibility and dependability. Establishing credibility and dependability in qualitative research involves demonstrating a rigorous research design that will instill "confidence in the conduct of the investigation and in the results" (Merriam, 2009, p. 210).

Credibility

According to Merriam (2009) credibility is a response to the quantitative tradition of establishing internal validity. Qualitative researchers assume that reality is ever-changing making validity a moot point. Instead, credibility asks "are the findings *credible* given the data presented?" (p. 213). Triangulation is the most common strategy used to address the concern of credibility and involves checking data across methods, sources, and investigators. Credibility is further established through member checks which involve allowing participants to view and provide feedback on findings in order to avoid researcher subjectivity influencing the interpretations.

To that end, all transcripts were coded by the primary student investigator during first and second round coding and 73% (9 of 11) of transcripts were double coded. Three graduate students participated in this double-coding process for triangulation. Documents were then placed side-by-side and compared. Most of codes were similar and discrepancies involved the graduate students not being as specific as the PSI (e.g. coding a paragraph "ambiguous" whereas the PSI coded sentences in the paragraph into more specific categories) or a misunderstanding (e.g. "individual harmful" was intended to included behaviors of the participant that may have been harmful to her life or personal integrity, one graduate student coded all harmful behaviors

perpetuated by individual outsiders in this manner). Consensus was easily reached after further explanation. Other discrepancies involved the PSI coding more information than the graduate students or a graduate student coding data the PSI missed. The PSI made final coding decisions.

Dependability

Merriam (2009) suggests that dependability is consistent with the quantitative tradition of reliability. However, as the world is constantly changing, qualitative research is not concerned with replicability of results, rather the concern is for "whether the results are consistent with the data collected" (p. 221). Dependability can be established through triangulation, for example, the consistency of an individual's self-report can be demonstrated across multiple sources of data. Dependability can be further demonstrated through an audit trail which calls for the researcher to keep a detailed record of data collection procedures, data analysis decisions, reflexive thoughts, and questions derived throughout the process.

Current study

The researcher planned to utilize several qualitative strategies to establish trustworthiness of the data which aim to address concerns of credibility and dependability. A member-checking process (Glesne, 2011; Merriam, 2009) was intended in which the participants would be given their transcripts to review and correct; however, participants declined this level of involvement. As one participant said, "I don't want to read through that stuff. It's hard enough to talk about." Several participants were asked follow-up questions after the interview to clarify the data and all participants were given the opportunity to contact the researcher with any other additions. Only one participant reached out after the interview and it was to send the PSI a letter expressing gratitude for the project and to share the ways she had healed from it. Second, transcripts were viewed by the PSI and at least one member of the research team for accuracy (Glesne, 2011).

When questions about accuracy arose, the PSI listened to the audio recordings to determine accuracy. Third, data was triangulated using multiple measures and multiple researchers (Merriam, 2009; Glesne, 2011). The interview data was cross-checked with the information reported on the self-report measures. Some of the provisional codes created based on the self-report measures did not have supporting data in the interviews, some had few endorsements on both the self-report measures and interview data (i.e. appreciation for life), and still others were represented across data strips. Codes were adjusted accordingly. Fourth, the researcher kept a research journal with details about decisions made throughout the investigation. Additionally, all coding decisions were recorded in the coding manual and are made available to the reader. The detail in this process allows for replication of the study, which further reinforces the trustworthiness and dependability of the design (Glesne, 2011). Finally, the PSI's identity, biases, and reflexivity (Glesne, 2011) will be included in the final product. This transparency will increase trust that the researcher was aware of the potential subjective impact on the description, analysis, and interpretation of the data.

Reflexivity

Reflexivity involves identifying the experiences and places of passion in one's research, tracing these back to their roots in one's life, and acknowledging their impact on the selected research question, the generation, coding, and analysis of data, and the language used to construct this text. According to Virginia Olesen (2011) reflexivity requires constant self-awareness of one's position in the research process and an exploration of the background elements that contribute to the lens through which a researcher views the world. Sharing this history does not minimize the credibility, dependability, or potential transferability of the study's

claims but, instead, acknowledges complexity in the research question, the research process, and the evidence-based claims reported.

In that spirit, I offer a discussion of the primary student researcher's positionality and reflexivity with this study. I am a White, heterosexual cis-gendered woman, an identity which carries a worldview that cannot be removed from my role as a researcher. According to my ideological understandings, I must be aware of how these dynamics may create responses and biases in my research, especially when working with individuals who identify with marginalized groups. It is important to allow space for participants' perspectives, even if it that means calling into question the role these identities may have played in their lived experiences. Remaining aware of these dynamics will help me avoid inadvertently contributing to the existing trend of victim-blaming.

Further, I am woman veteran with nine years of experience in the military. In many ways, the military has positively contributed to my values and characteristics and I enjoyed my time in service. Yet, I find myself developing a growing ambivalence about the military, as I move from an entrenched to an autonomous understanding of its culture. Still, I hope to find redeeming qualities about the military, which may serve as starting points for helping women who have had more traumatic experiences than me. Throughout this process, this part of my identity was increasingly challenged as I became more aware of the military culture and its impact on the participants in this study.

I know women who experienced sexual assault in the military, which was further exacerbated by a betrayal of the system. The incredible fight of these women to survive, when the odds were against them, has inspired me to explore the personal factors that contribute to their strength. Regardless of my understandings about military culture and my awareness of the

impact of MST, I am unable to personally relate to these survivors. Therefore, it was important I remain aware of my assumptions, allowed the participants to tell their stories, and let the data illustrate what I cannot know without their involvement.

To help monitor my biases and keep them ‘in check’, I kept a Word document to record reflexivity and reactions throughout the research process. I engaged in regular meetings with my chair and methodologist and processed my emotional reactions and potential biases as needed to maintain as much objectivity as possible. My research team was asked to cross-check my analyses and was encouraged to challenge any biases, which they did several times. Finally, an external auditor was consulted regularly regarding my data, analysis, and interpretation.

Even with these safeguards in place, my reflexivity in this study ultimately shaped this project. I am trauma psychologist-in-training with a strong conviction for a strengths-based approach to understanding survivors of traumatic experiences. This aspect of my identity presented the greatest challenge throughout the project. My desire to view the strengths initially blinded me to the suffering and detrimental impacts of the military culture the women were reporting in their interviews. The resulting narrative is framed from a strengths-based perspective and avoided deficit-based language to the extent possible; however, in the spirit of qualitative research the participants in this project called for an integrated approach to understanding MST and that was done as true to their experiences as possible. The underlying goal of this project, and my line of inquiry, was to critically examine the existing system, contribute potential solutions where needed, and affect systemic change. To that end, I remained keenly aware of potential points of system intervention, particularly those that may increase supportive military factors and decrease those that are unsupportive.

CHAPTER IV - RESULTS

This chapter is divided into two sections. Part I presents summaries of each of the eleven individual cases with the goal of introducing the reader to the participants, including the participant's early perceptions of the military, a summary of her sexual assault experience(s), and the participant's and military's responses to her sexual assault.

Part II will offer a cross case analysis with the intent of addressing the guiding question: *How do individual and environmental factors influence adjustment in women following MST?* as well as the following attendant research questions: 1) Following military sexual assault, what individual strategies of survival do women utilize; 2) What individual factors and personal attributes do women draw on that support adjustment following military sexual assault; 3) What military environmental factors support their adjustment following military sexual assault?

Participants

In total, 13 women expressed interest in participating in this research project. One woman did not respond to several attempts to reach her and another woman was excluded after it was determined she was experiencing suicidal ideation. Eleven women completed the entire process including initial phone screening, interview, and self-report measures. The demographics of the participants included in this project are presented in Table 1 and the military specific demographics are presented in Table 2. In the first stage of individual case analysis, each individual case was graphically represented using the codes from first and second cycle coding. These graphics helped draw attention to elements of each woman's story that were most relevant, as well as helped identify a structure to frame the stories. The individual case presentations below are structured in an effort to summarize the information on the graphics and thereby the interviews by first introducing the reader to the participant, her branch of service, her military

occupation, the reason she joined the military, and any pre-military information the participant mentioned during the interview (i.e. family dynamics). Next, the participant's perception of the military is summarized; for all participants this includes their experiences with misogyny and sexism. Abbreviated versions of their sexual assault experiences are then shared followed by the participants' interactions with military systems. The impact this had on the participant, as well strategies she mobilized to survive are briefly summarized. Each case presentation ends with information about the woman's discharge or continued service, as well as the area she was working in at the time of the interview.

Table 1

Self-Identified Demographics

	Age	**Gender**	**Race/ Ethnicity**	**Sexual Orientation**	**Religious/ Spiritual Preference**
A	28	Female	White	straight	Roman Catholic
B	37	Female	White	heterosexual	N/A
C	25	Female	Caucasian	straight	non-denominational Christian
D	46	Female	Caucasian	lesbian	N/A
E	28	Female	Hispanic	heterosexual	N/A
G	36	Female	White	heterosexual	Christian
I	29	Female	White	bisexual	N/A
J	66	Female	Hispanic/ Caucasian	heterosexual	Episcopal
K	39	Female	White	lesbian	N/A
L	51	Female	Caucasian	heterosexual	Christian
M	59	Female	White	heterosexual	Lutheran

Table 2

Military Specific Demographics

	Branch	Age of Service	Paygrade	Discharge	Occupation	Deployed	Combat
A	Air Force	19 - 23	E-5	Honorable	Security Forces	Iraq South Korea	Yes
B	Marine Reserves	22 - 26	E-3	Honorable	Military Police	No	No
C	Army National Guard	17-present	E-5	N/A	Automated Logistical Specialist	Africa	No
D	Air Force Active and Guard	18 - 33	E-6	Retired Honorable	Education Management Base Training Manager	No	No
E	Air Force	19 - 24	E-5	Medical Retirement Honorable	Security Forces	Kuwait	No
G	Navy	22-present	O-4	N/A	Medical Corps (Flight Surgeon)	Iraq	Yes
I	Army National Guard	17 - 23	E-5	Honorable	Supply Specialist	Kosovo	Yes
J	Army Active and Guard	25 - 35	E-6	Honorable	Recruiter, Clerk Typist, Stenographer, Personnel Sergeant, Equal Opportunity Officer NCO	No	No
K	Army	17 - 22	E-4	Honorable	Medical Specialist	No	No
L	Marines	24 - 27	E-3	Honorable	Motor Vehicle Operator	No	No
M	Air Force Active and Guard	17 - 24	E-5	Honorable	Admin Assistant	No	No

Caroline. Caroline was 19 years old when she enlisted into the Air Force as Security Forces to get away from her small town and create her own identity. She described her mom as distant and unsupportive of her decision. “We didn’t leave on the greatest note because of leaving for college and not following, like, the white picket fence life.” On the other hand, she perceived her father to be proud of her, “he was the only one that wrote me like every other day. It was his letters that got me through basic and stuff like that.” Caroline recounted a positive experience that occurred during her first night at basic training, “Here comes the six-weeker in the Air Force because they put you to bed like the first night, the TIs don’t. And she’s like leaning down towards me, she’s like, ‘you’re going to make it, you’re fine.’” Indeed, Caroline did make it through basic training. Neither of her parents attended her graduation, an experience to which Caroline attributes her independent attitude, “I just kind of accepted that’s how the military was going to be, was kind of like me against the world.”

Caroline had the feeling of being out-numbered and marginalized by men in her specialty area of Security Forces. “I worked in a career field where it was 98% men, so even just being in that career field I already have a reputation.” She went on to describe a catch-22 she found herself in, “You either be the guys’ girl and get along with them and you’re the tramp, or you be the girl that doesn’t say a word to them and play the safe way and you’re a prude. There isn’t a happy medium. You’re in a man’s world and there is nothing.” Caroline attempted to navigate this situation by “play[ing] it as much” as she could. Additionally, Caroline believes that unless a woman has the protection of an education and a command position as an officer, she can expect to be sexually assaulted and/or harassed at some point in her career. She explained, “[A woman can expect to be sexually assaulted] on some level. It may not be aggravated rape, it may not be

consenting, but you are going to at least get harassed. You are going to get sexual innuendos. You are going to get it because it's the lifestyle."

Caroline's first sexual assault happened early on in her career while still in technical school. She was off-base with friends, including the perpetrator who was a member of her fire team. She recounts having "only had like two beers" but losing time. "We ended up kissing, making out. The next thing I know is I woke up with him on top of me." Caroline believes the perpetrator was opportunistic, likely adding drugs to her beverage and taking advantage of her impairment. "I think he was in training for so long that he hadn't had any and he saw an opening and he took it." When Caroline arrived back to the dorm that night, one of her friends was charge of quarters (CQ) and noticed Caroline was not herself. Caroline attempted to brush it off and went to her room. Her friend "reported something to the cops. And the cops came." Caroline remembers a sergeant entering her room and calling attention to her broken bra strap. He started inquiring who she had been out with and if she had been drinking. When Caroline said she had been drinking, "he's like, 'well I'm going to cite you for underage drinking.'" Other systems were initiated including the Sexual Assault Response Coordinator who sent Caroline to the hospital where a rape kit was completed. The Office of Special Investigations (OSI) also became involved. "I, like, didn't want to report anything but…they turned it into this unrestricted report and so they opened a formal investigation." What followed changed the trajectory of Caroline's career. Soon after, she was standing in front of the base commander being reprimanded for underage drinking. She went on to say, "I lost my orders to Germany and that's how I got to [a different base]. I got held back like a month because of it." The perpetrator was never prosecuted, but Caroline said "he obviously didn't get to graduate with us" the Air Force "weeded him out."

Reflecting on her experiences with the systems she immediately interacted with, Caroline recalls that her experience at the county hospital "was really good," but she was disappointed with the military agencies that punished her for drinking and took the choice to report the sexual assault out of her hands. "I was pissed off that OSI was taking it like this route and I was pissed off that local law enforcement, because it happened off base, the local law enforcement got involved and like they were like brushing it to the side. And I was pissed off that it got all the way to the Training Commander of the base" who Caroline perceived to care more the reputation of the base than the assault.

Interpersonally, Caroline felt alone following the sexual assault, "My people were me. All I had was me. I didn't have anybody because nobody was there." She said that most of her peers "pretty much accepted what had happened" but that there was "some backlash from the four people that were there [at the party where the sexual assault occurred]." She continued to feel a lack of support from her mother, as well as other family members, "I was more pissed off that my mom wasn't, like my mom pretty much said that I asked for it. I had some family that lived [near the base]…my uncle…and my aunt…who are devout Catholics…they didn't accept me back into their house on weekends."

Although Caroline believes her independence may have led her to take too many risks, she also relied on this strength to survive the aftermath of the assault. She had a strong sense of purpose, keeping her eyes on her goals and moving toward them, "I have to do something and I just focused on that." She said she focused on adjusting from a training environment to active duty. "[I focused on] surviving the military….You're making sure you're eating. There is no planned chow. You have to do everything you need to do in order to live by yourself. So, um, and make it to training. You are on your own." Caroline said she was able to get up for work

each day and continue to be successful and earn promotions. She also attributes her ability to move forward to mentally blocking out reminders of the assault. “I think I had to black it out in order to be able to survive my next base. To be able to move on.”

Unfortunately, Caroline was sexually assaulted a second time while on a deployment during her fourth year in the Air Force. She was off-base in a local village with friends who were all drinking alcohol. The group ended up back on base as the sun was coming up, continuing the party in the leadership quarters. Many of the other airman headed back to their quarters and Caroline, also an airman, found herself alone with a staff sergeant. She said she felt uneasy and attempted to leave. He grabbed her wrist, preventing her from leaving the area. Caroline began to argue and tell him to get off her and he “just punched me in the face” and knocked her unconscious. Security footage showed him carrying her up the stairs to his room where he “continued to rape” her. Caroline said, “I didn’t come to until the last moment of it and my face was black and blue. Throat was like, he had tried to strangle me.” Caroline goes on to say “I fought and I fought and then he had hit me in the back of the head again to make me unconscious.”

The perpetrator’s roommate came back from work during the assault and heard Caroline screaming. After some verbal exchanges through the locked door, he “broke down the door and saw me, wailing or whatever, face down. He was like ‘What the fuck!?’” The next thing Caroline remembers is her leadership and medical personnel arriving in the room. She went on to say, “after that it was kind of a shit show and a whirlwind.” Caroline said OSI, police, and the Judge Advocate General’s Corps (JAG) became involved. Despite physical evidence, video footage of a violent physical assault prior to the sexual assault, and a witness who heard the sexual assault from outside the room, the perpetrator was allowed to medically retire with benefits and no

consequences. Caroline felt blamed and heard that people were saying she lied and “wanted it” or that she “said something to piss him off, so [she] probably deserved it.”

Caroline’s second sexual assault, combined with the cumulative impact of years of sexual harassment and a combat deployment took a psychological toll, she stated “everything wrapped into each other and life blew up.” She disclosed behavioral changes, including promiscuity, as well as impulsivity which included a hasty engagement and an abortion in between her combat deployment and being re-deployed to a non-combat zone a month later. After the second sexual assault, she made several suicide attempts and her command “decided [she] wasn’t fit for duty.” She felt like she had no one to talk to and no one she could trust. She said her leadership, “took my gun away. I wasn’t fit for, to take it. They took me off flight.” She said “I was having nightmares like no other, I was having nightmares, flashbacks, I was, I was an unraveling time bomb. There was, I mean there was, it was a matter of moments before something was going to happen. I was already contemplating suicide before this happened because of combat.”

Despite fully experiencing posttraumatic symptoms which she attributes to combat and sexual assaults, being stripped of her weapon and flight duty, Caroline found the strength to report to duty during day light hours and isolated herself at night. She continued to feel alone, betrayed, and unsupported but relied on her faith and the faith community, as she said “the chaplain was on call, there was a chaplain on call 24/7 and I relied on it.” When asked if she wanted to separate, Caroline advocated for herself and said, “you’re going to give me staff sergeant and then you’re going to separate me.” She was honorably discharged at the age of 23 as an E-5 (Staff Sergeant) after four years of service.

After returning stateside, Caroline made a lethal suicide attempt and survived. At this point, Caroline started mobilizing her resources. She walked into a VA hospital, homeless, with

two bags on her back. She said, “the lady just looked at me, and she was like, ‘I got you.’” After a week, Caroline transferred to a residential treatment program. She describes feeling supported and instantly connected, “they were talking military to me, they understand my acronyms, it was just home to me.” Throughout it all, Caroline remained goal-focused and purpose-driven. She has developed a sense of altruism and compassion commenting, “I think I re-found a mission” regarding her passion for peer support and working with women veterans. She also has developed personal insight and self-compassion, “I was 19, brand new to the military and this had just happened….my knowledge of the world, my knowledge of life, and my knowledge of the military is not on a level of who I was when it happened like the second time…” She speaks now of the importance of disclosure, “I’m thankful I came forward” and the role of faith and social support, “lean on your faith, and lean on the people around you that you can trust that will forever be there.” When asked how she describes herself, Caroline responded “I think resilient is a word I use with me often. Strong-willed. I don't know, unbreakable if I have made it this far….Unwilling to give up. I just can't give up, I guess. I've tried to give up twice now and God won’t let me. So there's obviously something that I need to do here.”

Since her discharge from the military, Caroline has pursued college education and currently works as a Mental Health Administrator and Peer Support Specialist.

Elsa. Elsa was 22 years old when she enlisted into the Marine Corps Reserves as Military Police due to her sense of duty and the hopes it might provide a pathway to federal employment. Elsa felt prepared to enter the male-dominated Marine Corps because “I was raised, my dad is a very masculine man. I was raised to hunt and fish and do all these kind of masculine type roles.” Additionally, Elsa had already had experience in male-dominated career field with her work as a police officer.

Indeed, Elsa entered the world she expected, "I mean, and I hate to single out branches of the military, but the Marine Corps is, especially when you enlisted, 96% was male, 4% was female." She went on to say, "I knew what it was like to be in a man's world already and I knew going in the Marine Corps, it was definitely more than a man's world. It was definitely something that's been engrained into these men for years." Elsa shared that boot camp was segregated by gender and that she "barely saw a man…and if I did it was some drill instructor yelling at me because I got too close to the male recruits." After graduating boot camp and waiting to transition to her military occupational specialty school, Elsa remembered being bumped back a platoon because the drill instructors of the first available platoon did not want women. As Elsa said, "The instructors were like 'Fuck that, I don't want any females' because that would drive his scores down for PT [physical training]." Despite this, Elsa's high standards and desire to "prove them wrong" led to her graduating in the top 10% of her class, out-performing 53 male marines.

Elsa hypothesized that the significant gender discrepancy combined with the extreme segregation in boot camp contributed to the increased attention she and other women experienced upon entering military police training. She recalled her roommate had several boyfriends to which she added,

> Why? Because there's so few of the females that we got like, I felt like a god walking around sometimes. You get showered with gifts. You get complimented. Like, "let me get this for you and do this for you." And it was insane to me especially since a lot of these guys' boot camp…it's all males you know. Like you maybe saw a female but she was in the squad in front of you and you could stare at her ass or something…. you know, that's the extent to your female experience. And then you get to MP school after how long of being away from females,,,and then that's the first time we're actually co-ed and you have kind of freedom quote un quote and go out and do things. And so that's kind of like how, that's kind of like how immediately that's it, I had all these friends like all these guys wanted to do all these things for me.

Elsa experienced gender-based microaggressions in training, for example "They teach you in boot camp, you know, you, this is how you use your rifle. This is the way you move your rifle. You put your hand up like you do a woman's skirt." She accepted that sexual harassment was a way of life, "I mean like anytime I would go anywhere around any of the Marines, so I had to develop this mentality that, and I still have this mentality, that it's not sexual harassment unless you put my name into it." Like other women in this sample, Elsa quickly learned the labels placed upon women.

> My senior drill instructor would sit down with us and she'd be like ok you have a choice. You can be a slut or you can be a bitch. Which one do you want to pick? She's like these are your two choices in the Marine Corps. You're not going to be friends with these guys. These guys are not your friends. They either want to fuck you or they want to be your, or you're going to be their leader….even if you're their leader, they're still going to try to fuck you, but you have to pick slut or bitch. And you're going to be called one of them all the time and you have to choose which one you're going to pick.

Elsa's social competence allowed her to set boundaries and carve out a different relationship with her male colleagues.

> I tried to dance, I don't want to say dance the line, because I never fell in to the slut category, but I tried to dance a line between friend and I tried to, like no way, I don't need to be a bitch I whatever. I came from a man's world. I was a police officer. I know I can do this and so I still tried to play the friend role or the colleague role, not so much the friend role, the colleague role, like we're professionals, we're both, I come from a professional world just graduated college, I was already in a professional career, I know how to be a professional in a man's world, I can do this.

At times she would join in on the jokes, "I would joke about it…how many times did you get told 'go up a woman's skirt?' and they'd laugh and joke because it's funny." Other times she would light-heartedly set boundaries, "I set those boundaries and set those standards. I think people respected me for it, just because I did, I had no problem. It was that light-hearted way. 'Hey, hey, now let's stop that. So that's going, overstepping the boundaries.'" Elsa recalled

developing good relationships with the men in her training platoon, especially one man whom she helped with academics in exchange for help with physical training.

Elsa thought she had managed to establish collegial relationships with the men in her training platoon. Unbeknownst to her, many of them were colluding in a bet regarding who would be the first to have sexual intercourse with her. She remembers being out drinking alcohol with a group of Marines from her platoon when she suddenly felt extremely intoxicated. One of her male friends offered to walk her back to her barracks room where she passed out and he sexually assaulted her.

Elsa never officially reported the sexual assault, but the platoon leadership immediately heard about it through word of mouth. Elsa was verbally reprimanded by her platoon sergeant

> Later on in the day or the next day during one of our role calls the platoon sergeant…comes up to me and he gets in my face and he's like, "I hear you're sucking face with [name]?" And I said, "no sergeant." And he's like, "Really? Because I hear you're sucking face with [name]…and I'm like, "No sergeant." And he's like, "So you're telling me I'm a liar?" And I'm like, "No sergeant," you know? I kept saying no sergeant. Like what am I supposed to be like, like I was pass, I didn't know what to say. And he's like, "Stop sucking face with my best Marine."

When Elsa attempted to advocate for herself, saying the sexual encounter was not by choice, her drill instructor "immediately shot it down" saying "'What do you mean? Are you telling me my best Marine raped you?'" Elsa recognized what she was up against and retracted her assertion, "I'm like no, Staff Sergeant" to which he replied "'Good, because I don't want you saying that my best Marine did anything….Stop sucking face with all the Marines.'"

In the aftermath of the assault, Elsa recalls felling betrayed and alone. The good friend she thought she had blamed her for the sexual assault saying, "I told you, you were going to fall into one of the roles, a slut or a bitch." She had the sense that her entire platoon knew about the bet and the sexual assault leading her to feel "ostracized" and "question who really was [her]

friend." Still, she persevered, with a steadfast focus on graduating MP school. Four days after, Elsa graduated and boarded a plane headed home to continue her service in her reserve unit. The perpetrator was allowed to graduate training and move on to his next duty station.

Once Elsa returned home, the gravity of the sexual assault hit her. Although it was not in her character to drink excessively and black out, and she believes she may have been drugged, Elsa still blamed herself for the assault. Initially she did not disclose the assault to any family or friends. She started isolating and avoiding social relationships. Her relationship with her partner deteriorated. She noticed other symptoms too, "my anxiety was out of control…[I] slept on [my parents'] living room floor in the corner, didn't allow my boyfriend to touch me at all." She recalls her mom leaving a list of chores for her to do through the day to prevent her from sleeping all day. She lost her motivation to exceed the standard at her reserve unit and would avoid drill weekends if the opportunity presented itself. "I was a mediocre Marine. I was an average Marine. I think I could have been, I think when I went in I was a good Marine." Elsa also struggled with suicidal thoughts and would often dry fire her weapon. "I was practicing…just to see if I could actually do it."

Throughout it all, she felt supported by her family and friends although they did not quite understand the severe change in Elsa's behavior and personality. "The biggest thing again, I had support. Everyone kept thinking I wasn't being supported because I was adjusting to civilian life, but however they saw it, they were still super supportive. My family is amazing, my friends are phenomenal…I had some really great, some really great people in my life at that time. I think that was a big part of it [moving forward]." After some time, Elsa courageously disclosed the assault to her mother, two sisters, and a couple close friends, but said she will never tell her father.

Eventually, Elsa realized she needed additional support and reached out to the VA. She saw a therapist briefly to help her through a bad relationship but decided not to do any trauma processing work. Later she decided to try a trauma intervention, cognitive processing therapy. She recalls the disclosure to her counselor being awkward and unhelpful,

> When I told her my story she started to cry and she's like “I'm really sorry that happened to you,” and I'm like “Okay, that was awkward.” Like I know we all get emotional, I've been in to tears sometimes when people tell me their stories, but I'm just like okay, now I can see how much you want to help me, and I want you to think you're helping me, and it, so, I'm just like look at all these great things you're [doing]! And by the third session I'm like this is dumb. I just told her I don't want to drive back and forth. I'll pursue on an outpatient basis or private practice. So I lied to her because I didn't want to be like “Lady.”

Elsa also applied for compensation and pension and said “It’s a horrible process if anybody applies for service connection. I hate the way they do it. And I still feel horrible telling people….Let’s be real, yeah I was triggered. It was a very difficult four months for me while I was applying.” During the process, Elsa continued in the spirit of self-advocacy putting her foot down,

> I finally said to the woman that was doing my comp and pen exam…I was just like, “I need to let you know I’m done. This is the last time I’m telling this story. And I said, so put on there discontinue or whatever. I don’t care. I’m not telling the story again and again.” And I’m like “This is humiliating.”

Nonetheless, Elsa persisted through the process, was diagnosed with PTSD, and granted 30% service connection. Elsa continued to pursue healing through various methods including exercise, aromatherapy, and psychotropic medications. Considering the services provided at the VA, Elsa said “Honestly…the thing that saved me was the medication got rid of my anxiety, and I don’t want to say got rid of it, but I was able to manage my anxiety.” Elsa also implemented cognitive strategies including self-talk and engaged in behavioral activation, “It was just kind of changing the self-talk, ok, ‘Get up!’”

Although Elsa ended up feeling quite betrayed by and disenchanted about the military, she was able to use cognitive strategies to come to a resolution in her mind, "I hated the Marine Corps, I hated the Marine Corps, but now I say I have a love-hate relationship with the Marine Corps, but you know everyone has a love-hate relationship with the military, doesn't matter if you have any type of trauma."

Elsa was honorably discharged at the age of 26 as an E-3 (Lance Corporal) after four years of service. Since then Elsa has earned a master's degree and currently works as a Licensed Clinical Social Worker. At the time of the interview, Elsa was pursuing commissioning with the Army National Guard.

Alex. Alex was 17 years old when she enlisted into the Army National Guard as an Automated Logistical Specialist for the educational opportunities, but her desire to join started when she was fifteen "I kind of had the dream planted…" She relied on her faith for further guidance, "When I was seventeen, I was just praying about different things…and the more I prayed about it, the more it just seemed the place I should spend my life." Alex's father and brother have also served in the military. Notably, Alex had a sense of humor and sarcasm that was present throughout the interview.

Unlike the other women in the sample, Alex did not directly speak to the military culture of misogyny and sexism, instead she demonstrated more internalized misogyny and sexism than other participants which seemed to act as a protective function, helping her remain invested in military interests and accepted by her colleagues. When Alex spoke about her willingness to display emotion, she used pejorative language, stating "I'll cry like a girl, but I don't care anymore." This language seemed to be part of the culture,

> It's just a different culture. Like everybody still heavily drinks. Like we expect that. We make jokes about regulations and like all that stuff… "he's a little bitch" you know, like

> stupid stuff…it just seems like the culture of the Army is just like shifting away to a bunch of sensitive entitled little bitches.

Although Alex did not speak directly about the labeling of military women, she did use the language throughout the interview, another example of internalized misogyny and sexism. When speaking about a peer, she said "She was a hoe-hoe. She was all up on it."

On the other hand, as demonstrated in the quote above, Alex did detail experiences with the drinking culture and shared multiple examples of underage drinking off-base.

> Oh yeah, so we went to [restaurant] and they all knew we were military. And our NCO [non-commissioned officer] had died, so they had a section of the restaurant just for us and some of it had included the patio. People were buying each other drinks. Someone across the bar had bought me a drink. Like everyone was just getting swasted. I ordered, she didn't check ids…. Everybody was hanging out and by I mean by everybody like almost my entire company went up to [restaurant].

Although Alex did not describe the military culture as misogynistic or sexist, her experiences can be perceived as such. She experienced multiple incidents of sexual harassment and unwanted attention from several male leaders and when she had been out of training for only ten months, one of those leaders sexually assaulted her. The harassment started about six months prior when he "begged and pleaded" Alex to date him. When she rebuffed his advances, he said "You're going to regret this…you're going to regret not dating me, I am telling you that right now." For the next six months, "every drill was the same thing. 'Hey, how are you? I miss you. I just want to be with you.' He even [had] a girlfriend…This whole time I am trying to be nice because unfortunately I am just a private and he is an NCO in my platoon." One night after drill, a group of soldiers were out drinking alcohol together as was customary on a drill weekend. Alex recalls the perpetrator being emotionally abusive throughout the night and picking fights with her. She remembers,

> And he just looked at me very distinctly and like I swear he looked like a snake. He was like, 'Shut the fuck up and keep drinking'…And that's literally all I remember. And then

> he goes up to my friends and is like ‘I am going to walk your fucking friend back to her room.’ And I remember I was so drunk that I couldn’t see straight and it was hard to walk straight as much as I was trying. I was like really trying to keep the pride together and I almost fell and busted my face on cement stairs. And he just didn’t even help me; just kind of stayed there.

He sexually assaulted her that night. Unfortunately, this became a pattern over a several year period. The perpetrator would harass Alex at drill and they would both end up at the same party together. Alex would try to be nice and create as few waves as possible among their friends. At times, she would be able to distance herself from him, at other times he would find a way to end up in the same hotel room or apartment when Alex was heavily intoxicated. Alex recounted several examples of attempting to set boundaries in various ways, at times she would try to be firm and humorous:

> And so I’m sitting on one bed thinking he is going to sit on the other and he sits next to me but I create the distance, as much as I can … And then he starts trying to snuggle and I was like “Why don’t you just get the fuck off of me? I don’t want to snuggle. Like do you not see me snacking right now? Like what’s your problem? Because I am Hangry, like I don’t play that game….. I was like do you not see this food in my hand? Like what the fuck is your problem?”

Alex recounted another incident in which she was more direct:

> And of course, the whole time I’m just telling him like, “No you should leave my pants on. No, you shouldn’t put your hand there. No, you shouldn’t put your face there. Please get the fuck off of me…” Eventually I was just like, fuck it, what am I supposed to do because he is just gonna keep doing it anyways because obviously, he knows.

Despite her efforts to stop him, he sexually assaulted her multiple times over these several years. Additionally, he would use his position of power to harass her during the duty day. “So, he called me and made me go to his barracks again. What the fuck am I going to say? And he was bitching me out in front of his barracks for assaulting me.” Alex reached out to her mother on several occasions and recounts a phone call immediately after her first sexual assault,

"So she just let me talk and then I was like 'Hey, I'm at my friend's house, I need to get sleep.' And she told me she loved me. We got off the phone and didn't talk about it for a year."

Alex reported a mix of responses within the military, some supportive and some harmful. She felt supported by some of her peers "they did have my back through the entire situation." She reflected on an incident in which she felt especially supported,

> The next drill back [after the sexual assault] we had to do our sexual assault briefing … Of course, I was so excited about it. And I remember he was sitting a couple of rows behind me. And there was an NCO next to me in another platoon and by this point, after the first time, like after AT, people kind of caught wind. And people either picked up, you know, like "Hey, she was really drunk. This is the situation because oh I bought her the alcohol," or "There was no way she would have consented" or something like that. People were smart and some people were judgmental and stupid. And the person giving the class looked at this E5 who just happened to be next to me and "Hey, why don't you read the definition of sexual assault." So he read it. And then I remember that I looked over because I was almost in tears because it had only been like, what, like a month. And then I just turned to him and he looked at me and he looked back behind me at this guy and he goes, "So if she's drunk that's fucking rape." Looked back at me and that was it…I never felt so supported.

Alex also shared her experience with a female mentor who she felt especially connected to, "She got raped twice in Afghanistan with a knife to her throat…so she was very understanding of, let the person come to you." Alex felt a similar level of support from most of her leadership. She recalls a conversation she had with her commander. Initially Alex was afraid she was going to get in trouble for underage drinking and be blamed for the sexual encounter. Once she started explaining the situation and advocating for herself, her female commander stopped her, "You don't have to explain anything. I'm with you. Just keep yourself out of certain situations and we're good." Alex found out that later the commander pulled the perpetrator into her office "and pretty much said to him 'you're a fucking rapist and I want you out of my unit.'" At the end of the duty day, the commander said to the company "I just want you guys to be

aware of something. If a solider is drunk and impaired and being impaired means drunk, they can't consent and that's rape."

Alex never officially reported the assault but did have a positive experience with the battalion Sexual Assault Response Coordinator who validated her experience, helped Alex understand her reporting choices and the potential consequences, and left the decision within Alex's control.

> I was like "You know ma'am I just have an off-hand question because you're the battalion SARC right?" And she goes, "Yeah." And I said "What if I think that I was raped?" She goes "What?" And I was like, "Well I'm going to tell you a story and you tell me what it is." And I sat there just bawling my eyes out and told her the story. And she was like, "Soldier, I need you to take down my phone number. These are your options and if you need anything please call me. If you want to talk to your chain-of-command, whatever you need, but like you should really file a report. Understand that these are the consequences of doing restricted. These are the consequences of doing it unrestricted…" blah blah blah blah blah and I guess it just felt nice knowing that I had that support.

Unfortunately, Alex also encountered individuals who were unsupportive. On some level, Alex felt betrayed and ostracized from her platoon. She spoke several times about other women who blamed Alex for the assault and exhibited jealous behavior, "I knew people in my platoon…some of the females were really mad…the original girl was going around saying that I stole her boyfriend…And this girl is going around the unit pretty much trash talking me because she is sleeping with him." Alex also had the perception that another woman may have set her up when she left Alex alone with the perpetrator.

> So we get in my car and the girl we were sharing a room with ended up not even going. At the last minute she was like "fuck this." And in retrospect I wonder if she did that to help him out….She was supposed to go and then just stopped and she's like "Nope, I'm not going, like this is stupid."

Alex also felt unsupported and blamed by her chaplain. During one of their conversations, Alex was telling him about a colleague she had an uncomfortable interaction with. She told him "I was

just thinking, you know, he started to flirt with me…[the chaplain] was like, 'What did you do for him to flirt with you?' … I said 'Sir, umm excuse you?'" Alex advocated for herself in the situation and terminated her relationship with the chaplain.

Despite her experience with the chaplain, Alex reports her biggest source of support was her faith and connection with God. Throughout the interview, she referred to the power of her spirituality as a guiding force, "God was a savior." Her faith is also tied to her sense of purpose and has helped her make meaning of her experiences.

> Even after the assault, I still feel that my purpose is fulfilled because the assault does not define my purpose and it does not dictate my purpose. It is just something that happened and now it will play a better role because when I come across a solider with another issue or a person in my civilian life, then you know it's easy to empathize with them and understand what they're going through and give them very candid advice…I honestly, I like to think, to be effective as a Christian, which in turn makes me effective in my life and in my purpose and in who I feel like I should be based on who I feel that God designed me to be.

Although Alex reported few mental health implications following the assault, she did discuss self-blame, excessive alcohol use, changes in her sexual behavior, and learned helplessness. She shared that she apologized to her commander for being raped. At one point, she "started feeling so terrible, like I just, I was trying to fall asleep and just so many things kept running through my mind about each of the three situations. And how I got into them and how I shouldn't have kept trying to be his friend." She expressed feelings of being triggered when being intimate with her sexual partner, "There are certain things, like if I get intimate with a guy, he does something like a little bit forceful or demanding, to him it might be a joke, to me I might have a day where I am like 'whoa.'" And she recounts giving in to sex because she knew the perpetrator would not accept no,

> At this point I didn't say no. I just did it because there was literally no point because he was gonna do it anyways. I remember just like sitting on the couch, like you know, what,

> he's just gonna do this shit anyways, so I may as well just pretend he's someone else and enjoy it.

Alex described cognitive strategies that allow her to dislike those who have harmed her, but still love the military. She maintains a realistic perspective, "I have the potential to just think, oh well, you know, just screw the military because this happened in it, but that's just not the case. This could happen anywhere. It could happen on Wall Street. It could happen to a CEO. It could happen as a cheerleader." Similarly, she recognized she had many people who supported her and was able to categorize those who didn't as "judgmental and stupid" rather than internalize their judgment.

Alex has served in the military for eight years. At the time of the interview she held the rank of E-5 (Sergeant) and was serving on a non-combat deployment. Alex has also pursued higher education and holds a bachelor's degree in Theology and is working on her master's degree in Divinity.

Ellen. Ellen was 18 years old when she enlisted into the Air Force. She described how college was not an expectation in her family and as a young adult she was not interested. She remembered playing Army as a kid and always had a feeling she would enlist.

> I just always felt that I was going to go in and sure in a sense, to not bring in my past, but it is part of it…and romanticizing about just leaving and going somewhere else and being something else. And I felt that nobody would ever ask me about my past again.

Ellen enlisted with a secret. Although she was engaged to be married to a man, Ellen knew she was gay since she was a child. Ellen's sexual orientation as well as the prevailing military policy (see Don't Ask, Don't Tell) banning LBGTQ individuals from serving openly played significant roles in her military experience. "I went in at a time it was not okay to be gay. I went in during 'Don't Ask, Don't Tell.'"

Like other women in the study, Ellen shared her experiences of a culture of misogyny and sexism, with an added layer of heterosexism that had a significant impact on her experience. Similar to other participants, Ellen remembers “most of the time I was the only [woman]. We had up to three at one time, but they cycled through.” Hypermasculinity was also valued and Ellen fit the bill. She spoke with pride about growing up as a “tomboy” which she felt helped her gain acceptance among her male colleagues.

> It was a very physical job. I was often asked to come over and emasculate the men. Like, ‘Oh, Ellen, can you come over and pick this toolbox up because they are taking too long?” both of them taking it to the…So I would go there and put it in and be like “anything else?”

However, she also felt that as a woman, she *had* to work harder than men to be noticed. “I had to make myself more valuable than…so I did. I had to work hard. I had to be smarter. I had to be an asset where they would care…”

Ellen worked hard to solidify her reputation as a dependable airman and also worked hard to make her sexual identity a non-issue.

> It's hard to hide that part of yourself. So, I spent a lot of my time doing that, so my life was off the base. I actually moved off base after that too. I didn't want to be on the base because I felt safer out with more people in a strange community than I did on this little island of nobody cares. That's what I felt like. But you have this weird connection to it at the same time. It's something you are proud to say you are part of, but equally embarrassed. So I started to struggle with that.

Ellen’s first sexual assault was targeted at her sexual identity. The perpetrator, her supervisor, capitalized on her need to conceal her identity.

> When my supervisor realized very clearly that I didn't just live with a woman, he assumed very much that it was, I was in a relationship. So, you couldn't really say anything otherwise you might as well get a plane ticket home. So, it was basically, if you sleep with me, then I won't say anything. Which, yeah, so. I contemplated it for a little bit because I was like "is he serious?" Oh he was serious. And then actually I wasn't the only one of my friends that had experienced that. So I was like, is this guy serious? And they were like, oh, yeah, you are going to have to probably do that. It's going to happen. And they were saying, yeah I've been through it too, you're going to have to do it.

Immediately after the supervisor propositioned her, Ellen went to the home and disclose the threat to her partner. Ellen was shocked when her partner normalized the sexual violation, sharing with Ellen that she had done it “more than once” and recommended that Ellen follow through with the supervisor demands, “I was exactly, felt like you did. And you're going to feel like this and it's going to be hard for you, but you just go in and do it and then just, you know, you have to decide, do you want to be here more than you want to go home?"

After the sexual assault, Ellen had to return to the office to work for the supervisor. He continued to harass her and make her feel uncomfortable, “So this is your boss. This is someone in charge of where you are working. It was the little things he would say. Or he'd be a little bit too close for comfort, you know when we were doing something. And I was like, oh boy, I can't do this. This is really awkward.” Eventually, Ellen recovered from her physical injury which put her in the office in the first place, and resumed her work elsewhere, avoiding the perpetrator. Nonetheless, Ellen persevered, “I’m just like, okay. I am a solider. I don’t want to go home. I want to stay here. This actually, it was my home. It was the longest I have spent in any one place.” Ellen became resolute that she would never go through that experience again,

> But when I was asked twice after that by other people, I said no. I was like, I don't care, I don't give a shit if you say something. The colonel likes me. I had already built my rapport. So, I no longer felt like somebody could take something away from me. I was like, I don't give a shit. He knows my girlfriend. You know, I was like I don't care. Kick me out. It was easier for women than it was for men. But I was at a point where I was willing to give that up and not go through that again.

Unfortunately, Ellen’s choice in the matter was stripped from her one night at an on-base party. Ellen was recovering from shoulder surgery and was on pain medication. She “wasn’t really in a party mood” and decided not to drink. She assumed everybody there was in the service or a friend of someone in the service and felt “no reason to feel cautioned in any way.” She ended up

in a back bedroom, trying to break away from the hustle and bustle of the event. She realized she was not alone,

> Someone had mentioned something, I don't know how he knew, but he knew I was gay. And I'm not sure where the joking came, I don't really remember much up to it. And when I do, I don't really remember what they said. I can tell you what they said during and some after, but not really up to. From the point I was grabbed from behind, which they only had to grab one arm because the other one was in the sling, um, that's when I heard them. You know they started making the comments…when you hear things like you know, "I'll make sure you're not a lesbian" or stuff like that, to me, at that point I knew it wasn't just rape. It was also a hate crime.

Ellen described the assault as violent and hateful. She remembers dissociating during the rape,

> As soon as I hit the floor, I knew what was going to happen. I just tried to just not be there….I just froze. I put my mind somewhere it needed to be. It's kind of like I see it and I wasn't there. But I don't forget what it felt like to, you know, be pinned down like that. I felt helpless.

The men broke Ellen's wrist and she recalls "You feel you got run over or hit by a truck. That is exactly how I felt. And it was two trucks."

Ellen was devastated by both sexual assaults and suffered in silence "the culture was just, the reason I didn't say anything." She did not disclose to her peers, "When I did go back to the field, I didn't go and tell all them guys what happened because I felt then they would think less of me." Although she had a good relationship with "the colonel," she did not disclose to him out of loyalty to the chain-of-command. "I actually would have felt more that I had betrayed my entire chain of command which is sad, but that's how you feel."

Ellen felt betrayed by women, "It was the women in the room that were laughing that bothered me so much," and fearful of men,

> I'm like really, men just aren't going to change? And I'm not a man-hater, like that didn't make me hate men. It made me expect it from men. I just didn't expect...I wasn't afraid of going to war, I was afraid of being next to one of my own guys. I shouldn't have had to deal with that there. It was hard. And then to realize how big of a problem it is later, or to be laisse-faire about it, to say it's ok. It's expected. Yeah, you're going to have to do that once or twice.

Ellen thought the perpetrator's wives should know they were rapists and so she told them. She found out later that both men ended up divorced and at least one left the military. However, Ellen's life on active duty would never be the same and she decided she needed to get out of the service. When planning her discharge, Ellen became aware that she could transfer from active duty to the National Guard without losing her active duty time. After six years of active duty, she transferred to the guard.

Ellen felt supported by her new supervisor, and after a flashback during a training exercise, made the decision to disclose her assault experiences to him and his wife. She believes the next nine years were incident-free because of this disclosure and his support. Aside from that disclosure, Ellen "did nothing with the service" regarding her sexual assault. She relied on the support of her friends and other women who had experienced sexual assault and continued to keep her personal life separate. Ellen spent most of her time in Education Management and Base Training Management. She was responsible for editing and systematizing manuals, and while looking through the books, she found "a loop hole for [her early] retirement." She took her case to her commander, who after trying to convince her to stay, signed the paperwork. Although her command assumed she was a lesbian, she "wasn't going to lose [her] career over it. As Ellen said, "it was time for me to live my life. And I was, I didn't want to wait 5 years to do that." Ellen medically retired honorably at the age of 33 as an E-6 (Staff Sergeant) after 15 years of service.

Ellen has been diagnosed with PTSD and receives service-connected disability benefits. Over the years, she has isolated from family and friends, "So that's why you get a lot of times, people push away. I isolated." She has also learned that "if it's starting to go like 4-5 days [it's bad]." She also feels pent up anger and is afraid of confronting the associated memories "It's just

all the sudden, I know that lava, that eruption is in there and I'm afraid of my anger." At times, she numbed out completely, "I was really closing off my emotions." Ellen describes having difficulty concentrating and constantly feeling watchful and on guard. She has had incidents of re-experiencing the violent assault and feels particularly on edge when she hears women's laughter. She experiences physical pain on a daily basis, some of which she attributes to depression. At one point, Ellen's symptoms were so severe that she went on a six month binge drinking episode. She said,

> It was an emotional snap that caused it to all just go to hell. I thought I was holding it together, but I wasn't. I was pushing it in the cabinet, but I was using so much energy trying to keep it back instead of letting it out a little bit at a time and it was too much for me. And it was the first time I had actually, I had weekends where I'm like "oh let me drink and forget about it." This was every day. That's a lot of work to be an alcoholic, I think. I had my trial run, it was too much for me. But I was doing it every day. And I just, I wanted to just turn it off. I could not turn my mind off. I could not focus on anything. The pain was too much. The boxes of medications a month weren't helping.

This episode resulted in trouble with the law for driving under the influence of alcohol and involvement with the Veterans Treatment Court initiative. This is where Ellen's life began to turn around. She realized "I'm at the bottom, if I do this and keep doing it, I'm going to build a pattern and be here." She was shocked to learn the "enormity of the drug and alcohol abuse issues with service members" and that there was "a dormitory and all these programs." Ellen took the mandatory classes, started attending counseling sessions, and engaged in weekend emotional healing retreats. She started volunteering her time and went back to school. Reflecting back, Ellen said,

> I probably did more work than I did in my entire life [these last two years]. And only probably because it was the only thing I had control over those last two years. It was the only thing I could say no to as far as treatment. I was just asked to go and if I would talk to somebody once and then I kept going for some reason. When you're thanked for coming back, like "wow you made it to two appointments, that's the furthest you've made it in your whole life."

Ellen continues to look for healing opportunities and trusts herself to say “you know I just, I can’t do this” when feeling overwhelmed. She speaks out about her experience as a lesbian in the military and has publicly disclosed her sexual assault experiences. She feels encouraged that the military is becoming more accepting of LGBT service members, “There’s more people [LGBT] and more people are not being quiet when they come out. They’re not staying silent. And then, I’m glad for that because it was those people that got me to say something about myself.” Since leaving the military, Ellen has obtained a bachelor’s degree and at the time of the interview was working towards a master’s degree.

RJ. RJ was 19 years old when she enlisted in the Air Force as Security Forces for the educational opportunities, professional development, and structure. RJ did not share other information about her upbringing or family. Throughout the interview, RJ provided brief and pointed answers, with very little tangential information. Notably, RJ had just disclosed her sexual assault experience for the first time only months before the interview.

RJ briefly shared her perspectives on the military culture. Like most participants, RJ acknowledge the drinking culture in the military and her specific profession. “It was almost like, but even especially, I don’t want to say especially as a cop, but the cop world has its own, you know...culture of drinking. And so, like, it wasn’t, it wouldn’t be unusual. So it was easy, to just dive into that.” Also similar to other women, RJ recalled the labeling of women.

> I actually used to in-process the females that came into our squadron and I had to give them that speech. And just that's it's not ok, it's not cool, but you guys are, I actually told them, you are either a push-over, a bitch, or I don't remember what my last one was, oh yeah, a slut, you are either a slut, a bitch, or a push-over, and so I would always have to tell them like, be the bitch. Don't be the push-over, don't be the slut, but the bitch, you'll be fine. And it was unfortunate that I had to do that because the men don't get a talk like that. That's pretty much the same labels that I have heard. It's never, I also always heard if a female got an award, or got promoted or whatever, it was always because she slept with somebody.

Unlike other participants, RJ attributed her perpetrator's behavior to the military culture as well. RJ had been in the Air Force for about 2.5 – 3 years when her best friend returned from a deployment to Afghanistan. It had become customary for her friend to call her to pick him up after becoming intoxicated. The night of the assault was no different. RJ picked him up and he wanted to hang out. She said "we were kind of hanging out in his room for awhile and, you know, he just kind of got aggressive and (hesitates) and assaulted me." RJ went on to say,

> I would love to blame alcohol, but I don't think that was it. I think that he, he had just gotten back from a year-long deployment to Afghanistan and had some, showed some signs of some PTSD issues and so I think that he just kind of had this new kind of aggression and yea, I don't really know beyond that.

RJ spoke at length about the role of mental health stigma in preventing help-seeking,

> I don't think, especially him being an Army infantry man, I don't think that he could go get help or talk to somebody about it because they would have immediately stripped everything from him so he couldn't do his job. So, I think that kind of plays a factor when you tell someone you need to get help, but if you do, you are going to get your gun taken away from you…Yeah, if you take away a military person's career, um I think it kind of almost makes them feel like they're, it's a little belittling them in a way I think….Um and so there's really no reason for them to reach out and get help because it is going to make them look bad in front of their buddies, in front of the guys they just spent the year in Afghanistan with. And I just don't think that there is necessarily easy resources… and I definitely saw it first-hand. As soon as he got back from Afghanistan he called me and wanted to hang out. And you know, he, I remember very distinctly he heard a car backfire and like dropped to the ground and kind of had a little panic attack. I mean it was there, it was definitely there.

RJ never disclosed the sexual assault to anyone during her time in service. She noted being fearful of a tendency to blame the victim, "People look at victims, survivors, a lot differently. It's because the he-said, she-said and in my career field I have seen mostly, or like this whole squadron turn against a female who has claimed any sort of sexual assault." She recalled an incident with one of her troops,

> One of my troops had filed a sexual assault claim and it became very very public within the squadron and she was labeled as a, she was a whore, she was a slut, there was no way that the guy did that, she making it up, she's just trying to save her own ass. They actually

> had to move her to a different squadron because she was getting bullied from the rest of the squadron and so that was a little, that kind of made me feel like "I'm glad it wasn't" like I'm glad I didn't come forward. Like I am super glad that someone could, maybe it opened someone's eyes, but like I personally couldn't put myself in that position.

RJ's friends were military police and therefore she was unsure if they would keep her secret.

> And so I didn't know if I were to, like I had good friends, but I didn't know how they would react to it and if they would take, if they would put the friendship first or their duty to mandatory report first, so I wasn't willing to take that chance.

Instead, RJ went on like nothing had happened.

> So I just kind of said, "I am not changing anything. I'm just going to keep doing me and hopefully, eventually I will believe it and believe that everything is ok." And I just basically put on a fraud and played the character of "everything is cool, nothing has changed in my life." I think I'm a pretty strong person and so I just kind of wanted to be until I actually believed it.

RJ continued to interact with friends, perform well at her job, and "threw [her]self back into doing work." RJ managed to rid her life of the perpetrator, but felt the loss of his friendship, "It was almost like a break-up." Looking back, RJ said "I probably drank more than I typically did, but I didn't change anything mostly because I didn't want people to ask or point out, 'hey something's changed about you.'" RJ denied experiencing any emotional changes, but did acknowledge that she felt a sense of betrayal. "I think after that I became a little bit more untrusting and I very much trusted the people that I worked with and I kind of backed up from that."

RJ medically retired, honorably, at the age of 24 as a E-5 (Staff Sergeant) after five years of service. When she left the military, she said "I just went home. I didn't talk to anybody." It took RJ six years to disclose her assault after "eventually, it just kind of, it got triggered again in my head and I kind of felt like I was falling apart. So, I went in and talked to somebody…and it helped out a lot." RJ completed 12 weeks of Cognitive Processing Therapy and wishes she had

talked to someone sooner. “I think the best thing I probably could have done for myself at the time was go talk to somebody.”

During her time in service, RJ served on one non-combat deployment. RJ has a bachelor’s degree and currently works as an Operations Manager for a veterans organization.

Danielle. Danielle was 22 years old when she commissioned into the Navy to serve her country while pursuing a medical career on a health professions scholarship. After completing medical school, she served as a Medical Doctor/Flight Surgeon, participated in two combat deployments, and was on a non-combat deployment at the time of the interview. She has enjoyed her time in service, saying “I guess I got everything I expected to get out of the Navy in terms of the training in terms of being able to go to the field, being able to take care of people in a medical capacity in a combat zone, being exposed to lots of different platforms on which to base my practice of medicine.”

Although Danielle generally has a positive perception of the military, she acknowledged “There’s some of these gender issues in the military, are really harmful in some ways.” She shared her perspective on the military culture being situated in a national context of misogyny and sexism,

> I think it's true in society in general and it's just reflected in the military, but yeah, so depending on your level of sexual activity, you are or are not a slut and then you know, a lot of women, there's a whole language of being bitchy or being bossy or being whatever. People expect you to lead, but in a very masculine way and that masculine way is the only acceptable way to do it. So my colleague who is like “if you are having babies you are not committed to the military” and “I did this and I did that and that means I am more committed than you because you chose to have a family,” which you know I didn't, but she's just telling me these things. And I am like that doesn't make any sense, but you know, that's the whole, I have to be manly or I have to be bitchy or bossy to lead in a male-dominated culture. And then women are called those names too, so there's, it's hard to find that acceptable female brand, I guess. Or style of leadership. Like it's very rare. I actually don't know if I know any women in the military who lead in a non-masculine way.

As an officer, Danielle has made that attempt. She described herself as a collaborative leader. Additionally, she said

> I am less directive I think in my leadership style, but I am more, I definitely don't allow people to say things about, to promote gender stereotypes, at least in my presence. I am sure it happens. But I will say something if somebody says that, or I will stand up and be like no, that's not right, like to my colleague who is saying she is more committed because she decided not to have children. I was like, that's ridiculous, totally ridiculous. So, you know I don't know if I have found it either. I don't know.

Danielle also spoke about the hierarchy and the rules that must be followed but insists "there's a way of promoting respect between the ranks and doing it in a kind way, you know. Respect gender differences."

Danielle developed good rapport among her male colleagues, and although she was one of few females on her combat deployment, she felt at ease recreating with men after duty hours. One night, she and some of these male colleagues got together to play poker with people from other units and agencies on the base. Danielle was offered a drink and recalls, "immediately after drinking it I started feeling really sick." A male contractor, who was not part of any branch of service, "just kind of out there like a mercenary" offered to drive Danielle back to her sleeping quarters. During the drive, Danielle said

> I sort of started losing consciousness, like I was in and out of consciousness. I wasn't feeling well and then I remember a couple of things, I remember stopping and being not anywhere near where my, where I was supposed to be going, you know I was supposed to be going back to my like what do you call them, CHU, containerized housing units, so I was supposed to be going back to where I was living but he had taken me out to the far, far part of the base, like on the other side of flight line, I didn't recognize it. There was a lot of sand and dirt, you know, and then I was kind of in and out of consciousness and he was like leaning over the car, you know trying to kiss, you know kissing me and putting his hands down his pants, and then at one point I was outside of the car and I was kind of in and out of consciousness.

Danielle said she had a moment of clarity in which she recalled a friend's story who had been raped while traveling. Her friend had told Danielle that she had fooled the perpetrator into

taking her back to her hotel room where she then got help. Danielle decided to try the same thing,

> I was like "oh this is great, but why don't we go back to my room because I have my own room and nobody is there, I don't have a roommate, blah blah blah." And so he was like, I talked him into doing that. I was still kind of in and out and you know at the same time. But when we got back to my housing area, he was you know walking behind me, I had the keys and instead of going to my unit, I went to my OPSO's unit and started banging on the door and screaming. And he came to the door like what's going on and then, you know I just started crying.

The perpetrator said "oh she's drunk" and took off. Danielle's OPSO (operations officer) was supportive in the moment and covered for her the next day when she stayed sick-in-quarters, but beyond that, Danielle said he didn't really know what to do. Danielle also disclosed to a friend who was there that night, who validated her experience. Danielle weighed the pros and cons of reporting and her mission orientation ultimately prevented her from officially reporting the incident

> I think he [OPSO] was also scared too, you know, if I mean, we were both kind of worried that, you know, what if disclosing this information could be extremely disruptive to the mission and you know would it turn the focus on the CO and everybody on the base and in the mission then to this instead of focusing on the fact that we were in a combat zone and all of that.

Danielle also acknowledged the culture of victim blaming, fear of repercussions for using substances in a combat zone, as well as the stigma around mental health, created a hesitancy to report.

> I think there is always, I think there are huge issues there where there is a lot of victim blaming, especially if it's an unrestricted report that goes on to be investigated and it's a he-said-she-said, especially for two people in the same unit or if there's you know alcohol involved or if there's also a fraternization situation or if it's more complex in any way… the victim just stands to lose so much more than even for reporting it…. Also I was worried that if he did drug me, because he obviously did, that it would be like, oh I decided to take that voluntarily and it just spun out of hand and then my career would be in jeopardy…. In the moment I was really worried. I knew I got drugged, but what if they thought, I didn't know what I got drugged with and God knows, what if they blamed that on me?...I didn't file a report about it because, I found out, well I was also kind of

> worried that if I sought mental health care for an incident then I would have to report that on my security clearance investigation… So it was really, you know, disempowering to have all of those obstacles.

Danielle weighed her options and chose to stay silent at the time. Both of her colleagues respected her decision and kept the information private. Danielle changed her routines and made sure she always had a trusted friend with her if there was a chance she would encounter the perpetrator. “I mean I definitely wouldn't be alone with those same people anymore and definitely made sure that I had, whenever I went out, that I had my friend the OPSO friend, or that I was with somebody that I wouldn't have to deal with that person face-to-face, one-on-one anyway.” Danielle recalled being in “total denial that it had happened.” She went on to say, “Not *denial,* denial. I knew it happened, but I was just like I am going to keep going, you know like kind of denial as to the effect it had on me and the significance it had in general.”

At the time of the interview, over five years had passed since the sexual assault. Danielle shared her understanding of the statute of limitations for substance use charges and believes it is now safe for her to report the sexual assault without fear of reprisal. Days before the interview, she had started a formal report. She said, “I kind of feel like I owe it to her [friend who was raped and later murdered] and myself and to other people who are victims to report this because it's a cycle that can, will continue unless people stand up and say something.” She went on to say, “It's all I can hope for that at least his name is in some file somewhere and if they look for it and if it happens again or if there are other people who reported then, you know, maybe they can keep him from hurting anybody else.” Danielle acknowledged the role of the immediate environment in the outcome of a sexual assault report, “We just have a really bad command climate right now, it is not a good place to report this kind of thing. But I kind of felt compelled to.”

Although Danielle has been trained as a Sexual Assault Prevention and Response Victim Advocate (SAPR VA), she had some questions about the reporting process and contacted someone else she met through training for guidance. She noticed inconsistencies and potentially harmful information during her conversation, which Danielle suggests is part of the problem.

> I called this girl yesterday and I have been through the SAPR VA training and I was trying to find her, because I remember talking about what's the reporting mechanism I could use, I know there was one but I couldn't remember it, if I don't want to go through my commanding officer because of his history of breaches of confidentiality. And she's like nope, that's your only choice. And I'm like, no I know there's another choice. And I'm like what if it was the commanding officer? And she's like nope, you still have to use him. And I was like so you are telling me, if I got sexually assaulted by my commanding officer I have to report through him. And she's like yes ma'am. And I was like that's just absolutely not true. So there's a lot of, even for the people who are in the system trying to help people, I mean that could really harm somebody. If I would have just been an E3 in trauma, taking her for her word. You could really harm somebody. So it would be nice if people were actually trained, apart from there needing to be more system level change. Knowing what the statutes of limitations are and collateral misconduct which is any potential alcohol use.

At the time of the interview, Danielle had served in the military for 14 years and held the rank of O-4 (Lieutenant Commander). Although she felt the military afforded her the experiences she expected, Danielle was working on her "exit plan" to "serve in an organization that is more focused on public health and has the great genuine concern for gender equity and for social justice." She was also working on a master's degree in public health at the time of the interview.

Julie Joy. Julie Joy was 17 years old when she enlisted in the Army National Guard as a Supply Specialist for the resources, benefits, opportunities, and to escape a hostile environment. During her time, she served on one combat deployment.

Julie Joy had been in basic training for about a month and when the pain she was experiencing in her legs became intolerable. She discussed the culture of physical and mental toughness that impedes help-seeking. "You don't want to go to sick call and of course you don't want to be the first person to go to sick call." Nonetheless, she and her battle buddy headed off to

be treated. Julie Joy remembers thinking it was odd that the medic saw her last although she was not last in the line and that he sent her battle buddy off to the next level of care (hospital) without her, leaving her alone with him. He explained it away saying "you know for privacy purposes, I want to make sure that you guys didn't have a bunch of guys in here, you know, hanging out or waiting around." After Julie Joy's battle buddy left, the medic proceeded to lock both doors. Julie Joy said she thought "he must be a medical professional" and went on to explain "there's still this intimidation factor because he was the E7 or an E6 or 7, I believe, so all I knew, he had a lot of rank. So I was pretty scared of him because I was in basic." Julie Joy said

> He started like rubbing my butt and started kind of like groping and feeling and I was like well this is kind of weird but at the same time it was like a really thorough massage. So part of my was like, well maybe he is just giving me a massage?…So I just remember thinking like, shit how the hell do I get out of this? What do I say? What do I do? And no matter what I said, he said "No, no, you're fine" you know "you're perfectly, everyone knows where you are. You are at sick call," you know, "you are taken care of. No one is going to come looking for you here." And I was, like fuck, that's not what I want.

Julie Joy realized her excuse making and attempts to leave were not working, but she was not about to give up. She said,

> I just remembering thinking, like, you're not even that big. What makes you think you're this powerful?...My brother was six years older than me, so I can kick, I can kick my brother's ass, you're not scary….I kept trying to think of those things, like I can get away from this guy because I have been able to get away from my brother in the past.

She continued in problem-solving mode and was able to flip her body around and sit up on the table. A physical struggle ensued as the medic wedged his body in between her legs and attempted to gain control of her upper body. Julie Joy continued to fight back and eventually freed herself and pushed him away.

> I feel like I was like yelling from the inside but I'm pretty sure I wasn't able to say everything I wanted to say or I felt like I was very silent and this was like in the inside of my head I was screaming at the top of my lungs. But I was able to push him away and I just knew, I looked over at my sweatpants and shoes on the floor and I was like I don't have time. I can't, I can't even grab those, like I don't want to. So I ran from the sick call,

> it was in this gymnasium like I said with the stage, I ran. I remember running down the aisle and then getting out of the, this sick call area and it was cold out and it was not nice. I remember thinking, fuck I should have grabbed my sweatshirt or sweatpants it's really freaking cold, and then all the sudden felt the coldness on my feet as I was running down the corridor.

Julie Joy made her way back to her barracks. She encountered another female trainee who asked her what was wrong, but Julie Joy shrugged her off. She sat in the bathroom crying and throwing up for awhile. Then, she changed into her uniform and joined her platoon for drill and ceremony practice. She remembers being unable to concentrate and being a step behind the other soldiers. Initially, the drill sergeant started to scold her but when he saw how distressed she looked he asked what happened. Despite being incredibly afraid, Julie Joy immediately disclosed the assault to the drill sergeant. The drill sergeant

> ran out of the barracks so fast, um, and I was like uh fuck he's going to kill him and he's really going to kill him…When he got there he saw the guy instantly, so he was like Julie Joy, did he fucking touch you? Did he do something? And I just kind of nodded with my head and he goes you're fucking dead. And he just instantly, and he went up to the guy and started hitting him.

Reflecting on her experience, Julie Joy identified the drill sergeant's response as validating and the catalyst for the strong advocacy role she has since developed. "To see how angry and how raw he got and how he responded and was willing to react and respond because of me, it meant that not only did he believe me, but he believed I was worth any trouble he was going to get in…it was so freakin powerful … it validates all." She went on to say that without that validation, "I don't think I would have become such a strong advocate or such a powerful force in the community."

Following the physical altercation, Julie Joy and her battle buddy were escorted to her commander's office where they were required to make statements. Her battle buddy admitted that she was groped by the medic, but left Julie Joy alone because she thought she could handle

herself. Julie Joy said she felt extremely intimidated standing in front of the commander and that the leadership blamed her battle buddy for leaving Julie Joy alone. The commander and drill sergeant encouraged Julie Joy to take an honorable discharge from the military and attempted to convince her that "this is going to cause trouble for you" and "we can't stop this from happening again." Although Julie Joy felt like she was being forced out, she refused the offer. She recalls her leadership saying something to the effect, "We have to treat you like everybody else. We're going to put you through the same thing as everybody else. You're not going to get special treatment." She said it almost felt like bullying. After that day, the commander never talked to Julie Joy again. In fact, none of the leadership brought up the experience again or checked in with her to see how she was recovering. She said,

> In that moment everybody was very supportive of your experience but then there was like no follow through. There was no follow up what-so-ever. There was no like hey, you know, do you want to see somebody once a week to go and talk about what had just happened to you? Or do you need to talk to somebody? There was no counseling offered. There was no mental health support services what-so-ever.

Julie continued with basic training and remembers feeling disenchanted and disillusioned. The organization she thought had such high standards, seemed to let bad behaviors slide. "I was watching other people fuck up and do all this really crappy stuff and by the end I realized, this is like, I started seeing through everything and the clarity coming through of this is not what I thought it was going to be." She realized that "All the things I previously went through in my life was going to happen in this system" and she felt a deep sense of betrayal. "The people, everybody used to have your back. They care about you…you were family. Nothing was ever going to happen to you….that was kind of a huge disappointment." She recalls one of the other woman sneaking off to be with a male soldier and asking Julie Joy to go with. Julie Joy thought, "Yeah, because everyone was doing everything any ways. I don't care. And I was like, I

remember my, mental, mentality, what are they going to do, take my rank and send me home? They already threatened that, to send me home."

Nonetheless, Julie Joy successfully completed training. She returned to her home state where she enrolled in college. Within days, she was subpoenaed to fly back to the state she had trained in to attend a court martial for the perpetrator. As a first generation college student, Julie Joy had no idea how to navigate missing class and quickly learned that a military subpoena was not viewed as an excused absence.

Julie Joy described the courts martial as traumatic. While she was there, one of her former drill sergeants began texting her repeatedly and showed up at her hotel room, banging on her door for over an hour proposing a romantic relationship. She remembers feeling scared and unsure how to handle the situation, so she ignored him which only escalated his attempts. During the courts martial itself, the perpetrator admitted to assaulting more than 70 people during his time as a medic. The perpetrator received a nine month sentence, a reduction in rank down to E-1, and forfeiture of pay. He was released after seven months. As Julie Joy was leaving the court room, the perpetrator's mother began shouting at her and spit on her face.

Julie Joy flew back to her home state where she continued college and serving in the Army National Guard. She said no one in her unit knew about the sexual assault. There was no mention of it in her records. She continued to feel disappointed by the pervasiveness of sexism and misogyny in the military culture. Like other women in this study, Julie Joy learned that there are "three roles for females in the military, the bitch, the slut, the lesbian" and she felt no matter how a woman behaved, she could not escape this labeling. She said, "if you want people to be nice to you, you almost have to put on this sexualized flirtatious type of personality just to get your chain-of-command to respond you." She went on to say, "You have to become sexualized,

which is distasteful and disrespectful, and it just, it sucks." She had known of women having sex with men so they could get promoted. She recounted examples of men using their power and status to hide sexual assaults that women had reported. In one incident, Julie Joy had been gathering reports and giving them to her sergeant. He unfortunately died and when she went to his office to gather the documentation, "his desk had already been completely cleared out and so all the paperwork and all the documentation he had collected and locked in his desk was all completely removed." She suspected this was "because one of the individuals [implicated] was in a position of power and all the stuff disappeared." Julie Joy concluded that sexual harassment is to be expected in the military and for her, she found a way to "totally just make it okay."

These realizations were happening at the same time Julie Joy was trying to recover from her assault and attend college. She recalls drinking heavily the first couple months of her freshman year. She stopped hanging out with her friends and roommate. "I almost just completely shut down." She had troubled interpersonal relationships, stating "I found somebody with who had as much PTSD as I had. He was an alcoholic….So we moved in together because that was the smartest idea." When the relationship dissolved, she became suicidal.

> I wanted to die…I remember the first night in which I remember thinking if I stay home tonight, I can't handle being in the dark. I can't handle being alone, like the thought of being by myself anymore gave me such a dark horrible feeling. I was like sleeping 20 hours a day. I was missing all my classes. I just couldn't do it.

Julie Joy started walking to the VA waiting room every night and staying there until she felt safe enough to go home alone. After doing this over a period of time, a woman employee sat down next to her and started talking to her. This routine continued for several nights until the woman, who Julie Joy realized was a social worker, invited Julie Joy into her office. "So that started my whole stint of getting counseling, starting to take care of me." Julie Joy was encouraged to file a mental health claim for compensation and pension through the VA which

resulted in service connection for PTSD. She started going to back to her classes, but experienced irritability and anger with the way young college students so nonchalantly talked about sexual assault. However, there were two advisors who noticed Julie Joy's distress and reached out to her. Julie Joy says they "probably saved my life." She developed close relationships with the women and they eventually encouraged her to pursue a profession in counseling.

Julie Joy persevered and started to use her experience to advocate for others in the military. "I was pretty vocal about what had happened to me…I did not want it to happen to anybody else." Julie Joy took it upon herself to educate others in her unit and helping those who had been assaulted. She said, "on our deployment, I was this huge advocate. I told anybody, if you hear of anybody getting touched in the wrong way, talked to in the wrong way, you let me know. You talk to me. So I became like our own little unit investigator. Everybody came to me for everything." Still she felt like she was always running up against brick walls, which continued to frustrate her. Although she had dreams of becoming a master sergeant or a first sergeant, she could not tolerate the system any longer. She stopped going to drill and eventually honorably discharged from the military at the age of 23 as a E-5 (Sergeant) after five years of service.

Julie Joy continued to pursue an education and obtained a master's degree in counseling where she works with survivors of military sexual trauma. She noted that the military culture of sexism carries over to the Veteran community and said "I'm constantly setting my boundaries." At times, she is still challenged by rigid and high self-expectations which leads to suicidal ideation. She shared her theory about why this toxic perfectionism often develops in survivors of military sexual trauma

> I said I'm going to push through absolutely everything, like, I said there is no other options. But if you do that then you're, you know, you're consistently viewed as, well, your resilient. You're fine. You can take care of yourself. But I feel like those of us that do that are probably even more, more high risk then the people who don't have the typical resources, or who are consistently going to mental health, or who are consistently getting assistance, or who are consistently in the system because we fight so hard, all the time, nonstop, that we get to our breaking point in which we can't take it anymore. And it literally goes from, we go from doing 135% to, like, we can't do it. We just want to be done and there's no middle ground because none of us like doing less than 135%. And so then, it's like if I'm not doing 135%, I'm might as well be dead.

Julie Joy has developed incredible insight into her patterns and continues to seek her own mental health treatment, so she can continue to be an advocate and support for others who suffer the impact of MST.

Sam. Sam had a troubled childhood. She lost her mother at a young age and "became the cook…the house cleaner…the babysitter, sitting up, frightened up at night." Her father would make her "twirl around" and she was sexually assaulted in a movie theater by a stranger. As a young married woman, she was violently raped by her husband. She was also violently raped by a neighbor. Through it all, she always felt called to the military and wanted to do her part as a good citizen to our country. "It was just something that was as close to me as, if you're a mother you understand it, um, the umbilical cord. It went that deep." However, Sam recounts "It wasn't the in thing for women to do when I graduated from high school." Her father told her "no daughter is going to go in and then he would discipline me because he would find my flyers." When she was 25 years old she "quit listening to all the outside influences," joined the Army, and enjoyed various jobs including recruiter, clerk typist, stenographer, and personnel sergeant.

When she went to the Military Entrance Processing Station (MEPS) for her pre-enlistment physical she said, "that fucking doctor, pardon my French, made me drop everything and made me spin. That wasn't part of the physical." Nonetheless, when she went off to basic training she recalls having great experiences. She was one of the oldest women at basic training

and she quickly assumed a caretaking role. She said “I was like the platoon mom. I sing them to sleep at night…I would do their nails.” She also said she loved marching, signing patriotic songs, and meeting people from all over the country, Guam, and Puerto Rico. She “related to the discipline because of the way [she] was raised.” She found basic training to be relatively easy for her.

Like other participants, Sam realized early on that the military culture was infused with sexism and misogyny. She said, “Women in the military was not a good thing back in the day. We were either loose, or we were a gay.” She remembers showing up to her new unit and feeling like she was put on display for all the male soldiers,

> They didn’t have fatigues, so I had to show up in blue jeans. I was probably 120 pounds, which is a good weight for me. So I showed up in blue jeans and whatever top. Well, they made me come out in front all by myself and introduced me to all these men. I had to be in the formation because I was going to be the HERO, Human Relations Equality Officer. I had to be out there. They all knew who I was….the men hated me.

She went on to say, “Men, they would say things to you like in any work place that we women were supposedly supposed to put up with. But when you are the only woman in that command, it eventually starts to take a toll on you.” Even decades after her service she believes, “men have power no matter how much we think we succeed in it.” She explained that the media, movies, songs “all perpetuate...that we’re, you know, sexual objects. So we’re people to be controlled. Even though they try to put women [in positions of power], she still has to succumb to something.” Like other women, Sam demonstrated some internalization of misogyny and sexism throughout the interview, for example she placed blame on women, “The commercials, news, women, come on ladies, don’t you understand? You’re contributing. We all know men are visual and everything, tantalizing.”

From the get go, Sam exhibited natural leadership tendencies and describes herself as an over-achiever. She loved her recruiting job and advocated to expand her recruitment beyond women. She was the first woman to recruit men and became a Women Army Corp counselor. She was featured on television interviews and shows. She spoke at women's conferences. She said, "I mean, I was, I became their poster person. I became recruiting command's poser women. I was the example for everybody." She also received several awards including Military Women of the Year.

Behind the scenes, Sam constantly experienced subtle sexual harassment that eventually escalated to the point where her supervisor was telling her in explicit detail what he wanted to do to her sexually. Sam tried to avoid him, but a more senior leader insisted that she continue to work with him. "I told him, I am just not comfortable going there, you know, I didn't tell him why. He said, you have to go. I'm giving you an order. You have to go." Sam eventually learned that he was sexually harassing a high school student. She decided enough was enough and reported him. There was an investigation and he was removed from recruiting. Sam said, "what everybody else did to me on top of it was even worse." Although she was promised anonymity, everyone found out she had reported him and blamed her for ending his recruiting career. "The first thing that happened when we sat down to dinner, was Sergeant [Name] said to me, we heard what you did to [perpetrator]."

Unfortunately, Sam's experiences did not stop there. One day her recruiting unit had a mandatory picnic. She said she didn't want to go as she knew she would be one of two women and likely the only one not drinking. However, she didn't have a choice. She reluctantly showed up at that picnic and said "they all had been drinking all day." They were playing yard games and they coaxed her into participating in bean bag toss. When she approached to throw her bean

bag, her master sergeant, who was supposed to walk her down the aisle as her father figure, reached between her legs from behind and groped her vagina. She felt humiliated knowing that everyone from her unit watched the assault and no one stopped it, in fact some cheered, while others made comments about her breasts. Sam left the party and did not return to work the next week. She said, "Nobody came to me, not one person. Not even the ASVAB tester, she never came out." She went on to say, "Nobody called me at home. They knew where I was. My AWOL [absent without leave] was me sitting at my house crying my eyes out." Sam said there was nowhere to turn to for help. At that time, there was no awareness and no programs in place to support individuals who were sexually assaulted in the military.

Sam could not understand why, of all the sexual abuse she had experienced, the assault by her master sergeant hurt her the worst. "Why was it that event [that pushed me over the edge]? I can't figure. I wish I had the magic answer for why that did it, other than the fact that they were family." She went on to express a deep sense of betrayal. "I looked up, and we were such a close knit group…[after the incident] I didn't have anybody, anybody I could trust. There was nobody I could go to." She explained that her superiors were going to punish her for missing work after the assault. "They were going to give me an Article 15 because I stayed home for a week."

Eventually, she transferred to the National Guard. She said she probably could have made a career out of it, but she started "not showing up on the weekends." Sam was honorably discharged at the age of 35 as a E-6 (Staff Sergeant) promotable after 10 years of service.

Sam said the sexual assault "affects every core fiber in our body…everything, everything, relationships…" She described always being watchful and on guard. She experienced changes in her sexual behaviors. She became short tempered and still struggles with "fly[ing] off the

handle" at times. She said "it took my [veteran] brothers in Washington D.C.…to tell me there was something wrong with me." Eventually she was diagnosed with PTSD. She also has chronic physical pain and has had multiple surgeries on internal organs which she attributes to PTSD. Like other participants, her military records disappeared leaving Sam in the position where she "can't get compensation that [she's] entitled to."

Despite her symptoms, she said "I eventually got myself active again and started going to school." She believes her spirituality and optimism carry her through, "I believe in the power of positive thinking." She has stayed gainfully employed throughout her life, often working 60-70 hours per week and continues to work although she is past retirement age. Although Sam blames the military for how they handled the assault, when looking back at her time in the military, she said "I love it. You can tell I still love it. I don't like the people that did what they did to me, but I loved the military."

Rosa. Rosa was 17 years old when she enlisted in the Army as a Medical Specialist for the opportunity to serve her country while learning discipline and gaining vocational experience in a structured environment.

Rosa was shocked to find "the structures that were in place that were also very oppressive to women at the time." She went on to say, "it kind of conflicted with the empowerment that I went in the military and thought I would have and the accomplishment and kind of this idea that I was, in my mind, equal or greater to any man that was serving. But I think I also quickly saw that…it wasn't true." Like others, Rosa found that women were labeled as sex objects. She said, "if you didn't sleep with somebody or you weren't dating somebody, you were stuck up…Or you slept with people, then you were viewed as a slut, but there was no real in between." She noticed that "male soldiers would get promoted quicker or get picked for leadership positions or you

know get picked to do certain jobs that females weren't." She went on to say that the mentality was "they weren't strong enough or that leadership abilities don't belong to a woman, only men can really be in charge or be leaders." She believed that it was "twice as hard" for a woman to be promoted as it was for a man. She discussed the prevalence of hypermasculinity in the military and the way that it is wielded to maintain power and control through sexual assault of both women and men who are "the kind of meeker, kinder kind of men who aren't, who may believe that women are equal and who may have belief systems that don't show that masculine power that other men have." Lastly, Rosa learned of a betting system where men would place bets "on the women they served with that would be, when you arrived on post, how long would it take before you slept with somebody." She added, "What I didn't realize is that I was also in this betting system. I thought I was one of the guys and didn't know what was happening."

She went on to recount her experience of sexual assault. She was 19 years old and decided to go out with the guys with whom she worked and played basketball. She said at the time "I thought I fell in the in between space because I was a jock myself" and that she "really didn't think this [betting] system applied to [her]." She said she "had two drinks and immediately started to feel pretty ill." She added that it was "unusual to me that I felt so sick and so I had decided I would walk home." She went back to the barracks where there was no corridor, no common entrance, and no fire guard/night staff. The door went directly into each individual room. Rosa entered her room and fell asleep on her bed. Several hours later, her roommate came in with a group of people, asking Rosa if she wanted to go grab food. She declined. The group left the room and Rosa fell back asleep. Awhile later she woke, sensing she was not alone in the room. Before she knew it, a male friend who she trusted, was on top of her, pinned her down, and sexually assaulted her. He was asleep in her bed when she woke up in the morning to the

sound of his wife calling. Rosa said, “It was completely confusing to me, I think not only because I was kind of out of it, but because I thought he was my friend.”

After he left, Rosa went to the hospital to report the assault. She was surprised that “It didn’t seem like anybody was really shocked by it or making a big deal.” A rape kit was completed and they documented her bruises. She was prescribed sleeping pills and was sent back to her room. She remembered,

> They [MPs] called me while, when, after I had taken the sleeping pills. And I told them that I had taken the sleeping pills and that I would like to talk to somebody, but at a later date. And then the MPs were never involved again. There was no, nothing ever happened with them again.

Rosa went on to say,

> I didn't tell a lot of people, but the people that did know, they didn't really believe me. I did have, so about a week after this occurred, the guy suddenly had a cast on his arm and had a broken collar bone and my friend [Name] told me that he, when [Perpetrator] bragged to him that he had slept with me, [Friend] knew that it wasn't consensual and beat him up.

She stopped hanging out with that group and found herself isolating. Rosa also immediately felt that there was a cover up. She thought it was interesting that her roommate, the only real witness, who had been requesting orders for Germany for 18 months, suddenly received orders and was gone within three weeks. Rosa explained,

> There was definitely a piece of me that thought that, when you see these weird things on the movies or TV about how the military can make people disappear, or kind of just do whatever they do, and you think that's not really true and that's kind of crazy and then it happened, my roommate was literally gone overnight. I went to work one day and came back and half of our room was empty and she was gone. And then he was gone overnight.

She continued,

> [The perpetrator] was an informant for some drug cases that the MPs had pending. And so in order to get kind of immunity from those charges, he was leaving the military on a general discharge and they weren’t going to charge him with anything and in response he was going to testify. Well in that process, if he had been charged with sexual assault in the process of them using his testimony, his credibility would have been gone and they

> would have had to throw out all of those cases. So in addition to this whole system that kind of covers up sexual assault in the military, there is also this piece of it that was another strange thing that was at play, that I didn't know about, but kind of made sense about why people weren't responding.

Rosa felt a deep sense of betrayal and no longer trusted the men she worked with. Her job as a medic required her to sleep in the field with male soldiers and she found herself experiencing anxiety at the thought. A doctor gave her 90 days out of the field and Rosa sensed her "command wasn't happy." She continued to ask the doctor to re-up her profile to stay out of the field.

Rosa noticed that people started treating her differently. She said her squad leader was one of those people commenting that, "Before that he was really great to me and really nice, but afterwards he just became kind of an asshole." Rosa had a female platoon sergeant who "was understanding, but she definitely kept her distance and didn't really help me through the process."

Rosa was angered when she learned her command was trying to chapter her out of the Army for a personality disorder. She said,

> They said I was unfit for duty and under a code of personality disorder. I had never been diagnosed with a personality disorder and after this happened I went to the mental health clinic once and decided that I didn't want to seek treatment. I just wasn't ready yet. And so the personality disorder was really interesting because the doctor who signed off on that and said that was the diagnosis, I had never even met the man. I didn't know him. I never saw him at all. And so he either signed off on it just based on my command wanting that done or he signed off on it based on reviewing my medical record.

Rosa decided she had to take action. As she says,

> So I decided to fight it and one of the first places I went was, JAG had this legal clinic. So I went and signed in there and there was a secretary that worked in there at the time who was also an E-4 and she helped me out, but again didn't act like the story was that shocking. She seemed very numb to it also. So she was helpful and pointed me in the right direction and kind of got me working with a lawyer at JAG who would be of assistance in helping me file an appeal to the chapter. …. [The secretary] told me to immediately go get my medical records. She said the first place she wanted me to go

> when I left there was to get my medical records and make copies of everything. So I did, I went and checked my medical records out and had copies made of everything and later on, when I had to fight things, I realized that everything had disappeared out of my medical records.

Rosa also went to the Inspector General's office on base and was told that she could go to a congress person, a non-military official, to file a complaint. She identified a congresswoman who had a record of advocating for women's rights and Rosa sent her a letter on a Friday. Rosa said,

> By Monday afternoon I received a phone call and by Tuesday morning I was sitting in her office in Louisville. So and she sat down with me and I told her everything that happened and she insured me that there would be some changes. So by the time I got back to post, I could tell something, that people had been notified because the way they were treating me was different, but it wasn't different like it was better, it was different like they were scared. So a couple days after that I was informed that the chapter was going to be dropped and kind of received apologies in a roundabout way from everybody from the squadron commander down, told me that they weren't aware of what was going on and had they been aware they would have done something. But I knew that wasn't true because this paperwork was getting signed off on, every single desk it went to. So I knew they were reading what I wrote and reading my appeal.

Rosa continued to serve for two-and-a-half years, but felt disillusioned. She said, "My biggest disillusionment was that I was trained in a manner that you think that these people, I mean you are told all through basic training that they're your battle buddies, that they are going to have your back." She suggested "that is exactly the opposite of what happened." She felt the entire system failed and went against her. She recognized the betrayal of sexual assault was compounded by the broken camaraderie. It also led her to re-examine her perception of patriotism. She said "What patriotism is based on is integrity and ethics and morals and doing what's right and standing up for the underdog. And that is not at all what happened in the system." Although Rosa had intended to make a career out of the Army, she no longer wanted to be part of a system that had not taken care of her. She was honorably discharged at the age of 22 as an E-4 (Corporal) after five years of service.

Rosa was diagnosed with PTSD and was service connected through the VA. She struggled with self-blame and self-doubt. She remembered basic training that builds soldiers up to believe “that you can fight and take care of yourself and you are kind of this invincible person” and then after the assault thinking, “If you can’t enough protect yourself, how are you going to protect your country?” Rosa has sought out treatment and after years of reflecting on her experience has concluded “it didn’t really matter how strong I was or tough I was or what I was capable of doing…he was going to do [it] no matter what….being tough is surviving what happened afterwards.”

Since her time in the military, Rosa has earned a bachelor’s degree, two master’s degrees, had nearly completed her Ph.D. at the time of this interview, and works full time as an instructional coordinator. She has dedicated her life’s work to advocacy and social justice.

Michelle. Michelle was 24 years old when she enlisted into the Marine Corps as a Motor Vehicle Operator to make a difference and gain experience. Her father had been in the Navy for 22 years and her husband was in the Navy. However, she had always had high regard for the Marine Corps stating it was “the cream of the crop.”

At boot camp, she remembers the female drill instructors telling the women to be mindful of the guys. Michelle said, “It was a scary place to be initially…it wasn’t what I believed it would be. It was very misogynistic.” She struggled to qualify with the weapons and didn’t want to be held back. She sought out the support of the chaplain to help manage her stress. She laughed as she remembered going to church every Sunday because “it was a chance we could sit somewhere and have, you know, nobody yell at us.” When she recalled the early days in the Marine Corps she said, “It was a lot of smoking mirrors and a lot of pride and a lot of this and a

lot of that, but there's a bunch of under-handed stuff and a lot of information that wasn't shared widely with everyone."

When Michelle arrived at her unit, she learned quickly that "male Marines that hang out with other male Marines are always looking out for each other….they protect each other." As a woman, she was referred to as a WM, or walking mattress. She said that as a woman, "there's no safe[ty], definitely stick out and you're a target. You've got to work twice as hard as everybody else just to be acknowledged." She added, even then "they didn't acknowledge you in a positive way." Michelle also identified the prominent drinking culture, "Alcohol is one component It's a major part of the military but especially the Marine Corps and especially at that base."

These culture components came together to wreak havoc in Michelle's life. One night, Michelle and another woman Marine decided to throw a party at her friend's house off base. Michelle and her friend started drinking early in the day while they cooked and prepared for the party. Later that night, some of their male friends showed up and they all played drinking games together. Michelle recalls that during the games all the men seemed to make her drink whenever they could. After drinking for 14 hours, Michelle believes that someone added drugs to her drink as well. Eventually she blacked out. She remembers briefly regaining consciousness to see five naked men standing and kneeling around her, "people that I didn't feel that I needed to be afraid of because they were just like me." Later she would hear that they told their buddies "they were fucking me so hard that my head was bouncing of the wall and I didn't know it." Michelle said she felt paralyzed. Her head was telling her to move, but her body wouldn't respond. Michelle awoke in the early hours of the morning, naked, with bruises inside her thighs and rug burns on her ankles and wrists. She woke up her girlfriend who was sleeping in the room where she found

her clothes. Michelle couldn't understand why she didn't do anything to stop the men and never talked to her again.

When Michelle went back to work, she had the sense that everyone knew what happened. She said, "I was hearing things at that time. When I walked into the chow hall, people would be pointing and laughing." Her leadership found out what happened and called Michelle into the office. Michelle's commander was upset that he had to do an investigation. The words he said to her are burned into her memory, "Well Lance Corporal [Name], it appears you set up a buffet and they took what they wanted." Because Michelle was married, her leadership threatened to charge her with adultery if she pressed charges. Her command mandated her to alcohol treatment and within weeks sent her to rehab. While in rehab, the Criminal Investigation Division (CID) interviewed Michelle. Two men took her into a room and fired off questions,

> "Do you like multiple partners? Have you had sex with any of them before? Do you commonly get drunk and then have sex and don't remember it?" It was all accusation. There was no, there was nothing with any, any reason for me to believe that they were there for me. They were there to put me in my place.

Her command also ordered her to see a psychiatrist. Michelle said the psychiatrist asked her a bunch of questions and said, "yep, you have a personality disorder, we're going to have to discharge you." Michelle saw the psychiatrist once a week, but had the feeling "they were just checking boxes" so they could prove a medical discharge. Michelle started to have suicidal thoughts, fantasizing about driving into immobile objects and imagining shooting herself. One night, when the thoughts were so severe, her husband took her to the hospital. She said the psychiatrist on duty "wrote down on the report that I was stressed out because I had a PT [physical training test] the next day and I didn't want to run, so he was going to give me Motrin and send me home to bed."

Because Michelle was a truck driver, her command would not let her drive vehicles and instead relegated her to answering phones for the next five weeks. She felt like she had been "put out to pasture." If she needed to go anywhere, she had to call another Marine to driver her which she thought "was another way to just say 'you're worthless.'" Michelle said, "I'm just trying to do my job and keep myself above water so that I can be discharged." She would often rely on a saying she learned from her dad and often played the script in her head, "Don't let those bastards get you down." She numbed herself to get through, "there was no, total flat affect, no emotion, just okay, I'm here, I'm going to do this." She said the only thing that helped her during that time was attending Alcoholics Anonymous meetings in the community.

Michelle eventually called her parents and told them she had a drinking problem and had been raped. They asked her how they could help—within 24 hours they were at her base. They tracked down the base commander, telling the Colonel that they were there to talk about what happened to their daughter. The Colonel said he did not know anything about it. Nonetheless, the ball was already rolling on Michelle's discharge. She was honorably discharged at the age of 27 as an E-3 (Lance Corporal) after three years of service. Her DD-214 states that she was "discharged due to the convenience of the government" and it says she has a "personality disorder not otherwise specified." Michelle has learned of many women survivors of MST who received a similar discharge. Michelle says "it seems like it's a non-spoken code for sexual assault survivor discharge."

Michelle remembers a Marine attorney who helped her get out of her lease and put in a request for her household items to be moved to her home state. "So there was on Marine advocate who was trying to do the right thing."

When Michelle left the Marine Corps to live with her parents in her home state, she felt a profound loss of identity. She felt angry and on edge. She blamed and hated herself, “I thought if I wasn’t drunk, they couldn’t have done that to me.” She never had another alcoholic beverage again, but turned to eating. She shared, “Nothing helped me early on. All I did was eat and isolate….I gained 100 pounds in nine months.” Eventually, she was diagnosed with PTSD.

Michelle relied on her faith in God to keep pushing through. She eventually engaged in a trauma intervention called prolonged exposure therapy. She was comforted to remember pieces of her story she had blocked out. Acknowledging the impact her PTSD had on all her relationships, she participated in a Veteran couple’s retreat with her husband. She went on to do several retreat weekends for survivors of MST. She said, “nothing else has touched the work that has been done there, in all these years.” She has returned as a volunteer staff member and her children have also volunteered for the organization. Michelle has learned to reach out for help when she is struggling and even checked herself into the VA Hospital for inpatient treatment a year ago.

After leaving the Marine Corps Michelle worked as a police officer and security guard, among other jobs.

Helen. Helen was 17 years old when she enlisted into the Air Force as an Administrative Assistant to get away from home and to pursue the educational opportunities. Her decision was unpopular for the times. She explained that she grew up in a time

> Where women were basically told they were going to be mommies, teachers, secretaries, nurses, though by the time I graduated from high school, women were becoming doctors, lawyers, and they were really breaking down those sexual barriers. The women were not allowed in the sports, yet like they are today, but they were breaking down those barriers. And when I entered into active duty and I was in basic training we were one of the first flights that got to go through the obstacle course because they thought we were too fragile and we would get hurt. And there were some obstacles that they still wouldn’t allow us to go through, believe it or not.

Helen was placed in a unit where she was the only women working with 50 men. She remembers thinking it strange that "everyone was complimenting me and my looks." Microaggressions were commonplace and she would often hear comments like "Is it that time of the month for you?" and "Are you on the rag?" She said sexual harassment occurred daily,

> The harassment we went through (sigh), it was every day, every day. Unbearable. But, we couldn't complain about it, cause number one, there was nobody that was going to listen to us. And so, number two, who were we going to complain to?…So, that was their attitude, so as long as you kept your mouth shut. And you couldn't complain too much, because it would hurt your military career. It's going to hurt your career, that's all I heard.

She endured comments like "nice ass" and "look at those tits bopping up and down." She realized the military did not value women the way it valued men. "We were told that you're not as good as the men, so be glad you are here and you can fulfill some secondary duty." She immediately felt "disappointed in how the military thought women were so less than. We weren't just second-class citizens, we were less than." Helen said she survived by hiding behind the humor because "it did not do any good to get upset or emotional." She added, "if I did that, they'd attack me even more. So, I just tried to stay out of the way and did my work to the very best of my ability." She went on to say, "You couldn't complain too much because it would hurt your military career. It's going to hurt your career, that's all I heard."

When Helen was 19 years old, after being in the military for about a year and a half, her ex-boyfriend's supervisor, a master sergeant, started harassing her daily. Helen said, "[he] disliked me from the get-go because I would not conform to his idea of what a woman should be." She described him as misogynistic and a "notorious wife beater." She said he would follow her around and even if he only saw her briefly, he would make a derogatory comment. He ended up becoming Helen's supervisor. She said, "I just fought and fought and I, cause I started telling people he will not leave me alone. He harasses me. [And they said] 'Oh it's not that bad. You

can put up with him.'" Helen said the supervisor's harassment became threats, "I am going to give you just what you deserve and I want a piece of what [Ex-boyfriend] had."

One day, the master sergeant entered Helen's office when she was alone. Helen recalled, "I could tell immediately that he was threatening and he was making comments." She said, "I told him to get the hell away me. I tried to go by him to go out the door, but when I did that, he grabbed me and he threw me up against the wall." Helen remembers hitting her head pretty hard and knowing that despite her screaming, no one would be able to hear her. She said she "became a wild woman" gashing him on the cheek, but he overpowered her. She went on to say, "Then he got done and as he was tucking in his shirt, he was laughing and making comments." At that point, Helen said she opened the door and "screamed bloody murder." One of her lower ranking colleagues came running down the hallway as the perpetrator left in the other direction, yelling at him to stop. A minute later, the perpetrator came back around the corner acting as if he was responding to all the commotion. Helen said that although the airman believed her, he was "just too low rank" to do anything about it. Helen described what she believed was an immediate cover up,

> They were so concerned about how we are going to cover it up. It was an immediate cover up. They would not let me go to the doctor. They would not let me go to the police. They told me to go home take a shower, get cleaned up, and they would send someone to talk to me that weekend. Nobody showed up. Nobody called. Monday I go in to talk to the colonel and he said, "Nothing we can do, it's basically he-said, she-said."

Nonetheless, Helen told others what happened, "I was talking to people and telling people what happened. I never varied my story and that is one thing people noticed. I was adamant." Still, she felt like few believed her and her career was threatened. Her superiors made it clear that, "If I try to do anything about it, that I would get disciplined." Indeed, Helen ended up getting written up and her supervisor downgraded her performance report. Helen noticed that

her personality began to change. “I used to be a real bubbly personality and I became very withdrawn and very distrustful. I didn’t want anyone coming near me and a man came close to me and I would overreact.”

When asked how she continued on in the military, Helen said “I was just the oldest of five and I had a difficult childhood and so that survival instinct was very strong and that independence streak was very strong. And uh, it was either survive or die. I chose to survive.” Helen realized she did not have a supportive family to fall back on. She thought if she went home she would be considered a failure because no one expected her to get through basic training, let alone four years of active duty. She said, “I thought, I am going to make it if it kills me.” Helen relied on the support of a civilian colleague,

> This civilian lady, that I used to work with. She was older, she became like a second mother. She believed me and she told me that, “You’re going to have to deal with this, she goes, I don’t know how, but you’re going to have to deal with it.”…“You have your whole life ahead of you, you do not want to let this destroy you.” And I heard those words, and I heard that from other people too.

Eventually Helen’s knee started giving her trouble and a benign tumor was discovered. She said,

> They made me get out. They gave me a ten percent disability and they said I wasn’t qualified for world-wide duty. Goodbye. I thought, I was sitting at a desk. I could perform work at a desk, but nope, “But if you can’t, if you were in the desert or something and someone was shooting at you, how would you run away?” I said “Colonel, I wasn’t going to be here like, ‘Shoot me! Shoot me!” I’ll crawl if I have to or slide on my stomach. I’m not going to go, “Here I am.” And I am looking at him, like “are you a total idiot?”

Helen transferred to the National Guard where she said the harassment was not as bad, but still existed. She had taken a few college courses while on active duty, and continued taking college courses eventually earning her bachelor’s degree in business administration with a major

in informational management systems. Despite her husband frequently putting her down and caring for a newborn, Helen ended up on the Dean's list the first few semesters.

Helen was honorably discharged at the age of 24 as an E-5 after seven years of service, but her pain continued after leaving the military. She described struggling with "bouts of depression over the years...I guess I am just chronically depressed." She said she became an alcoholic and struggled with extreme loneliness. Her sexual behaviors changed. She blamed herself for the assault, "I kept feeling this overwhelming guilt. If I was such a good person, then why did it happen?" She described herself as self-destructive at times, "I can tear myself apart to bite size pieces and I have done that and it does no good." At one point, she tried to kill herself. She said, "After I didn't succeed, I went 'I am not going to try this again.' And it got ingrained in me, that it is a permanent solution to a temporary problem." Helen said she never attempted suicide again.

Throughout it all, Helen attempted to use the resources available to her. She said she started talk therapy about three years after the assault and has engaged on-and-off throughout her lifetime. She learned about herself through reading books. She continued to hold fast to her personal values of honestly and altruism. She relied on her faith, "I definitely have a spiritual connection and that saved me. I know it saved me." Over 20 years ago, she decided to quit drinking and started Alcoholics Anonymous (AA) the next day. About 10 years ago, she started receiving medical treatment at the VA. She expressed some frustration that no one at the VA ever told her about compensation and pension opportunities related to her sexual trauma. A few years ago, a friend from AA suggested Helen reach out to a specific counselor through the Vet Center who gave Helen all the information she needed. Helen said she felt like someone finally understood her story and she has consistently attended therapy since.

When looking back at her time in the military, Helen expressed feelings of disappointment. “The military failed me, absolutely failed me” she said. “I was so disappointed.” Helen shared how media attention to military sexual abuse scandals brings her back to her own experiences and makes her realize “It continues to this day. Women are assaulted every what, every two to three minutes, something like that?”

Cross Case Analysis

After each individual case was analyzed, analysis across cases took place with the aim of addressing the guiding question: *How do individual and environmental factors influence adjustment in women following MST?* as well as the following attendant research questions: 1) Following military sexual assault, what individual strategies of survival do women utilize; 2) What individual factors and personal attributes do women draw on that support adjustment following military sexual assault; 3) What military environmental factors support their adjustment following military sexual assault?

Although the intention of this project was to highlight individual and environmental strengths using the above questions as guides, the data led this project in a different direction. While the data yielded pockets of strength within the military context, the most data rich themes were centered on a culture that presented considerable barriers to adjustment for women. Additionally, participants described their sexual assault experiences as having a significant impact on their psychological, physical, emotional, and interpersonal wellness, as well as having profound impacts on their military careers.

The Cross Case Analysis will reflect this change of course while attempting to use the available data to address the original research questions. Women described their adjustment as occurring in stages, first to the military culture itself, then to the sexual assault experience and

the immediate aftermath, and lastly to life after and the continued impact of their military experiences (See Figure 3). Data revealed internal characteristics and behavior that helped women actively shape the military environment and offset the incidence and impact of sexual assault at various points of their military experiences, as well as environmental factors that both positively and negatively impacted their adjustment. The relevant data will be presented for each stage of transition including: (a) Stage 1: Adapting to Military Culture; (b) Stage 2: Surviving the Sexual Assault; and (c) Stage 3: Surviving the Fallout. Lastly, the impact of these experiences will be explored including self-reported growth and deleterious effects.

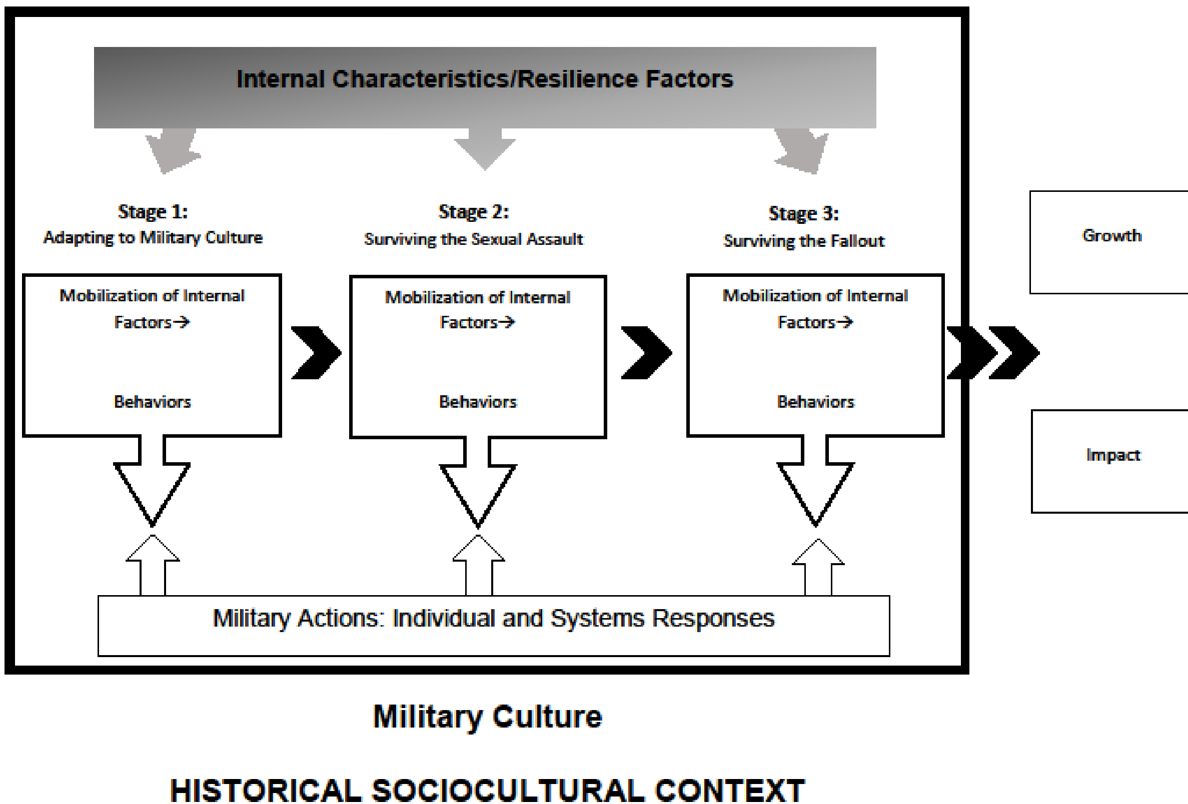


Figure 3: Stage Model of Adjustment for Survivors of Military Sexual Assault

Stage 1: Adapting to Military Culture

This section will be divided into four sections. The first section will present the reasons women joined the military. This will be followed by women's early perceptions of the military environment including the culture shock they experienced when confronted with the military culture including the culture of misogyny and sexism. The next section will address women's perceptions of their internal characteristics including those endorsed on the Connor-Davidson Resilience Scale-25 and themes that emerged from the data. This section will conclude with the behaviors women took up in efforts to adjust to or resist the environment.

Joining up. Women joined the military for a variety of reasons including to escape their family or hometowns, to receive direction and guidance, to earn the educational and career opportunities, and to fulfill their duty and patriotism to their country.

Escape. Six women talked about joining military to get away from something. For Caroline, it was to "get away from my small town." Julie Joy enlisted to "get out of a hostile environment" and Helen said she wanted "to get the hell away from home." Ellen shared how she was "romanticizing about just leaving and going somewhere else and being something else." Sam summed up the women's thoughts, saying "I think people still [join] for a better life."

Direction and guidance. Three women talked about joining the military to provide a direction for their lives. Rosa felt she could benefit from the "structure and discipline" offered by the military environment, believing that going to college as a young adult would be a "waste of somebody's money." Michelle also thought she could benefit from the discipline. Like Rosa, RJ was not sure what direction she wanted to take her life. She said, "I didn't know what my dream job was like, I didn't know where I wanted to live, I just couldn't figure that stuff out." For her,

the solution was the military, "I thought, why not just have someone tell me what to do and tell me where to live?"

Educational and career opportunities. Six women discussed joining the military for education benefits or to gain experience for their careers. Alex, RJ, Julie Joy, Helen, and Danielle talked directly about being drawn to the military by the promise of money for their educations. Alex said, "It started out with just simply needing college money" and Danielle received a health professions scholarship which helped her pay for her medical degree. Elsa said her reason for enlisting in the Marine Corps "was a little bit selfish, I wanted to do federal law enforcement." She hoped the Marine Corps would help pave the way to her dream job.

Duty and patriotism. Four women said joining the military was in line with their values. Elsa and Danielle both said they wanted to "serve [their] country." Rosa described a "draw patriotically to be involved and give back in service." Sam explained an innate drive to serve in the military. She said, "…it was just something that was as close to me as if…the umbilical cord, it went that deep as my connections to my son." She added that growing up watching war movies and singing to veterans at VA hospitals "gave me this love and respect for people who served. That's why I joined. I wanted to do my part as a good citizen to our country."

Most women felt like these core expectations were met. They developed a sense of autonomy away from their families of origin, gained discipline, fulfilled their duty, and earned education benefits which most have used since leaving the military. However, all the women shared a sense of culture shock and related feeling like they were let down by the military, especially after they experienced sexual assault.

Perceptions of military culture. The military's intensive socialization process includes the development of a collective identity, sense of loyalty to the organization, and dedication to

the mission above the needs of the individual (Haynie & Shepard, 2011). Service members are quickly indoctrinated into a rigid hierarchy that relies on obedience to authority. This is adaptive in mission-related tasks, but can become problematic when the perpetrator of sexual assault is in the victim's chain-of-command and is also responsible for many aspects of the victim's career (Bell & Reardon, 2011). Additionally, characteristics such as aggression and physical violence are valued and rewarded in terms of battle readiness, but can be dangerous when these traits are used to assert power and control over others. Prior research has demonstrated the military culture's contribution to the prevalence and psychological consequences of sexual assault. Sadler and colleagues (2003) discussed a socialization process ripe with sexual harassment.

For the current project, although questions related to military culture were asked in terms of supportive aspects, all participants shared experiences of harmful aspects of military culture. Participants offered a variety of ideas about the prominence of military sexual assault based on their firsthand experiences. Several women spoke about the military as situated in a broader historical sociocultural context that inherently influences the military climate. Many women made references to the military culture in general and shared experiences that seem to be common across branches. All women spoke directly or indirectly about a culture infused with misogyny and sexism that exists across branches.

Historical sociocultural context. Several women shared their ideas about the historical and sociocultural factors that likely influenced the attitudes toward women during the times they served in the military. Helen and Sam shared the difference in gender role expectations when they joined the military in the late 1960s-1970s. Sam said, "Back in my day, we were to be homemakers, teachers, nurses, I think that, oh, and airline stewardesses." Helen said "women were basically told they were going to grow up to be mommies, teachers, secretaries, nurses,

though by the time I graduated from high school women were becoming doctors, lawyers, and they were really breaking down those sexual barriers.” Helen recalled that “We were one of the first flights [of women recruits] that got to go through the obstacle course because they thought we were too fragile and we would get hurt.” Sam talked about the way women’s sexuality was shamed, “Growing up, my generation, those things were all bad, you know. Those things were ‘being loose’ and all that.”

Sam, Helen, and Danielle talked about societal attitudes that they perceive as important in the current sociocultural context. When discussing why sexual assault happens, Sam said

> It is a societal issue, um, where we are still putting people in boxes and this year we saw it more than ever with our election, where we were all tried to be put [in boxes]. I am not a round hole or square hole person, I’m somewhere in between. I am a mother of a gay son who has epilepsy and HIV and um and is very emotional, extremely emotional.

She added,

> I wish I could trust in my country’s words when they make promises, but we always know we can’t do that. So, um, men have power no matter how much we think we succeed in it. I think men always have power. We try to take it, I think we try. I don’t know, women rule that roost, I guess. We kind of do, but it’s still a power play on the men’s part because they are just succumbing, you know? They aren’t voicing their real opinions in relationships and things like that. They try to appease when we really want them to be honest. So it has to start somewhere in the bowels of our country and I don’t know if Americans are capable.

Danielle also talked about the recent election,

> …that's also really disturbing. That was also an impetus for moving forward [with reporting her sexual assault], like the election and just seeing how women are treated and the talk about sexual assault and that kind of thing. I feel like people have to take action. This is the only action I can really take, but at least it's something.

Helen acknowledged changes since her time in the military that she regarded as positive, “These women can pass and get in to because Rangers or Navy Seals or whatever the paramilitary training is. Wonderful!” Helen also acknowledged the national sexual assault problem that still exists, “Women are assaulted every what, every two to three minutes, something like that?”

***Overarching military culture*.** Participants spoke about adherence to the hierarchy, an emphasis on physical strength and not showing weakness, normalization of excessive and underage alcohol use, and opportunism. In some cases, participants shared their perspectives on how putting the mission before their own needs and feelings of loyalty to their chain-of-command influenced their decision to report or not report the sexual assault.

Hierarchy. Danielle said, “There is a hierarchy. There are rules and you have your rank system and what not.” Ellen shared how the hierarchy and adherence to the chain-of-command prevented her from disclosing her sexual assault to a superior she trusted. “I wouldn’t have told the colonel [about my sexual assault]. I actually would have felt more that I had betrayed my entire chain-of-command.” Julie Joy discussed how, when advocating for other women, she decided to accept the repercussions of operating outside the chain-of-command. “I would get in trouble for skipping the chain-of-command, but I wasn’t willing to stand by anymore and let crap happen and assault happen and the harassment happen.”

Emphasis on physical strength. Several women discussed the expectation of mental and physical strength. These attributes certainly are necessary for service members to endure grueling training and war; however, women expressed how these values can create an attitude of impermeability and prevent help-seeking.

> The whole purpose of boot camp and starting out as a scummy civilian and turning you into some mean, lean killing machine, kind of brain washes them to believe that they are better and they are entitled, and um, that they’re above everything else. And I think that they take that to the extreme in every way.” (Michelle)

> You don’t want to go to sick call and of course you don’t want to be the first person to go to sick call. (Julie Joy).

Mission first. The expectation to put the mission above all else is a norm across service branches. Danielle, the only officer in the group, shared how this standard heavily factored into her decision against reporting her sexual assault.

> We were both kind of worried that, you know, what if disclosing this information [my sexual assault] could be extremely disruptive to the mission and, you know, turn the focus on the CO [commanding officer] and everybody on the base and in the mission then to this, instead of focusing on the fact that we were in a combat zone and all of that. (Danielle)

Drinking culture. Most participants shared perspectives of a culture of alcohol use, despite legal age requirements. Drinking together after work was normalized and often expected. Caroline made several references to the drinking culture throughout her interview. "Underage drinking, it was kind of a thing. I think, it's just the culture…the culture of the military…You work hard, but you party harder...you just drink, drink, and drink." Alex shared that a superior would buy her alcohol. "So one NCO [non-commissioned officer], I gave him like twenty dollars and he got me a bottle of Bacardi Hurricane and like, we were all legit." Alex also talked about a time where almost the entire unit went out and drank alcohol together after drill. "Everyone was just getting swasted…Everybody was hanging out and by everybody, like almost my entire company." RJ shared her perspective on the drinking culture being heightened in certain occupations. "It was almost like, but even especially, I don't want to say especially as a cop [military police], but the cop world has its own, you know…culture of drinking." (RJ)

Opportunism. Some women talked about the culture of opportunism and its contribution to sexual assault. Although in training service members are intensely socialized into a team mentality, some participants felt that there were those who were quick to place blame on others or take advantage of situations. This opportunism stood alone in some situations, but also intersected with the drinking culture in many cases. Caroline stated, "It was more the culture and

people taking advantage of situations." Alex echoed this perspective, "People will just throw each other under the bus." Michelle, who was raped by a group of men who took advantage of her intoxication said, "Alcohol is one component [contributing to sexual assault]. It's a major part of the military but especially the Marine Corps and especially at that base." Similarly, Alex noted that the perpetrator of her sexual assaults continuously took advantage of her when she was intoxicated, "Honestly in my situation, it was the availability of alcohol….I'm drunk and wake up to him being in there [in the same bed]."

Misogyny and sexism. Every woman shared examples of a culture infused with misogyny and sexism. Many of the participants had the experience of working in a "man's world," most shared examples of military specific labeling of women into objectifying roles, some shared experiences of microaggressions, normalized attitudes toward sexual assault, systemic oppression of women, expected sexual harassment, internalized misogyny and sexism, lack of support from other women, and a betting system that contributed to their sexual assaults.

Man's world. Participants shared their experiences of feeling outnumbered based on the ratio of men to women in the military. Some of the women perceived problems resulting from this discrepancy including experiences of harmful hypermasculinity. As the following data demonstrate, the "man's world" mentality and value of hypermasculinity impacted both women and men.

> The Marine Corps [was], especially when you enlisted, 96% was male, 4% was female. Now they're at 94 and 6, which is a better number…entering a man's world, the Marine Corps, is very, I mean I was just called the "WM" two months ago, no last month, it's a very, "WM", they call women Marines WMs…the derogatory term is a walking mattress. (Elsa)

> I worked in a career field where it was 98% men, so even just being in that career field I already have a reputation. But you have to play it as much as you can. Even though all of these men have wives and daughters and would never act this way if they are stateside, but because you are [deployed] and because it is known as the hall pass of the Air Force,

> they think they can just go out and act a fool and then you know destroy people's lives. (Caroline)

> Occasionally, most of the time, I was the only one [woman]. We had up to three at one time, but they cycled through. It was a very physical job. I was often asked to come over and emasculate the men. Like, Oh, Ellen, can you come over and pick this toolbox up because they are taking too long…So I would go there and put it in and be like "anything else?" (Ellen)

> There was this shift in things where, you know, recruiters and men they would say things to you, like in any work place, that we women were supposedly supposed to put up with. But when you are the only woman in that command, it eventually starts to take a toll on you (Sam)

> I think people that, male Marines, that hang out with other male Marines are always looking out for each other. So if somebody says hey, this happened, or he's doing this or he's doing that, they protect each other. So I think there's a lot of covering your ass. (Michelle)

> Yup, I'm rough and tough. Work hard play hard and just beat women. And uh, I met a lot of men that weren't that way and, but uh, yeah, a lot of pure assholes too. Just jerks. (Helen)
> I definitely think a lot of times, the men who I have met who have been targeted, and they are always the kind of meeker, kinder kind of men who aren't, who may believe that women are equal to men and who may have belief systems that don't show that masculine power that other men have, so I do think that's why they become targets [of sexual assault]. (Rosa)

Power and control. Several participants spoke about the displacement of power in favor of male service members, as well as consequences for attempting to disrupt that power imbalance. Sam shared her feelings of helplessness, "Men have power no matter how much we think we succeed in it. I think men always have power, um, we try to take it. I think we try. I don't know. Women rule the that roost. I guess, we kind of do, but it's still a power play on the men's part." Helen described her supervisor as misogynistic and said he "disliked me from the get-go because I would not conform to his idea of what a woman should be." He ended up sexually assaulting her. Alex expressed her frustration with her perpetrator's abuse of his position of power, "So he called me and made me go to his barracks again…what the fuck am I

going to say? And he was bitching me out in front of his barracks for assaulting me." Julie Joy shared similar sentiments about the high ranking medic that sexually assaulted her, "[I was] just thinking, like this was some type of medic and that he must be a medical professional…there's still this intimidation factor….he had a lot of rank, so I was pretty scared of him because I was in basic." Sam also shared an experience with an abuse of power perpetrated by the doctor at the Military Entrance Processing Station. "That fucking doctor made me pretend to be a French maid, made me drop everything and made me spin. That wasn't part of the physical…I couldn't believe it. So again, we are in this situation where we are very vulnerable when enlisting in the military. We are frightened. We don't know what we are getting ourselves into." Rosa captured the power dynamic when she said,

> Well I think there is a system of, you know anytime you have a displacement of power, which is what happens in the military, even today as women go into combat and have many of the same rights and same leadership positions as men do in the military, there is still this weird power struggle and there is still this belief system that female soldiers, no matter what they accomplish are less than male soldiers. And so sexual assault is a power thing and a control thing and so when you have this system and an organization that is based on control and power, I think anytime you have that you are going to have sexual assault. You know, I think that's true for women and I also think that's true for men in the military.

Gender based microaggressions. "Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership" (Sue, 2010). Microaggressions in the context of this project included examples of sexist phrases, behaviors, and practices not necessarily related to sexual advances, but ingrained in traditions, analogies, and the general culture.

> They teach in boot camp, you know, you, this is how you use your rifle. This is the way you move your rifle. You put your hand up like you do a woman's skirt. (Elsa)
> It wasn't what I believed it would be. It was very misogynistic. It was very, there was a captain and I was the only female working in their building and so I had to use his

> bathroom and he, he yelled at me in formation because I left a tampon plastic applicator in his trash can. (Michelle)

> Male soldiers would get promoted quicker or get picked for leadership positions or, you know, get picked to do certain jobs that females weren't getting chosen for because either it was viewed that they weren't strong enough or that leadership abilities don't belong to a woman. Only men can really be in charge or be leaders. (Rosa)

> Basically, we were told that you’re not as good as the men, so be glad you are here and you can fulfill some secondary duty. And soldiers don’t cry and they don’t get upset and uh we couldn’t show too much emotion without some derogatory comment about “is it that time of the month for you” and “are you on the rag” and those types of comments. (Helen)

Work twice as hard (oppression). Many women shared experiences and perspectives of systemic oppression of women in the military. Several shared the perception of having to work twice as hard as their male counterparts to gain acceptance, receive recognition, and earn promotions.

> I think the quote unquote good old boy system that is there. Male soldiers would get promoted quicker or get picked for leadership positions or you know get picked to do certain jobs that females weren't getting chosen for because either it was viewed that they weren't strong enough or that leadership abilities don't belong to a woman, only men can really be in charge or be leaders and then you know also I think that there was this idea that the military is about men and this patriarchal system and not about what women can do. (Rosa)

> I had to make myself more valuable then, so I did. I had to work hard. I had to be smarter. I had to be an asset where they would care and obviously, they did when I was leaving, but there was nothing that was going to change what happened then. (Ellen)
> Yeah, so there's no safe, [women] definitely stick out and you're a target. You've got to work twice as hard as everybody else just to be acknowledged and then they didn't acknowledge you in a positive way. (Michelle)

> I was so disappointed. I was disappointed in how the military thought women were so less than. We weren’t just second class citizens, we were less than and I was very disappointed by that. (Helen)

> I didn't really realize some of the structures that were in place that were also very oppressive to women at the time. In some ways that was a wake-up call because I don't really think I saw those in play in my life growing up, but the military was really my first time involved in an organization other than the school system and I realized that there were a lot of things that would oppress women and kind of hold people back, a lot of

> systems. It kind of conflicted with the empowerment that I went in the military for and thought I would have. And the accomplishment and kind of this idea that I was in my mind equal or greater to any man that was serving, but I think I also quickly saw that I wasn't, it wasn't true. (Rosa)

Normalized sexual harassment. Participants shared a mentality of sexual harassment as a way of life in the military. Caroline said, "You are going to at least get harassed. You are going to get sexual innuendos. You are going to get it because it's the lifestyle." Julie Joy echoed the expectation, saying "It's so crazy because when I heard it on the military side, there was some part of me that was like, this is part of the culture…you totally just make it okay." Helen sighed as she said, "The harassment we went through, it was every day. Every day. Unbearable."

Some women shared specific experiences of being sexually harassed by individuals other than the person who sexual assaulted them. Alex shared her experience with a leader who was "extremely inappropriate with me via text." Julie Joy disclosed her experience with a drill sergeant, "He started contacting me and emailing me and calling me and saying how much he wanted to be with me and how he wanted to come visit me…I remember him calling and calling and I had like 16 missed phone calls and like all these text messages." Sam described how her supervisor was talking to her and being "very descriptive, real, what he was going to sexually do to me." Helen recalled a superior who "would say 'nice ass' or comment about my appearance-if it wasn't military enough or if I was just perfectly military, 'look at those tits bopping up and down.'"

A few women recounted their attempts to deal with the incessant harassment. Elsa said, "I had to develop this mentality that, and I still have this mentality, that it's not sexual harassment unless you put my name into it." Julie Joy attempted to avoid and ignore the drill sergeant that was pursuing a relationship with her. And Helen described how she "became immune to it" or joined in on the harassment, "I am going, 'are my tits flopping around?'"

Normalized attitudes toward sexual assault. Some participants spoke about the normalizing and expectation of sexual assault. Elsa shared that her sexual assault was gossiped about amongst her peers, but no one was alarmed, "I went to roll call and everybody knew." Helen discussed how sexual assault is to be expected if you join the military "And it continues to this day. Women are assaulted every what, every two to three minutes, something like that." Michelle explained that her husband had been in the Navy and "had seen and heard it had happened to other women too. It's not a secret. It's kind of like a, a badge of honor, or some bullshit." When interacting with the E-4 secretary at the legal clinic, Rosa sensed that the E-4 was not shocked, "She seemed very numb to it."

Labeling of military women. Many of the participants, across branches, shared examples of a labeling system for women that left them little option to be respected as a professional. Terms varied across branches, but some of the "roles" included slut, tramp, bitch, stuck up, prude, dyke, and walking mattress. These labels have existed for decades, as Sam, the oldest Veteran in the sample shared, "Women in the military was not a good thing back in the day. We were either loose or we were a gay." The lingo has been modified, but even the youngest and newest service era women shared examples of these labels. Many women shared frustration with trying to be accepted and walk the line between being sexually objectified and seen as "bitchy."

> You'll either be the guys' girl and get along with them and you're the tramp, or you be the girl that doesn't say a word to them and play the safe way and you're a prude, there isn't a happy medium, you're in a man's world and there is nothing. (Caroline)

> My drill instructor, my senior drill instructor, would sit down with us and she'd be like, ok you have a choice, you can be a slut or you can be a bitch. Which one do you want to pick? She's like these are your two choices in the Marine Corps. You're not going to be friends with these guys. These guys are not your friends. They either want to fuck you or they want to be your, or you're going to be their leader. And that's what I was. It was like, and they were like, even if you're their leader, they're still going to try to fuck you, but you have to pick slut or bitch, and you're going to be called one of them all the time and you have to choose which one you're going to pick. (Elsa)

> I actually used to in-process the females that came into our squadron and I had to give them that speech. And just that's it's not ok, it's not cool, but you guys are, I actually told them…you are either a slut, a bitch, or a push-over. And so I would always have to tell them like, be the bitch. Don't be the push-over, don't be the slut, but the bitch. You'll be fine and it was unfortunate that I had to do that because the men don't get a talk like that. That's pretty much the same labels that I have heard. It's never, I also always heard if a female got an award, or got promoted or whatever, it was always because she slept with somebody. (RJ)

> There are three roles for females in the military: the bitch, the slut, the lesbian. And so that was, yeah, one of the things I learned about very quickly is, if you don't want to have sex with a guy, if you don't want any attention from them, then you're this, you know, shut down lesbian or you're a bitch. Um, and if you are having sex with them then you're awesome, but you're also the slut, but so if you want people to be nice to you, you almost have to put on this sexualized flirtatious type of personality just to get your chain-of-command to respect you, to like you. You have to become sexualized, which is distasteful and disrespectful and it just it sucks. (Julie Joy)

> Depending on your level of sexual activity, you are or are not a slut and then you know, a lot of women, there's a whole language of being bitchy or being bossy or being whatever. People expect you to lead, but in a very masculine way and that masculine way is the only acceptable way to do it…it's hard to find that acceptable female brand, I guess. Or style of leadership. Like it's very rare. I actually don't know if I know any women in the military who lead in a non-masculine way. (Danielle)

Betting system. Two participants described a betting system that took place in their units and on their bases where the male service members would pool money and bet on who would be the first one to have sexual intercourse with a woman.

> He's [referring to another male friend] like you know they all had a bet? I said, what! He's like it was a bet who could sleep with [you] first. And I'm like, ohh my god, like I'm sorry, I'm going to get teary eyed. And I'm like you, I'm like, I was a bet? He's like it was a bet. He's like what did you expect?… and he's like it was a bet. (Elsa)

> He's like and ummm [perpetrator] just won…. Of course they had a bet. Why wouldn't they have a bet? Why would they bet to sleep with [roommate] when she's sleeping with two or three of them already? Of course they're going to want to try to sleep with the girl who has a boyfriend and professional goals and the one that set out and is turning down every one of their advances and saying no is not an option, and I'm not here for that. (Elsa)

> There was this betting system that I was aware of that they made. The guys made these bets about women and when women would sleep with somebody or how long it would

> take for one of them to sleep with somebody. What I didn't realize is that I was also in this betting system. I thought I was one of the guys and didn't know what was happening. (Rosa)

Internalized misogyny and sexism. Women are socialized in the same culture as men, so it comes of no surprise that some of the women spoke in a way that was demeaning or sexist toward themselves or other women. In many ways, given the context, this is a survival strategy—an attempt to "be one of the guys." Julie Joy said, "We definitely make more sexualized jokes and even as females, it's almost as if you have to make the sexualized jokes to fit in and feel like part of the team." Elsa described how she carried forward an analogy learned at boot camp, "I would joke about it with some of my reserve people, like how many times did you get told go up a woman's skirt? And they'd laugh and joke because it's funny." When talking about a bunk mate, Elsa also engaged in labeling of women. "She fell in more of the slut category, um, unfortunately she kind of fell into their role." Alex used demeaning analogies including "cry like a girl" and "sensitive, entitled little bitches." Sam contributed sexual assault to women's behaviors, "The commercials. News. Come on ladies, don't you understand you're contributing. We all know men are visual and everything. Tantalizing." Ellen had a similar perspective:

> I watch what's going on now and I'm like wow, you just, you got a sticker on your ass that's going to say rape me. It's bothering me. They're going to go after you. What's going to happen when you're in the dessert and all them guys are there and just you? And now, I, to hear this, the younger generation coming back with these stories and I'm like, huh? Are you kidding me? In a combat zone? But that's what I always thought of. I don't want to be in no fox hole with some dude… But I'd be worried about the guy next to me. And I'm like, I don't know what it's like to be a man, to have such an overwhelming urge you can't stop yourself, but I would not have wanted that.

Lack of support from other women. A few of the women shared feelings of betrayal or lack of support from other women who they would expect to have their backs. Alex described an adversarial relationship she had with another woman in her unit, "And this girl is going around the unit pretty much trash talking me because she is sleeping with him [the perpetrator]." Julie

Joy shared how her battle buddy left her alone with the perpetrator despite her own suspicious feelings about him, “she thought I could handle myself.” Ellen, to this day, is easily triggered by women’s laughter because two women witnessed her sexual assault and did not attempt to help her, “It was the women in the room that were laughing that bothered me so much.”

Heterosexism. Two participants identified as lesbian. One of the women shared her experiences with heterosexism. Ellen served at a time when you were not allowed to serve in the military if you were not heterosexual. She described living two different lives, one at home and one on the base. “It's hard to hide that part of yourself. So I spent a lot of my time doing that, so my life was off the base. I actually moved off base after that too. I didn't want to be on the base because I felt safer out with more people in a strange community than I did on this little island of nobody cares.” Not only did Ellen have to conceal her identity, she also experienced two sexual assaults because of her sexual orientation. Her supervisor knew she was a lesbian and gave her an ultimatum, either she have sex with him or be kicked out of the military. When Ellen shared this with a friend, she was surprised by the friend’s reaction who was oddly accepting of the quid pro quo assault. “To hear my friends say, yeah, you’re going to have to do this once or twice!?” Ellen went on to talk about the internal struggle of feeling like she had no right to prosecute those who sexually assaulted her when she was knowingly breaking military policy:

> But I also felt responsible because I felt guilty that I stayed in knowing that I was betraying what the oath says too, that I'm not supposed to be here. I was gay. I wasn't supposed to be there. So I had a hard time with that and I was like, the last one [sexual assault] may have been more physical, but the first one made me think, like wait, I really had to think about doing it. I didn't have control or time to think about the last one that happened. I knew it was a hate crime. I heard lesbians, or you faggots shouldn't be here. But that's what they did.

Internal characteristics. Theoretically, internal characteristics begin developing early in life and may continue developing into early adulthood. Some of these characteristics may have

been part of each woman's repertoire as she entered the military and throughout each stage of her military experience, but may have also developed or strengthened throughout her time in service. However, because this data was collected hindsight, it would be challenging to determine which factors were pre-military and which came online during military service. With that in mind, the self-reported resilience factors according to the CD-RISC-25 and the internal characteristics revealed in the interview including leadership characteristics, education, personal values, and self-reliance will be presented in Stage 1. For the purposes of this project, unless otherwise stated, it can be assumed these characteristics were present throughout each stage of adjustment.

CD-RISC-25. Resilience is often thought of as an outcome and the contributing factors are conceptualized as internal characteristics that may not have observable behavioral correlates. The CD-RISC-25 is a 25 item self-report scale designed to measure resilience in the areas of perceived control, high self-standards, positive acceptance of change, spiritual influences, personal strength, trust in instincts, and secure relationships. Participants are asked to answer 25 questions on a Likert-type scale (0 = Not at all true, 1 = Rarely true, 2 = Sometimes true, 3 = Often true, 4 = True nearly all the time) with a total possible score of 100. Scores in the general population tend to average around 80.4 and scores in OIF/OEF Veterans diagnosed with PTSD tend to average around 59.6 (Davidson & Conner, 2016). The average total score across cases was 78.3 and ranged from 58-93 with six women falling at or above 80, four women falling between 59.6-79.9, and one woman below 59.6. Over half the women in this sample self-endorsed resilience similar to the general population (M=80), with all but one scoring higher than Veterans who have been diagnosed with PTSD (M=59.6).

Perceived control. There were three items on the CD-RISC-25 related to perceived control with an average of 3.1 across these three items indicate women thought this was "often

true" of them. Women most highly endorsed "During times of stress/crisis, I know where to turn for help" (M=3.2) and "I have a strong sense of purpose in life" (M=3.2) followed by "I feel in control of my life" (M=2.9). Nine participants endorsed feeling some sense of control "nearly all the time" or "often." Ellen and Michelle indicated this was "sometimes true" for them.

High self-standards. There were eight items related to high self-standards which overlapped with constructs of personal competence and tenacity. The average score across these eight items was 3.4 indicating women thought this was "often true" of them making this the most highly endorsed construct on the CD-RISC-25. All participants ranked themselves as having high self-standards often or nearly all the time. Five items had average scores of 3.5 including "I believe I can achieve my goals, even if there are obstacles," "Even when things look hopeless, I don't give up," "I give my best effort no matter what the outcome may be," I think of myself as a strong person when dealing with life's challenges," and "I work to attain my goals no matter what roadblocks I encounter along the way." These five items were followed by "I like challenges" and "I take pride in my achievements" (M=3.3) and "I am not easily discouraged by failure" (M=3).

During the interviews, six women talked about having high expectations of themselves that motivated them to do well in the military. Julie Joy said "I showed up thinking I am going to be the best person, like the best soldier that they could ever ask for. I showed up with rank. I was already an E3." Similarly, Elsa graduated in the top 10 percent of her basic training class. She said, "I think it was that I wanted to prove them wrong." Ellen, who came from a family unsupportive of high education, said she cried when she received her first "D." In the military, she recalled, "I had to make myself more valuable then, so I did. I had to work hard. I had to be smarter. I had to be an asset…" Sam shared how she was constantly pushing herself to the next

level. She was put in leadership positions, promoted, and was interviewed on TV and radio shows for her role in recruiting. She said she "became recruiting command's poster woman." Rosa shared how this trait can be a double-edged sword and expressed feeling like she can never do enough. At the time of the interview she had a bachelor's degree, two master's degrees, and was working full time while completing doctoral studies. Rosa expressed frustration at the VA's compensation and benefits process that fails to look at overachievement as a symptom of mental health distress. Julie Joy expressed similar concerns about the benefits process, as well as her feelings of overwhelm that have led to suicidal ideation,

> I have always been the exact opposite [of dysfunctional], like I said, I'm going to push through absolutely everything. Like I said, there is no other options. Um, but if you do that then you're, you know, you're consistently viewed as, "Well you're resilient. You're fine. You can take care of yourself." But I feel like those of us that do that are probably even more high risk than the people who don't have the typical resources or who are consistently going to mental health or who are consistently getting assistance or who are consistently in the system because we fight so hard, all the time, nonstop, that we get to our breaking point in which we can't take it anymore and it literally goes from, we go from doing 135% to like we can't do it. We just want to be done. And there's no middle ground because none of us like doing less than 135%. And so, then it's like if I'm not doing 135%, I'm might as well be dead.

Positive acceptance of change. There were four items on the CD-RISC-25 related to positive acceptance of change with an average of 3.0 across these items indicating women thought this was "often true" of them. Women most highly endorsed "Past successes give me confidence in dealing with new challenges and difficulties" (M=3.3) followed by "I am able to adapt when changes occur" (M=3.1), "I can deal with whatever comes my way" (M=3), and "I tend to bounce back after illness, injury, or other hardships" (M=2.7). Nine women endorsed the ability to accept change as "often" or "nearly all the time." Caroline and Michelle marked this area as "sometimes true."

Spiritual influences. There were two items on the CD-RISC-25 related to spiritual influences with an average score of 2.5 indicating that on average this was sometimes true for participants. Women endorsed the item "Good or bad, I believe that most things happen for a reason" (M=3) as often true and "When there are no clear solutions to my problems, sometimes fate or God can help" (M=2.1) as sometimes true. Responses were split about the role of spiritual influence such that six women reported "fate or God can help" as being true "often" or "nearly all the time," whereas five women indicated this was "never" or "rarely true" for them.

Personal strength. Six items on the CD-RISC-25 related to personal strength represented by tolerance of negative affect and strengthening effects of stress with an average of 3.1 across items. Women most readily endorsed "I prefer to take the lead in solving problems rather than letter others make all the decisions" (M=3.5) and "I can make unpopular or difficult decisions that affect other people if it is necessary" (M=3.5" followed by "I try to see the humorous side of things when I am faced with problems" (M=3.1), "Having to cope with stress can make me stronger" (M=3.0), "Under pressure, I stay focused and think clearly" (M=2.9), and "I am able to handle unpleasant or painful feelings like sadness, fear, and anger" (M=2.6). All women endorsed at least one item related to personal strength as "often" or "nearly all the time." However, Caroline endorsed using humor and the idea that coping with stress can make you strong as only "sometimes" and Sam indicated "never" for the former and "rarely" for the latter. Seven women said they can "often" or "nearly all the time" handle unpleasant or painful feelings. Julie Joy and Michelle indicated they can "rarely" handle these feelings and RJ and Sam said they can "sometimes" hand them.

Trust in instincts. One item, "In dealing with life's problems, sometimes you have to act on a hunch without knowing why" was truly related to this factor and resulted in an average

score of 2.8. Generally, women endorsed this item as "often" or "nearly all the time," with three women (Ellen, Sam, and Michelle) reporting "sometimes."

Secure relationships. One item, "I have at least one close and secure relationship that helps me when I am stressed" was related to this factor and resulted in an average of 3.5. Eight of the women indicated they have at least one close and secure relationship that helps them when they are stressed "nearly all the time;" whereas Ellen, Sam, and Michelle said they "sometimes" have a close and secure relationship.

Alex and Danielle endorsed all the resilience characteristics as being "often true" or "true nearly all the time." Elsa and Helen had a similar pattern, except for one response each. On the other hand, Caroline, Ellen, Sam, and Michelle indicated "never," "rarely," or "sometimes" true in several areas including positive acceptance of change, trusting one's instincts, perceived control, or secure relationships.

Leadership characteristics. Two women shared that their leadership qualities were recognized early on in their careers. Sam said she was put in charge of the other women trainees in the barracks. She was also one of the first women recruiters and one of the first to be allowed to recruit men. Danielle in a Naval officer and medical doctor and the only flight surgeon in her group. She described her approach to leadership as collaborative and less directive. Although Ellen, RJ, Helen, Caroline, Julie Joy, and Alex did not speak directly about their leadership experiences, all women attained at least the rank of sergeant during their military careers.

Education. Danielle commissioned into the Navy at the same time she started medical school. Since she has completed medical school, a master's degree in public health, and serves as a flight surgeon. Ellen, Julie Joy, and Helen took college courses during their military service and have since earned college degrees. Since discharging from the military, all of the women

have completed some college since leaving the military. Nine reported earning bachelor's degrees. Five women have completed master's degrees and one is in the process of completing one. One woman has nearly completed a PhD.

Personal values. Personal values can provide a lens through which to view one's experiences and can motivate prosocial behavior despite dire circumstances. Rosa shared how her value of justice motivated her for self- and other advocacy. She said, "The need for justice, kind of, has been a reoccurring thing in my life, that just when things aren't right…that integrity and need for equity and truth is what I relied on." Similarly, this value is guiding Danielle's career path and her desire to retire from the military. She shared, "I would like to…serve in an organization that is more focused on public health and has the great, genuine concern for gender equity and for social justice." Elsa's value of fidelity helped shift her self-blame after the sexual assault. She said "I was not a sexually promiscuous person…I was not a flirtatious person. Never had I, never had a random, I still have never had a one night stand. Never hooked up with anybody." Helen said she values honesty, open-mindedness, and self-respect. After struggling with alcohol use and suicidal ideation, she decided to get help. She said, "I want to be able to look at myself in the mirror and be able to respect myself."

Self-reliance. Several of the women developed self-reliance at a young age due to family circumstances. Helen said, "I was just the oldest of five and I had a difficult childhood and so that survival instinct was very strong and that independence streak was very strong. And uh, it was either survive or die." Caroline also endorsed being independent and self-reliant, "maybe a little too much." Both women harnessed this self-reliance to persevere following the assault.

In summary, the CD-RISC-25 and interviews elucidated internal characteristics and interpersonal strengths women endorsed as being true of themselves or claimed were helpful as

they transitioned into the military and advanced their military careers. The women tended to endorse characteristics on the CD-RISC-25 that they did not explicitly talk about during their interviews. In that way, the measures helped paint a fuller picture of the individual strengths of the women, especially in cases where a participant's strengths were not as easily captured in the interview. On the other hand, the self-report measures do not entirely capture characteristics, attitudes, and interpersonal strengths that facilitated adjustment for the women at various stages of their military experiences. The interviews brought to light other protective factors such as leadership characteristics, education, high self-standards, personal values and self-reliance that helped them adapt to their military experiences.

Behaviors. The resilience literature tends to focus on internal characteristics of individuals without understanding how they enlisted these traits in service of behaviors that facilitated getting through the moment. Additionally, much of the behavioral literature has focused on coping strategies, or ways trauma survivors manage the intense emotions associated with life after trauma. Yet throughout the interviews, women discussed behaviors they enacted to adapt to and actively shape the military environment and offset the incidence and impact of sexual assault. Women talked about adapting to the military culture through the informal teaching of norms by other women including the potential for being labeled as a slut, tramp, bitch, stuck up, prude, dyke, and walking mattress, and how to protect oneself and toe the line. Women also shared ways they attempted to set boundaries, rebuff advances, and protect themselves from becoming victimized.

Passing on informal education. Michelle remembered female drill instructors in boot camp that told the women Marines “to be mindful of the guys.” Michelle recounted that “it was a scary place to be.” About a decade later, Elsa had a similar experience in the Marine Corps. A

woman drill instructor sat down with the women Marines and taught them about the culture and their limited options. She said, "You have a choice. You can be a slut or you can be a bitch…you are going to be called one of them all the time and you have to choose." Elsa attempted to carve out a new role and used her interpersonal skills and maturity to befriend the men in her platoon while trying not to fall into either role. RJ shared that she was often the one to pass on this information to the new women in her unit. When the women were in-processing, RJ recounted telling them, "You are either a push-over, a bitch…or a slut." RJ's advice was to "be the bitch" believing that that was the best way to protect yourself in this environment.

Attempts at boundary setting. Some women talked about ways they attempted to set boundaries with their male co-workers. Elsa said, "I started to set my boundaries right way…I was like I have a boyfriend. I'm not here for this, no way, not even an option. I have goals, like this is my career choice, this is not for me." Elsa said she "tried to dance the line" by asserting herself in a light-hearted way so as not to be labeled "a bitch" for setting a boundary. Alex made many attempts to set boundaries with her perpetrator, from avoiding him by saying she needed to focus on family and college, to physically trying to create boundaries "I'm sitting on one bed thinking he is going to sit on the other and he sits next to me, but I create as much distance as I can," to trying to use humor, "Do you not see me snacking right now? What's your problem? I am hangry…like I don't play that game…Do you not see this food in my hand? What the fuck is your problem?" Alex was successful at setting boundaries with other men. She recalled saying once, "I was like, nope, not really on the market right now. I am dating Jesus. Just because I am single, doesn't mean I'm available." Helen remembers attempting to set boundaries with her perpetrator leading up to the assault. When he would make comments about "getting a piece" of

Helen, she would say, "You ain't getting a piece of me, no way…you basically gotta kill me before that's going to happen."

Stage 2: Surviving the Sexual Assault

In this section, information about the sexual assaults will be presented including the context of the assault, information about the perpetrators, and strategies the perpetrators used to carry out the sexual assault. This will be followed with information about the behaviors women mobilized in attempts to prevent the sexual assault, mitigate the sexual assault, and survive the immediate aftermath. It is likely the internal characteristics described in Stage 1 were also present during this stage and therefore will not be repeated as women did not specifically talk about relying on those characteristics in this stage.

The sexual assault(s). There were a total of 16 sexual assaults experienced among the eleven participants. Three of the participants were sexually assaulted on two separate occasions by different perpetrators. One of the participants was sexually assaulted by the same perpetrator at least three times. The other seven participants reported one military sexual assault each. The paragraphs below will summarize the context of the sexual assaults, information about the perpetrators, and the strategies the perpetrators used to enact the sexual assaults.

Context. Ten of the women were younger than 25 years of age when they were sexually assaulted. Five of them were between the ages of 17 – 19 years old. Several women talked about being "brand new" and "young." Julie Joy said, "I was 17…and I knew nothing about the military before going in. I didn't know or understand rank structure. I did not understand anything." Eight of the sexual assaults happened within the participant's first period of enlistment. Three of the women were assaulted while still in either basic or advanced training. Eight of the assaults occurred at the participant's duty station and one during a combat

deployment. Three women were sexually assaulted in their barracks. Two of the assaults occurred while the participant was on duty and nine occurred during off-duty hours.

Perpetrators. All of the women in this project were assaulted by men. Five of the women were sexually assaulted by peers. RJ recalled, "He was a friend of mine actually." Caroline said, "He was a peer…he was on [my fire team]." Five women were sexually assaulted by men in leadership positions. Alex described the challenges when the perpetrator is in one's chain-of-command. She explained, "Unfortunately, I am just a private and he is an NCO in my platoon…so he called me and made me go to his barracks again. What the fuck am I going to say?" Helen described how her perpetrator, her supervisor, frequently sexually harassed her prior to the assault and made comments about "getting a piece" of her. He violently sexually assaulted her when she was alone in her office during the duty day. Two women were sexually assaulted by medical providers. Julie Joy recalled, "I remember going to sick call and just thinking like this was some type of medic and that he must be a medical professional." She added, "There's still this intimidation factor because he was an E7 I believe, or E6." One woman, Danielle, was sexually assaulted by a contractor who worked on the same base in Iraq. Two of the women, Ellen and Michelle, were violently raped by multiple men. Michelle has flashes of memory of "five guys standing around me or some of them were on their knees, but they were naked." She was horrified to learn "they were running around telling people in the chow hall that they were fucking me so hard that my head was bouncing off the wall and I didn't know it." One participant, Ellen, was targeted and sexually assaulted twice because of her identity as a lesbian.

Strategies used by perpetrators. Women described a number of coercive strategies used by their perpetrators including violence and threats of violence, isolation, opportunism, and quid pro quo. Examples of each of these strategies are presented below.

Violence and threats of violence. Five women recounted the violence and threats of violence that accompanied their sexual assault experiences. When Caroline attempted to walk away from the perpetrator, he grabbed her wrist. After a struggle, he punched her in the face, knocking her out, and carried her up to his room where he raped her. Ellen described the rape by two men as "violent, hateful, it was mean. It was just nasty. I didn't leave until after they level which was soon after they were done laughing." Michelle said, "there were bruises on me, inside of my thighs, and rug burns on my ankles, external ankle, and the outside of my wrists." RJ recalled her shock when her friend "kind of got aggressive and (hesitates) assaulted me." When Alex set a boundary with her perpetrator prior to the assault he said, "You're going to regret this."

Isolating the victim. Five perpetrators strategically isolated the victim. Julie Joy described the most profound example of this when her perpetrator, a medic at sick call, made Julie Joy wait until he had seen all the other patients and then sent her battle buddy to the hospital before seeing her. She said the medic "locked both doors on each side of the stage and…then he looked and the curtain and he was making sure everybody else was gone." Similarly, Helen said her supervisor "came into my office and I was alone. The civilian that I normally worked with, she was gone."

Opportunism. Six of the women consumed some amount of alcohol prior to the assault. Alex and Michelle reported patterns of heavy drinking and described drinking to the point that "I couldn't see straight and it was hard to walk straight" (Alex). Although Michelle remembered drinking heavily for 14 hours straight the night of her assault, she also thinks someone might have added a drug to her drinks. Caroline, Elsa, Rosa, and Danielle recall drinking only 1-2 beers the night of their assaults, but still felt out of control and "black out drunk" (Elsa). All four women believe someone added a date rape drug to their drinks.

Quid pro quo. Ellen enlisted during "Don't Ask, Don't Tell" although some of her leaders and peers assumed her identity as a lesbian woman. One of her leaders took advantage of this knowledge and threatened Ellen with outing her if she did not engage in sexual intercourse with him. Ellen felt like she had no other choice and followed through with the coercion. When similar threats were made in the future, Ellen refused.

Behaviors mobilized to survive the moment. Women described the ways they survived the moments that led up to the sexual assault, the sexual assault itself, and the immediate aftermath including attempts to prevent the sexual assault, in the moment problem solving, numbing with alcohol, cognitively checking out (peritraumatic dissociation), and immediate disclosure.

Attempts to prevent the assault. Two women recounted attempts to prevent the sexual assault. Several times Alex told her perpetrator to stop before and while he was assaulting her, but "he just kept doing it." Similarly, right before he assaulted her, Helen told her perpetrator to "get the hell away from me" and "tried to push him out the door."

Problem-solving in the moment. Four of the women discussed how they engaged in problem solving in the moment. After Helen's attempts to prevent the assault did not slow her perpetrator, she began to "scream bloody murder" and physically fight back, "I gave him a gash in the cheek." She added, "I became hysterical. I became a wild woman." After her verbal attempts did not stop her assailant, Alex made a mental list of the pros and cons of physically trying to get away from him. She realized he was much bigger and physically stronger than her. She thought of ways to escape and in the end, decided it would be better to stay still and allow him to finish the assault quickly. She remembers thinking, "Whatever does happen, I would rather have the emotional damage than physical damage." Julie Joy remembered making

excuses to leave sick call, but her perpetrator persisted. She then remembered thinking, “You’re not even that big. What makes you think you’re this powerful?. My brother was six years older than me…I can kick my brother’s ass. You’re not scary.” These thoughts fueled Julie Joy’s confidence and she “was able to flip my body around and sit up on the table, but he was trying to life fight me.” She went on, “So I got myself positioned so I was sitting up on the table…I was able to finally get both my arms…I was able to push him away.” She remembered seeing her sweatpants and shoes on the floor, knew she did not have time to grab them, and ran out of the gymnasium into the cold, all the way to her barracks. Danielle said she had a “moment of clarity” when she “remembered a friend of mine who had been raped” and had told Danielle how she tricked the assailant. Danielle decided to try a similar tactic. She said, “Oh this is great, but why don’t we go back to my room because I have my own room and nobody is there….” She was able to talk him into doing that. She said when they arrived at her housing area, instead of going into her unit, she went to her colleague’s unit and started banging on the door. When he arrived at the door, the perpetrator took off.

Use of alcohol. Ellen described her use of alcohol as strategic and protective. She was thankful she had been intoxicated during her first sexual assault, she said “I was drinking, so it made it kind of easier.”

Peritraumatic dissociation. Although four women described experiences of dissociating during the sexual trauma, only Ellen described it as helpful. She said, “As soon as I hit the floor, I knew what was going to happen. I just tried *not to be there.*”

Immediate disclosure. Many of the women disclosed to someone shortly after the assault. Caroline officially reported both of her sexual assaults and although there was a lack of justice, Caroline said “I am thankful I came forward.” Through her disclosures to the SARC and

commander, Alex received validation. When a master sergeant began sending her inappropriate text messages, she had the courage to report and as it turned out "he's got a lot of complaints against him." Rosa "got up and immediately took a shower and then went to the hospital and reported what happened." She also reported to the military police and her chain-of-command. Helen immediately told a colleague who came running after hearing her screams and said "I was talking to people and telling people what happened." Elsa attempted to tell her drill sergeants, although this was rebuffed, "Are you saying my best Marine raped you?" Danielle told her colleague immediately after the assault when she deceived the perpetrator into thinking they were going to her room but went to her colleague's room instead.

Stage 3: Surviving the Fallout

"Being tough is surviving what happened afterwards" (Rosa). Women explained that by and large the majority of their adjustment experiences took place after the sexual assault experience and that the sexual assault was only partially responsible for their distress. The aftermath of the sexual assault, including interactions with various levels of military systems, backlash from leadership and peers, the emotional and physical toll of continuing to live in proximity to the perpetrator, and the fight many women had to partake in to advocate for their rights, greatly impacted the participants. Additionally, this stage did not end when women left the military, instead was on-going for participants at the time of the interview. This section will first describe participants' interactions with the military environment including military personnel and agencies and will present participants' perceptions of the environment as either helpful or harmful. Next, this section will explore resilience theory using the CD-RISC-25 and an additional factor common to resilience, future orientation, that was identified in this Stage. The internal characteristic of perseverance that emerged from the interviews will then be

described. Lastly, behaviors that women mobilized to persist will be presented including healthy avoidance, setting boundaries, advocacy for self and others, cognitive strategies, community among survivors, use of resources, disclosure of identity, delayed disclosure of sexual assault,

Military personnel and systems responses. Ten of eleven participants reported disclosing their assault experience to someone in the military during Stage 2 or Stage 3 of their adjustment. RJ was the only participant who did not disclose while still serving. Women described their experiences with military personnel including leadership and peers, and military systems including Sexual Harassment/Assault Response Prevention, Military police and investigative units, medical, psychiatry, and legal. There was little consistency in military personnel and systems responses and few women reported positive results. Participants' perceptions of both supportive and harmful responses will be explored next.

Leadership. Four women felt supported by at least one person in a military leadership position. Alex and Sam shared how their commanders stood up for them. Julie Joy felt supported by her drill sergeant who believed her disclosure and instantly sought out and physically attacked the perpetrator. When Ellen transferred to the Guard, she disclosed her assault experiences to her new supervisor and his wife whom she found incredibly supportive.

On the other hand, eight women felt unsupported by their leadership following into perceptions of feeling dismissed and invalidated, threatened and targeted, and blamed.

Dismissed and invalidated. Four of the women shared experiences of feeling dismissed and invalidated. Julie Joy said that after her drill sergeant's initial reaction, the leadership team never checked on her again throughout basic training. She said, "In that moment everybody was very supportive…but then there was like no follow through." Rosa said her female platoon sergeant was aware of what happened but distanced herself from the situation and her squad

leader treated her differently after the assault. Sam reported that despite sharing her concerns about going to the recruiting station where she was being harassed, her supervisor ordered her to go anyway. Helen shared her belief that covering up the crime was more important that her well-being. “It was an immediate cover up. They would not let me go to the doctor…[or] the police.”

Targeted and threatened. Other women felt targeted and threatened. Four of the women shared experiences of being declared unfit for duty following their sexual assault, two of these women were diagnosed with personality disorders. Rosa said,

> They tried to take me to be chaptered because they said I was unfit for duty under a code of personality disorder. I had never been diagnosed with a personality disorder and after this happened I went to the mental health clinic *once.*

Caroline shared her experience with being reprimanded for underage drinking when she reported the sexual assault. “I got reprimanded for underage drinking and I was like ‘What?’ And I lost my orders to Germany and that's how I got to [Air Force Base]. I got held back like a month because of it.” Two other women shared their fear of being reprimanded for substance use as a major deterrent to reporting their sexual assault.

Three women were punished in other ways. Sam was given an Article 15 for staying home for a week following the assault and was barred from re-enlistment. Helen’s supervisor downgraded her performance report and leadership threatened that she would be disciplined if she initiated an investigation. Ellen did not report for fear of being discharged based on “Don’t Ask, Don’t Tell.” One participant, Danielle, did not report partly to protect her commander, “He kind of stuck his neck out to let me be the person who worked with them [group perpetrator was a member of]. I didn’t want him to get in trouble.”

Victim blaming. Six of the women described experiences of victim blaming by their leadership. Caroline recalled people saying she "said something to piss him off, so I probably deserved it." Elsa's drill sergeant told her to "stop sucking face with my best Marine." Alex's chaplain asked her what she did to cause a male soldier to flirt with her. Michelle's commander said, "Well Lance Corporal [Name], it appears you set up a buffet and they took what they wanted." RJ and Danielle witnessed other women who reported sexual assault being blamed and ostracized in their units, which is partly why neither reported their own sexual assault experiences. Not only was Michelle blamed for her sexual assault, she was also threatened with charges of adultery.

> They basically said, "If you try to continue with your allegations then we will charge you with adulty" ...They silenced me. That was effectively their way of saying, "We're in for a long run and there's going to be a lot of shit dragged out and you are going to be charged with adultery." [Michelle]

Rosa, finding no support in the military, reported her experience to a congresswoman who in turn advocated for Rosa and ensured she received an honorable discharge.

Peers. Participants shared a variety of experiences with peers prior to and after their assaults. Some participants shared their experiences with other women and how those interactions impacted them differently than their interactions with male peers.

Supportive. Five of the women explicitly shared perceptions of peers that were supportive at some point during their military careers. Caroline remembers that in basic training a more advanced trainee provided words of encouragement at bedtime that first night. She also described how after the assault, a peer noticed her distress and reported it. Alex, Helen, and Danielle each identified at least one peer who supported them following their sexual assaults. Alex and her perpetrator had mutual friends and Alex said "They did have my back through the entire situation." She also shared how during a mandatory sexual assault training, one of her peers

made it clear sexual intercourse when someone is intoxicated is considered rape. Alex recalled, "I never felt so supported." Helen knew the airman that heard her screaming believed her story and she felt that some others believed her as well which provided her a sense of validation. Danielle disclosed to her friend, a member of a special forces unit, who believed her and also validated her feelings.

Harmful. Seven of the women shared hurtful experiences. Caroline said there was "backlash" from some of her peers. Elsa, Alex, and Michelle described feeling ostracized from their peers after hearing hurtful rumors that were spread around their units. Elsa also felt betrayed by her peers explaining how she began to question if others had really been her friends or had just been "trying to get in my pants" to win the bet and Michelle believed many hated her. Several women shared how their peers were dismissive, not taking the participants' experiences seriously. Alex discussed a peer who watched her perpetrator lead her out of the party while she was intoxicated but did not interfere. Rosa described how her roommate jokingly said "You must have had a lot of fun last night." Ellen was shocked that her girlfriend, who was also in the military, told her "You're going to have to do it" when Ellen shared that her supervisor had propositioned her for sex as payment for his silence about her sexual orientation.

Several of the women explicitly shared their perceptions of a lack of social support. "All I had was me, I didn't have anybody" (Caroline). Those sentiments were echoed by Helen, "Nobody listened to me, nobody believed me" and Sam, "I had no support system what so ever."

Sexual Harassment and Assault Response Prevention (SHARP). In 2004, the Army initiated the Sexual Assault Prevention and Response Program in response to the high rates of military sexual assault. In September 2008, the Army launched the SHARP program which included harassment as a needed area of prevention and response (www.army.mil). As part of

the initiative, individuals are trained as Sexual Assault Response Coordinators (SARC), unit representatives of the SAPR, now SHARP program.

Three of the eleven women reported interactions with a SARC. Alex described the interaction as supportive. She said the SARC validated her sexual assault experiences and gave her information on the different reporting procedures. Alex explained, “I guess it just felt nice knowing that I had that support.” Danielle is the SARC in her unit. When calling a fellow SARC for consultation, the woman told Danielle that reports of sexual assault need to go through the commander even if the commander was the perpetrator. Danielle noted the inaccuracy of the information and the potential harm if that information was passed along to soldiers. Caroline explained that her peer called Security Forces after seeing Caroline return to the barracks disheveled. Security Forces in turn called the SARC. The SARC initiated an unrestricted report which required Caroline to go to the hospital for a rape kit and opened a formal investigation with Office of Special Investigations involvement. Caroline said, “The SARC representative did her job mediocre.”

Sam said there were no programs available during her Vietnam era service. None of the other women discussed the SAPR/SHARP programs or interaction with their unit SARC.

Military police and investigative units. Each branch of the military has its own police force: Military Police (MP), Army and Marine Corps; Security Forces (SF), Air Force; Master-at-Arms (MA), Navy; and Coast Guard Police (CGPD), Coast Guard. Likewise, each branch has its own investigating unit: Criminal Investigation Command (CID), Army and Marines; Office of Special Investigations (OSI), Air Force; Naval Criminal Investigative Service (NCIS), Navy; and Coast Guard Investigative Service (CGIS), Coast Guard.

Three women reported the involvement of police and/or investigative units. As described above, Caroline's peer called the police immediately after the sexual assault and Caroline was charged with underage drinking during their interview. OSI also became involved, but her perpetrator was never charged. After her second sexual assault, both SF and OSI became involved again. Again, her perpetrator was not charged and was allowed to medically discharge from the Air Force. Michelle recalls CID paying her a visit while she was at rehab for her alcohol use. She described their line of questioning as accusatory and said, "It was all 'I'm the problem.' There was no, there was nothing with any, any reason for me to believe they were there for me. They were there to put me in my place." Julie Joy did not discuss her interactions with the CID; however, her perpetrator was the only perpetrator to be courts martialed and found guilty of sexual assault.

Two women wanted police involvement but were not granted their request. Helen wanted to contact the MPs but was not allowed. When Rosa went to the hospital to report her sexual assault, she thought it was odd the MPs were not called. She requested to have them follow up with her. They contacted her after she had taken sleeping medication and she asked them to come back later. They never showed up.

Medical. Two women discussed interaction with medical care workers after the sexual assault. After both sexual assaults, Caroline was ordered to the hospital to have rape kits completed. After the second assault, she said, "The next thing I knew there was a medical and my first shirt was there. And after that it was kind of a shit show and a whirlwind." She described how the reporting process was taken out of her control. On the other hand, Rosa chose to go to the hospital to report her sexual assault. Rosa remembers being turned away because "there wasn't a female doctor on duty that day." Medical staff asked Rosa "to return the next day

to have a rape kit done." Contrary to Caroline's experience, Rosa found it odd that the police were not called. Rosa returned the next day to see a woman doctor and did not feel supported.

> She kind of minimalized it, like what I was telling her wasn't true and like it was consensual and I was just acting as if it wasn't. But at the same time, she was really numb to it. It was something that she heard or seen all the time. She didn't act shocked or like upset.

Rosa said the doctor sent her home with sleeping pills. Rosa found it helpful that the doctor wrote her a temporary profile (90 days) to keep her from field exercises where she would need to sleep in the back of HMMWV's with male soldiers. Rosa said the doctor "re-upped" the profile after the 90 days because she was still anxious. Rosa felt some sense of control that she was able to choose when she was ready to go back to the field.

Psychiatry. Only two of the participants reported interaction with psychiatry immediately following the sexual assault. Michelle was command directed to alcohol rehabilitation and to see a psychiatrist. When meeting with the psychiatrist, Michelle remembers "she asked me a bunch of questions and she said, 'Yep, you have a personality disorder. We're going to have to discharge you." When Michelle became suicidal, she went to the hospital. She said the psychiatrist "wrote down on the report that I was stressed out because I had a PT [physical test] the next day…and I didn't want to run, so he was going to give me Motrin and send me home to bed." Michelle was placed on driving restrictions and ordered to desk duty. She described the job as demeaning, saying "They put you out to pasture. Everybody knows what the reason is." Michelle's separation paperwork states that she was diagnosed with a personality disorder not otherwise specified and was "discharged due to the convenience of the government."

Rosa said she went to the mental health clinic once and decided she did not want to seek treatment. To her surprise, she later found that she was diagnosed with a personality disorder not otherwise specified which her command attempted to use to chapter her out of the Army.

After several suicide attempts, Caroline remembers being declared not fit for duty and had her weapon taken away and her job duties changed, but she does not recall who made that decision. Danielle said she decided not to seek mental health support for fear she would have to report it on her security clearance investigation.

Legal. Two participants talked about seeking out and finding support in military legal services. Rosa recounted,

> I decided to fight it and one of the first places I went was JAG had this legal clinic. So I went and signed in there and there was a secretary that worked in there at the time who was also an E4 and she helped me out, but again didn't act like the story was that shocking. She seemed very numb to it also. So she was helpful and pointed me in the right direction and kind of got me working with a lawyer at JAG who would be of assistance in helping me file an appeal to the chapter. …She told me to immediately go get my medical records. She said the first place she wanted me to go when I left there was to get my medical records and make copies of everything. So I did, I went and checked my medical records out and had copies made of everything and later on, when I had to fight things, I realized that everything had disappeared out of my medical records.

Michelle recalled a marine attorney who advocated on her behalf. She said

> We had an attorney, we had a marine attorney that had written a thing to our landlord asking for us to be able to get out of our one year lease because of a hardship and I was being discharged and he's the same guy that put in the request for my household effects to be moved. So there was one Marine advocate who was trying to do the right thing.

Justice. Only one perpetrator was given legal consequences. As mentioned in the section “Stage 1,” Julie Joy’s case was the only case that made it to court-marshal. Her perpetrator was sentenced to forfeiture of pay, reduced in rank from E-7 to E-1, and sentenced to nine months in jail.

The women spoke about an overwhelming lack of justice. Caroline recalled about the perpetrator of her first sexual assault, “I think they weeded him out because he was in training status and they probably just found a way.” Although there was physical evidence and video surveillance of her second sexual assault, “he didn’t get charged…they just let him get out with full benefits.” Although Rosa insisted on pressing charges, her wishes fell flat. Later she learned “he was discharged shortly after that…he was an informant for some drug cases…in order to get kind of immunity from those charges he was leaving the military on a general discharge…if he had been charged with sexual assault…his credibility would have been gone.” Michelle and Helen talked about the perception of a cover up. “It was all under the carpet. You know, send [me] to rehab and give [me] a medical discharge and I don’t think anything happened to any of those guys” (Michelle). Helen said,

> They were so concerned about how we are going to cover it up. It was an immediate cover up. They would not let me go to the doctor. They would not let me go to the police. They told me to go home, take a shower, get cleaned up, and they would send someone to talk to me that weekend. Nobody showed up. Nobody called. Monday I go in to talk to the colonel and he said, “Nothing we can do, it’s basically he-said, she-said.”

Elsa was blamed when she attempted to report the perpetrator. She recalled her drill instructor saying, “stop sucking face with my best Marine.” Although Alex talked to several leaders about her perpetrator, he continued to harass her over a several year period and was never reprimanded.

Resilience factors. Resilience theory, as operationalized on the CD-RISC-25, as well as common factors across the literature, provides a framework to begin understanding how women survived the betrayal, lack of support, and harmful responses that frequently occurred after their military sexual assaults. Women endorsed characteristics such as intrinsic religiosity and spirituality, personal strength, perceived control, social connectedness, future orientation, and

meaning making and in the interview, described the way these were utilized in the aftermath of their sexual assault experiences.

Intrinsic religiosity and spirituality. "And as horrible as I felt, I think the man upstairs helped me out a lot too" (Helen). Five of the six women who endorsed religiosity and/or spirituality as important to them on the self-report scales talked about reliance on faith as a source of strength which enabled them to endure the aftermath of their sexual assaults. Caroline said "Nobody was there, it was me. I had to have faith that I was going to be strong enough, but it was the faith community…there was a chaplain on call 24/7 and I relied on it." Throughout the interview, Alex spoke about her strong faith and adherence to Christian values. Her religiosity gave her a sense of strength and helped her make sense of what happened to her. At one point during the interview, she said

> I need to be willing to pray the dangerous prayers. I need to be willing to do the things that people won't…so one of the main things that I always pray, um, it's in Isiah where he says, "God, nobody else will go, so send me." So, um, unfortunately that includes shitty experiences. Not that God really wants you to experience them, but things happen. And I really, um, I think this, as much as it's really weird to say and it sucks and it still bothers me, somedays I'm just in tears, I could be depressed, I can be hurt, whatever, at the end of every day and at the beginning of the day in the midst of the shittiest moments, I think it enhances my purpose….It gives me another connection point and allows me to explain, I know what it's like to get screwed over by your leadership.

Sam shared how she often used prayer to cope with difficult experiences in her life including her sexual assault and her divorce which led to loneliness related to time without her child. Both Michelle and Helen believed their high power helped them survive the sexual assault. "I believe God kept me where I needed to be every step of the way" (Michelle).

Perception of personal strength. "I think resilient is a word I use with me often. Strong-willed…unbreakable…unwilling to give up. I just can't give up, I guess" (Caroline). While all of the women endorsed personal strength on both the CD-RISC-25 and PTGI, six of the women

talked confidently about their strengths in particular areas including mechanics, administrative tasks, and general smarts. Elsa described how her sense of strength helped her earn respect in the misogynistic culture, as well as survive her assault.

> I was there, I knew what I was there for and I set a goal. You know what? Screw you. I have been in a man's world. I've done this, like, I know I can. I'll show you all, I'll show you all up. So I just kind of put my head down and drove through it and you know.

Alex described how realizing she was strong and worthy helped her put a stop to the chronic harassment and repetitive sexual assaults she experienced, "Yeah just getting vocal and realizing that I am better than that…I have way more to offer than just being a doormat."

Perceived control. All women endorsed feeling s*ome* sense of control in their lives on the CD-RISC-25. "I have always been in control, always been in control—through all of this, still figured out a way to cope and move on" (Sam). Several conversations with the participants helped elucidate the importance of maintaining and regaining control post-assault. Ellen stayed away from substances in the aftermath of the sexual assault because she "didn't like that loss of control in [her mind]." She added that control was "all I ever had." Rosa realized the feeling of powerlessness she experienced during her sexual assault was not something she ever wanted to experience again. Rosa said,

> A really big stubborn piece of this was, I was not going to let somebody else have that much control. And I think that surfaced more out of the sexual assault than anything else in my life…and I really honestly feel like it was because the sexual assault took control of my body in the way that I didn't have much say about or any say. And now this was my time to fight back and I was not going to allow somebody else to have that much control again.

Secure relationships/social connectedness. Although on the PTGI women ranked "relating to others" as their smallest area of growth resulting from the sexual assault, in response to items like "I learned a great deal about how wonderful people are," "I can count on people," and "I better accept needing others," eight of the women indicated on the CD-RISC-25 that they

have at least one close and secure relationship that helps them when they are stressed "nearly all the time;" whereas Ellen, Sam, and Michelle said they "sometimes" have a close and secure relationship. Six of the women explicitly talked about getting support from at least one other person in the aftermath of their sexual assaults. Caroline said she leaned on people in her faith community. Alex talked to her friends and her commander. Ellen talked to a few friends and her girlfriend, she also eventually talked to a guy at work who also a "closeted" member of the LGBTQ community. Also Elsa generally keeps to herself, she has disclosed her story to one man at work with whom she is "close friends" and relies on him for support if work becomes triggering. When, several decades after the assault Michelle checked into residential rehab, she posted her journey on social media and had "a lot of supporters. It was awesome." Two women talked about feeling a sense of kinship with other military women who had been assaulted. "Just maybe knowing…hundreds of people have done this before you and survived" (Alex).

Future orientation. **"**I knew I had to keep living. I had a whole life ahead of me" (Helen). Despite the challenges these women were up against from the moment they signed on the dotted line, many maintained a future orientation, determined to achieve their short and long-term goals. Eight women specifically talked about their hopes and dreams for the future prior to, during, and after the military. Although the military sexual assaults were significant disruptions in the lives of these women, many integrated the experiences into their plans for the future and continued looking ahead. Caroline said, "I re-found a mission" and now works to promote health and wellness with women Veterans. Elsa, who originally joined the military to gain credibility for a career in federal law enforcement, is now a social worker who treats Veterans with PTSD. Alex has continued moving toward a career in theology and wishes to integrate her experiences to become a counselor.

Perseverance. Attempts were made to categorize participants' interview data into the themes established by resilience and posttraumatic growth theory. However, the unique factor of perseverance emerged from the interview data. Many of the women talked about the will power they mustered to move forward despite the trauma. They talked about it as an acceptance of the circumstances and an intense focus on their goals whether it be getting to the end of their contracts, getting an honorable discharge, or continuing with their military careers. Most of the women in this project persisted long-term despite the trauma with only one discharging almost immediately after the assault. Six of the women talked about perseverance in the interview, although arguably all have demonstrated this trait. RJ shared "I kind of just knew that I didn't want to change." She added, "So I just kind of said, 'I am not changing anything, I'm just going to keep doing me and hopefully, eventually, I will believe it." For Rosa, it was important to her that she served out her contract, although "it wasn't easy because this…took place in well over a year" she stayed in the Army for another two-and-a-half years and finished out her contract. When reflecting on her decision to stay in the military after the assault Helen said,

> I made it still. I made it because, and I have seen that with other people, if you tell someone they can't do something, a lot of times, they will do just the opposite. You see that with kids and everything. I have been told a lot of times, that I won't amount to much. I said, "Piss on you I am going to show you just what I can do." Now, I never became the big success that I wanted to be, but I'm success to me.

Behaviors. Women shared active attempts to regain control, adjust, and push forward despite the incredible environmental barriers presented in Stage 3 including: Healthy avoidance, setting boundaries, advocacy for self and others, cognitive strategies, community among survivors, use of resources, disclosure of identity, and delayed disclosure of sexual assault. These themes and examples from the interviews are presented below.

Healthy avoidance. Although avoidance is a criterion of posttraumatic stress disorder and therefore often deemed unhealthy, there are instances when avoidance contributes to survival. Nine of the women in this study engaged in healthy avoidance at some point following their assaults. For several of the women, they altered their routines, friend groups, asked for reassignment, or opted to leave the military in an effort to avoid their perpetrators and/or the betrayal of the system. Caroline remembered that during her last two months on base, she worked and spent time in her room. At that time her room was "a safe zone" whereas most of the base was unsafe. Rosa said, "I really stopped hanging out with that group [of men] because I then realized how bad that [betting] system was and how far spreading it was and I think things started to click in." Michelle choose to discharge from the Marine Corps, she remembers thinking "I need to get out of this state and completely leave it behind."

Setting boundaries. After her first sexual assault, Ellen was asked twice to have sex as a trade for keeping her identity as a lesbian woman a secret and she said no. She went on to say,

> I was like, I don't care, I don't give a shit if you say something. The colonel like me. I had already built my [reputation]. I no longer felt like somebody could take something away from me. I was like, I don't give a shit. He knows my girlfriend. You know, I was like I don't care. Kick me out…I was at the point where I was willing to give that up and not go through that again.

Julie Joy, who now works for a Veteran's organization as a civilian, said she often encounters sexist comments at work. She said, "I'm constantly setting my boundaries…I'm like, you can't talk to me that way. That's not professional."

Advocacy for self and others. Given the system women were up against, a notable piece of many of their stories was the need to advocate for themselves and for some, the desire to then

advocate for others. For women who are assaulted in the military, it can be difficult to reestablish safety and as many stories demonstrated, the assault is often just the beginning of the fight.

Five women had to advocate for themselves to ensure they were not demoted, discharged, or otherwise punished for being sexually assaulted. When the police arrived to take Caroline's statement after her first sexual assault they threatened to cite her for underage drinking. Caroline said "I got really sassy with the guy." She had to stand up for herself in that moment to avoid retaliation for reporting. After her second sexual assault, she had just "made line for staff sergeant." After two sexual assaults and combat, Caroline's PTSD symptoms were severe and she knew separation was best, but she advocated for herself once again and demanded, "You're going to give me staff sergeant and then you're going to separate me." Her command followed through and then honorably discharged Caroline. Rosa, upon finding out her command was trying to discharge her on the basis of a personality disorder, "knew [she] had to fight it." She made copies of her medical records (which later disappeared), filed an appeal, and went to the Inspector General's office who said Rosa would have to file a complaint with a congress person. Rosa did her research and found congresswoman who was a strong advocate for women. She emailed the congresswoman on a Friday and was standing in her office the next week. The congresswoman ensured Rosa was honorably discharged. After her sexual assault, Julie Joy's command strongly encouraged her to discharge from the Army. Julie Joy advocated for herself and ended up completing her six-year enlistment including one deployment. When Michelle was discharged for a personality disorder, she "had to fight to [have them pay] to send [her] stuff back to [STATE]. This involved appealing her case in front of a six person panel. Lastly, when Ellen was being interviewed for a security clearance, the interviewer assed her about previous sexual assault experiences to which Ellen replied, "How does that make a difference in me

making sure if this missile launches or not." Ellen said the woman backed down from that line of questioning.

Women also advocated for themselves in other ways. Helen made certain her voice was heard and her story was known. She said she "kept making waves" and eventually was written up. Alex advocated for herself when her chaplain blamed her "flirtatiousness" for the sexual advances she was receiving. Elsa spoke about advocating for herself during the compensation and pension process, as well as during her process of getting back into the Marine Reserves.

Several women talked about advocating for others as helpful to their own recovery. Caroline, Elsa, and Julie Joy have navigated their ways into careers where they advocate for and support survivors of military sexual trauma. Julie Joy took on "rape culture" language on her college campus when two students used the analogy "this exam totally raped me." Danielle became a Sexual Assault Response Coordinator and recently decided to report her sexual assault saying, "I kind of feel like I owe it to her [friend who was murdered] and myself. Alex discussed her goal of using her experience professionally to help other women.

Court-marshal. Julie Joy's case was the only one that made it to the military judicial system. She was subpoenaed during her first week at college and flew back to the state where she completed basic training to testify during the perpetrator's court-marshal. During the trial, Julie Joy learned the perpetrator had assaulted many other young women. He was sentenced to forfeiture of pay, reduction in rank from E-7 to E-1, and nine months jail time.

Cognitive strategies. Several of the women shared strategic ways they attempted to change their thinking to aid in their adjustment. They talked about using these cognitive strategies to make sense of their experiences of betrayal by peers, leadership, and the military

system. Some of these strategies included reframing, positive self-talk, acceptance, and dialectics.

Instead of internalizing the judgement of her peers, Alex categorized those who did not believe her as “stupid” and those who did as “smart.” Elsa explicitly said she uses self-talk to motivate herself to make changes in her life. Similarly, Michelle described using self-talk to “talk myself out of going there” in reference to ruminating on the trauma.

Other women talked about their love-hate relationship for the military and have come to a place where they can hold both truths at once. For example, Elsa said

> I hated the Marine Corps, I hated the Marine Corps but now I say I have a love-hate relationship with the Marine Corps, but you know everyone has a love hate relationship with the military, doesn't matter if you have any type of trauma, there’s parts of the military that are completely stupid…and now I still have that love-hate relationship. I know I have met great Marines that, especially it took me a long while in my reserve unit to be like these guys [are not] trying to get in my pants.

Michelle echoed that sentiment, “There are awesome Marines that wouldn’t do anything to hurt you, but there are some guys that are in there that shouldn’t have been…” Sam also talked about her ability to separate what was done to her from her love of the military. She said, “I still love it. I don’t like the people that did what they did to me, but I loved the military.”

After several years of therapy and decades of healing Rosa and Helen were both able to reduce their experience of self-blame. Rosa said,

> In kind of rehabilitating my life and coming to a different understanding of that it didn't really matter how strong I was or tough I was or what I was capable of doing, that this was, you know, a set out plan that he was going to do no matter what. That he had planned and perpetrated and so, I've had to come to kind of an understanding that being tough is surviving what happened afterwards instead of not being able to stop what happened in the first place.

Similarly, Helen said

> I kept feeling this overwhelming guilt. If I was such a good person, then why did it happen and then I got stuck in that. “Why did it happen to me?” And that stayed with me

> for a lot of years, and I think that the therapy has helped me. It doesn’t matter why, it did. It wasn’t my fault, there was nothing I could’ve done to prevent it.

Community among survivors. Two women talked about the sense of relief they felt when talking with other women survivors of military sexual assault. Ellen shared a story about a colleague who had been raped “when she was overseas.” Ellen drew support from her, “[She] was the one person I could talk to.” Ellen also took pride in being able to support her friend, “I was like, if you need to talk about it, go ahead.” Alex described how knowing others had survived MST gave her strength to survive. She said, “Just maybe knowing, it’s kind of like when you go through something in the military, like a school or you take a test…hundreds of people have done this before you and survived.”

Use of resources for mental health and emotional support. Most of the women talked about accessing resources to support their recovery once they left the military. Ten women said they have attended therapy/counseling, mostly through the VA. Elsa said she also uses psychiatric medications to manage her mood and other posttraumatic symptoms. Two of the women have attended Alcoholics Anonymous and had been sober for decades at the time of the interview. Two of the women talked about attending emotional healing retreats and connecting with other survivors as important to their healing process. In addition to engaging in regular therapy and emotional healing retreats, Ellen described her engagement with Veterans Treatment Court and the Accessibility Resource Center on her university campus.

Disclosure of sexual identity. Ellen enlisted during “Don’t Ask, Don’t Tell,” spent much of her military career attempting to conceal her sexual identity, and still both sexual assaults were targeted at her identity. Ellen said after discharging from the military

> I was finally at a point where I didn't have to hide my past, I didn't have to hide my sexuality, so I need to, that has to be a part of, I can't go in and talk to a counselor and

> leave that all out …That's a big part of who I am. So until I finally realized that I could put it all on the plate…that's when things started to change for me.

Delayed disclosure of sexual assault. Two women delayed the disclosure of their MST. Although Elsa attempted to tell her drill instructors after she was shut down, she told no one about her experience including her family and friends who were concerned about her withdrawal and severe depression. Elsa eventually disclosed to her mother and now her partner and feels supported by both. RJ waited six years to disclose her experience to anyone. She said "eventually, it just kind of, it got triggered again in my head and I kind of felt like I was falling apart, so I went in and talked to somebody [counselor]."

While the self-report measures aid in our understanding of women's perceptions of their strengths, they fall short in capturing the totality of the characteristics, attitudes, and especially behaviors that helped service women survive the betrayal, lack of support, and harmful responses that occurred after their military sexual assaults. In fact, several themes specific to the military environment emerged from the data that are not reflected on the measures including perseverance, healthy avoidance, setting boundaries, advocacy for self and others, cognitive strategies, community among survivors, use of resources for mental health and emotional support, disclosure of sexual identity, delayed disclosure of sexual assault, and meaning making. Examples of the ways women called upon these strategies to facilitate their adjustment in the weeks, months, and years following the sexual assault will be discussed below.

Personal Impact of Sexual Assault

"This one [rape] is probably the biggest one that changed my life" Caroline. The women described the impact of their sexual assault experiences as transcending the space and time of their military service. Through the interviews and self-report measures, it became clear that impact of sexual assault is multi-faceted; the participants expressed both growth and deleterious

effects resulting from their military experiences. In this section, the participant's self-reported growth will be summarized using their results from the PTG, supported by data from the interviews when possible. Areas women felt were unrelatable to their experience will also be discussed with supporting data from the interviews. This will be followed by the impact on mental health and perceptions of the military.

Posttraumatic growth. Posttraumatic growth theory purports that survivors of traumatic events may go own to experience change in five areas including new possibilities, relating to others, personal strength, spiritual changes, and appreciation for life. The Posttraumatic Growth Inventory is a 21-item self-report measure designed to assess an individual's perception of change *as a result of the trauma* in those five areas. Women endorsed each item from 0-5 indicating she either did not experience the change as a result of the sexual assault (0) or experience the change to a very small degree (1), small degree (2), moderate degree (3), great degree (4), and very great degree (5). The average total PTGI score was 59.27 out of 105 which equates to an average of 2.9 out of 5 per item. For the purposes of this project, scores of 2 were considered small, 3 were considered moderate, and scores of 4-5 were considered strong.

There was little consistency in responding across the measure and between participants. While completing the assessment, several participants made comments like "I was always this way. The sexual assault didn't change that" and ranked relevant items as 0 or 1 which may appear as if they do not possess that characteristic, although they were trying to communicate that they perceived themselves as possessing that trait prior to the assault. Only four of the items were endorsed on some level by all participants including "I changed my priorities about what is important in life" (appreciation for life); "I established a new path for my life" (new

possibilities); “I have a greater feeling of self-reliance” (personal strength); and “I know better that I can handle difficulties” (personal strength).

Some women endorsed very few items in general. Ellen denied change in almost every category except personal strength. Rosa denied change in relating to others and spiritual matters. Elsa denied change related to spirituality, as well as some individual items in the relating to others and new possibilities categories. Julie Joy denied spiritual change and some relatedness items. Caroline, Alex, Michelle, and Helen endorsed small to very great change in all areas.

New possibilities. There were five items on the PTGI related to new possibilities. The average score across these five items was 3.1 representing moderate change in this area. Women moderately endorsed “I established a new path for my life” (M=3.82) and “I am more likely to change things which need changing” (M=3.72), followed by “I am able to do better things with my life” (M=3.18), “I developed new interests” (M=2.9), and “New opportunities are available which wouldn’t have been otherwise” (M=1.82). One woman strongly endorsed having “New opportunities available which would not have been otherwise,” five women moderately endorsed this item, and five women denied it completely. Only three women strongly endorsed “I am able to do better things with my life.”

Relating to others (social connectedness). The average of the total scores on the seven items related to this construct on the PTGI was 2.2 representing small changes in this area. Women moderately endorsed “I have more compassion for others” (M=3.7), followed by “I put more efforts into my relationships” (M=2.5), “I have a greater sense of closeness with others” (M=2.1), “I am more willing to express my emotions” (M=2.1), “I more clearly see that I can count on people in times of trouble” (M=1.7), “I learned a great deal about how wonderful people are” (M=1.6), and “I better accept needing others” (M=1.6). Several women scoffed at

the idea that their ability to relate to others may have increased as a result of the sexual assault and ranked those items as 0 or 1 intending to communicate that the sexual assault had a negative impact on these areas. For example, for the item "I learned a great deal about how wonderful people are," over half of the women indicated they did not experience this change as a result of their crises.

Personal strength. There were four items on the PTGI related to personal strength. The average score across these five items was 3.68 representing moderate change in this area. Women strongly endorsed "I know better that I can handle difficulties" (M=4.4) and "I have a greater feeling of self-reliance" (M=4) making these the most strongly endorsed items on the entire measure. Women moderately endorsed "I discovered that I'm stronger than I thought" (M=3.8), followed by "I am better able to accept the way things work out" (M=2.5). Women did not speak about their strength as an outcome during the interview, but as a characteristic that helped them persevere across Stages 1, 2, and 3. Women generally perceived themselves as able to survive *because* they were strong and did not attribute their strength to the sexual assault.

Spiritual/religious changes. There were two items on the PTGI related to this construct and the average score across the two items was 2.1 representing a small change in this area. Participants moderately endorsed "I have a better understanding of spiritual matters" (M=2.5), followed by "I have a stronger religious faith" (M=1.8). Although six women reported that their religiosity or spirituality was important to them and helped them survive throughout Stages 1, 2, and 3, only three women highly endorsed and two moderately endorsed that they attributed their "stronger religious faith" to their sexual assault experiences. Similarly, only four women strongly agreed that the "have a better understanding of spiritual matters." Similar to the findings

regarding personal strength, women were more likely to report a reliance on their faith to get through challenges then to attribute their strong faith to their sexual assault experiences.

Appreciation for life. There were three items on the PTGI related to appreciation for life. The average score across these three items was 3.1 representing moderate change in this area. Women most readily endorsed "I changed my priorities about what is important in life" (M=3.5), followed by "I have a greater appreciation for the value of my own life" (M=3.1), and "I can better appreciate each day" (M=2.8). Women did not talk about their appreciate for life in the interviews.

Additional areas of growth. There were several areas of growth that emerged from the data that are not specifically measured on the PTGI including development of self-knowledge and insight, altruism, and meaning making.

Development of self-knowledge and insight. Some women gained the ability to gain an accurate and deep intuitive understanding of themselves as a result of their military experiences and the sexual assault. Women understood what supports were important to them "lean on your faith, and lean on the people around you that you can trust" (Caroline), their triggers "if I stay in this system, I will burn out" (Julie Joy) and their identity "My height and build has always been to me something that I had to…fall in line with…but they're [physical attributes] not really who I am inside…Now I can just be a big kind loving teddy bear" (Michelle).

Altruism. Altruism is defined as selfless concern for the well-being of others. Although altruism seemed to be a characteristic many women had pre-military, seven women talked about putting this to action post-military through advocacy, counseling, mentoring, and volunteering. Caroline, Julie Joy, and Elsa work in mentoring/counseling roles with Veterans, Alex plans to go

back to college to become a counselor, Danielle is a medical doctor who also has public health interests, and Ellen, Caroline, and Michelle volunteer regularly with Veteran's organizations

Meaning making. Meaning making involves the ways women have attempted to make sense out of their experiences and most closely corresponds to items on the PTGI like "I am able to do better things with my life" and "New opportunities are available which wouldn't have been otherwise." Interestingly women generally rejected this idea on the PTGI, trending toward "I did not experience this change as a result of my crisis" or "small" to "moderate" endorsement of these items. In fact, several women commented that even though they have created meaningful lives, they feel like they would have done more without the sexual assault experience and were unwilling to attribute the good they have accomplished to their sexual assault experience. Alex expressed pride that her sexual assault experiences were unable to disrupt her purpose. She said,

> Even after the assault I still feel that my purpose is fulfilled. Because the assault does not design my purpose and it does not dictate my purpose. It's just something that happened and now it will play a better role because when I come across a solider with another issue or a person in my civilian life, then, you know, it's easy to empathize with them and understand what they're going through and give very candid advice.

Ellen espoused a similar level of acceptance and meaning making as a result of her life experiences including the sexual assaults. She said,

> I think for me I wasn't trying to be something different. I was just trying to not be defined by my past--which I later learned that's what I was trying to do. What happened to me, was a part of me. Made me who I was and I think I accepted that early. I didn't wish it on anyone else and I felt that if I did, something bad would happen to someone else. I just said that's what happened to me. I think it strengthened me in a sense.

Julie Joy thinks her experience allowed her to become a strong advocate and "a powerful force in the community." She added that she has "learned to take a step back and recognize what is important."

Impact on mental health. Although not explicitly asked about during the interview, the impact of the participants' sexual assault experiences on their mental and behavioral health was discussed by most participants. Given that these responses were spontaneous and threaded throughout their stories, as well as the research on post-trauma mental health, it is likely the symptoms are underreported among this group. Eight women shared their mental health diagnoses including PTSD (7) and Depression (1). Participants discussed such symptoms as: peritraumatic dissociation, re-experiencing the trauma, avoidance of trauma reminders, isolation and withdrawal, changes in mood, shame and self-blame, hyperarousal and reactivity, somatic symptoms, substance use, changes in work behavior, changes in sexual behavior, troubled interpersonal relationships, suicidal ideation and behaviors, and impulsive decision making.

Peritraumatic dissociation. Peritraumatic dissociation is an acute reaction that occurs during or immediately after a traumatic event in which the victim may experience disturbed awareness, impaired memory, or altered perceptions. This can be conceptualized as a protective factor that allows the individual to separate the experience itself from the emotional significance of the event. Four women described experiences that could be classified as peritraumatic dissociation. For example, Ellen shared,

> I just froze. I put my mind somewhere it needed to be. It's kind of like I see it and I wasn't there. But I don't forget what it felt like to, you know, be pinned down like that. I felt helpless. I can just see the wall…other than when he put his face down by mine to say some nasty stuff, I didn't see them, so I could block that out. But you can't board off physical stuff that is happening. You can zone out all you want, or go in your happy place, what I call my cornfield, that's a literal expression, actually. You can do that but you will feel it afterwards. You feel you got run over or hit by a truck, that is exactly how I felt. And it was two trucks. (Ellen)

Julie Joy and Michelle described having "out of body" experiences which is a typical way survivors describe peritraumatic dissociation.

> I couldn't focus. It felt like it, I was just having a total out of body experience, and um, at the time I didn't understand it and I didn't get it and I just remember thinking 'I just want to fucking curl up into a ball and fall apart.' (Julie Joy)

Similarly, Michelle said,

> [I felt] paralyzed. Just the horror inside my head now. And then I had to leave the room [figuratively]. And I'm pretty sure I dissociated and went up in the corner of the room. Because I do have pictures in my mind and when I see things happening to my body, but it's not my body.

Sam said the witness statement helped her better understand what happened to her because she had blocked it out, "I don't even remember leaving."

Re-experiencing. Three women reported re-experiencing their traumas in the form of nightmares, flashbacks, or intrusive memories. Caroline said "I was having nightmares like no other, I was having nightmares, flashbacks, I was, I was a raveling time bomb." She added that she can still remember the phrase her perpetrator said when he was on top of her. Alex stated "I just started feeling so terrible, like, I just, I was trying to fall asleep and just so many things kept running through my mind about each of the three situations."

Ellen had insight into environmental triggers that lead to re-experiencing. For example, she said memories of her brutal assault sometimes flood into her mind when she hears a woman laugh. She added that her physical pain and restrictions due to injuries lead to feelings of vulnerability which remind her of her assault and cause her to become "ornery." She described an incident which exemplifies her experience of being triggered and the impact on her emotions and behaviors. Several years after her assault, a training exercise took place at her reserve unit. Ellen reported,

> I freaked out in the weather building at [the] refueling wing…another male-dominated career field and there were only a few of us in the building one time…They were doing an exercise and they were coming through the building, but I didn't know and I literally freaked out. I was like "I need to get the hell out of here." And I was like "back off" and I don't know what I grabbed. He was like "you grabbed something, you looked like you

> were ready to kick someone's ass." I don't know what I was going to do…but you were going to make sure that you hurt somebody with it. I don't know what it was. And I said, it reminded me of how trapped I felt…I was like why were they storming the building? And he was like oh they are doing it all over the base. That's how they practice. And we knew they were doing an exercise, but I didn't know that was it.

Avoidance. Avoiding thoughts and reminders of the trauma is a common experience for trauma survivors and is a hallmark symptom of PTSD. Ellen shared that she has avoided talking about a specific trauma memory in counseling because she is afraid of her anger. RJ avoided talking about her experience for years and only recently disclosed to her counselor and the interviewer. The guilt and shame Elsa felt about her assault led to her avoiding her boyfriend, "I didn't answer his calls, I didn't talk to him, I didn't do anything. I stayed far away from him." He eventually broke up with her. Ellen, Helen, and Sam discussed times they avoided reporting to duty. Helen avoided men as much as possible.

Isolation/Withdrawal. Most of the women shared experiences of increased isolation and withdrawing after the assault. Four women explicitly named these behaviors. Ellen said, "So that's why you get a lot of times, people push away. I isolated. I didn't have to isolate…I just internalized it to the point it just got out of control." Julie Joy described changing from an incredibly social young woman, to withdrawing from her friends, "I stopped hanging out with everyone. It was like I almost completely shut down." Michelle said, "Nothing helped me early on. All I did was eat and isolate." Helen shared, "I struggled with the loneliness, that extreme loneliness. And I think that because of the rape, that isolation, and that took me years to figure out, years." She noted that "people noticed a change in me…I used to be a real bubbly personality and I became very withdrawn and very distrustful."

Changes in mood. Several of the women reported immediate and long-lasting mood changes. Elsa talked about dealing with anxiety since her sexual assault. She described it as "the crawl out of my skin, rip my hair out, rip my face off, I don't know what to do" feeling. She said

first year after the assault was the worst, “I couldn’t breathe some days and I couldn’t sleep” and says she still experiences anxiety but has learned how to manage it some. Elsa, Ellen, and Helen described experiencing symptoms of depression. Helen said, “I experienced bouts of depression over the years. And I guess I am just chronically depressed, is what they call it.”

Three women shared feelings of numbness and described being emotionally shut down. Ellen remembered going home on leave and her family telling her she was “hard to reach” and “stand-offish.” She said “I was really closing off my emotions….I knew I was holding back but I didn’t realize it was so obvious. I thought I was going through the motions and nobody could tell.” Julie Joy said she “shut down in the beginning” and then described a progression of detachment and numbness. At her perpetrator’s courts martial, she said “I was completely numb. I didn’t cry. I didn’t get emotional. I just couldn’t even feel because it just felt so out of body and stuff.” Michelle said, “That’s exactly what I did. It was nothing but numb…total flat affect, no emotion, just ‘okay, I’m here, I’m going to do this.’”

Shame and self-blame. Nine of the women shared persistent feelings of shame and self-blame. Elsa said, “I couldn’t quite figure it out…me even saying this to you right now is like, I still have this feeling of, is it my fault?” Rosa questioned her strength, “If you can’t even protect yourself, how are you going to protect your country?” This sentiment was shared by Ellen, “I should have been able to fight back.” Alex was self-deprecating during the interview, “I was like 19 at the time, so I was dumber.” Helen spoke about chronic feelings of not being good enough. She went on to say “I can tear myself apart to bite size pieces, and I have done that and it does no good. It just makes you feel like a piece of crud on the floor.”

Hyperarousal and reactivity. Markers of hyperarousal and reactivity typically include irritability and aggression, risky behavior, hypervigilance, heightened startle reaction, difficulty concentrating, and difficulty sleeping.

Several of the women described feeling irritated, angry, and reactive after their sexual assaults. Ellen said "It's just all the sudden I know that lava, that eruption is in there and I'm afraid of my anger." Additionally, she recalled, "I had bitterness built up. I didn't have a chip on my shoulder, I had several. I needed a wood chipper by the time I got out of the service." Julie Joy said "I became this cold-hearted bitch of 'don't talk to me, don't touch me.'" She described becoming angry with professors and classmates. One time in class, a professor told her Cognitive Processing Therapy (CPT) was not an intervention. Julie Joy, who was in CPT at the time, said "I picked up all my stuff and left the classroom and I remember feeling just angry and so upset." Helen tried to avoid men, but said if "a man come close to me and I would overreact." Similarly, Sam remembered cocktail waitressing and "whacking a guy upside the head." She also described how she feels enraged when in crowded elevators at the VA and other places that draw loud crowds. She went on to say, "My husband is now suffering the most because of my PTSD, not because I throw things anymore….I do sometimes still fly of the handle. Not as much as I used to." Michelle said "Ever since that happened, every time I saw a Marine Corps commercial, every time I saw a truck with Marines on the side of it, or a billboard, or a man in a uniform, or anything like that, I had extreme hatred running through my veins."

Two women recall having difficulty concentrating. Julie Joy remembered "doing the drill and ceremony and I was like a step behind on every single move….I was just doing everything wrong." Ellen's experiences have had long-term impacts on her ability to concentrate. Decades later, in graduate school, Ellen said

> I may literally read two chapters, the next day go, "did I do…yeah I did my work, it says I read." I will not remember a thing. I had to work with the disconnects. It will piss me off. I'll be like, "I just read that, I know I read that!" I'll miss it because I was probably distracted while I was doing it. You know I started doing one thing and I ended up here.

Somatic symptoms. Julie Joy described an acute physical reaction to her assault. "I just instantly went into the bathroom and start puking and I couldn't stop puking and I felt so sick and so nauseous and just so sad. I just instantly start balling." Ellen described seeking treatment for pain knowing it was related to her mood. "So any physical issue or anything else, you can go, you know there was a hospital on base, but I couldn't be like 'oh I am depressed.' It was all associated with or related to pain at the time." Throughout the interview, Sam shared her experiences dealing with chronic pain and related it to her mental health. "I take three, a bunch of pills, I take four pills a day…I would show you my deformation, I have had so many surgeries on internal organs and I blame it all on my PTSD, I really do."

Substance Use. Four women shared about increases in their substance use following the sexual assault. Helen said, "I became an alcoholic." Ellen, who had not been a big drinker before the assault, described a 6-month period of binge drinking. She said, "It was an emotional snap that caused it to all just go to hell. She added, "I had weekends [in the past] where I'm like 'oh let me drink and forget about it.' This was every day." She further explained, "I wanted to just turn it off. I could not turn my mind off." Ellen ended up getting two tickets for Driving Under the Influence (DUI) in one month, lost her driver's license, and ended up in Veteran's Treatment Court. Julie Joy, who returned to college immediately after her sexual assault, said "the first months of that college year, I drank so heavily." RJ also described increases in drinking after the assault.

On the other hand, Michelle blamed her intoxication for the assault and quit drinking immediately after. She has never had a drink of alcohol since. After drinking for several decades,

Helen said “I kept seeing these destructive behaviors…and so I changed. I stopped drinking. It’s been almost 21 years ago. I just quit drinking one day and went to AA the next.”

Changes in work behavior. Three women shared that following the assault, they lost motivation to go to work or achieve high performance standards.

> I was a bad Marine…I don’t want to say a bad Marine, like I was a mediocre Marine. I was an average Marine. I think I could have been, I think when I went in, I was a good Marine. (Elsa)

Sam shared that she “probably would have made a career out of the guard” but “started not showing up on the weekends.” Julie Joy shared a similar pattern of behavior. “I don’t know who I told, I’m done. I’m not coming back. I’m not coming to drill again….I never went back to drill.”

Changes in sexual behavior. Five women reported changes in their sexual behavior following the sexual assault. Caroline, Julie Joy, and Sam described themselves as becoming promiscuous after the assault. Sam said, “I realized some of it though was not, um, because I wanted it. It was because my voice was lost. I mean the fear of being hurt, um, and you just let things happen.” Helen said her behavior vacillated, “My sexual behavior…I was either…[Promiscuous?]…Yeah, or just trying to be a virgin again and going from one extreme to the other.” Alex described being easily triggered during sexual intimacy experiences and learning to redirect her partner.

Impact on interpersonal relationships. Sam said, sexual assault “affects every core fiber in our body, everything, relationships…” Michelle shared a similar perspective,

> I know that it has affected me greatly and I know that it has affected my relationship with every other living person. And I'm sad because I don't know what kind of parent I would have been if I didn't have all the fears that I had and the hypervigiliance and the constant reminders.

Elsa shared how she avoided her boyfriend who eventually broke up with her because she was unavailable. Julie Joy described a chaotic relationship she entered after the sexual assault,

> I found somebody who had as much PTSD as I had. He was an alcoholic. He had cheated on his fiancé to be with me, which I didn't find out about until we got home, and we had already been dating for 10 months.

Ellen also described a history of troubled romantic relationships. One of her partners used drugs and became physically aggressive, "I had to get a restraining order because my one girlfriend, because she came after me with a box cutter."

Suicidal ideation and behaviors. Suicidal ideation occurs on a continuum. On one end are infrequent, passive thoughts of suicide, for example, "It would be so much easier if I would just die," without serious thought about how to kill oneself or any intention to act on those thoughts. On the other end of the continuum are frequent, re-occurring thoughts of wishing to be dead, planning for how one would kill oneself, and intending to follow through with the plan or even acting on it. Five of the participants shared their thoughts of suicide, gestures, and attempts after their sexual assault experiences.

Three women described intense and incredibly distressing thoughts of suicide. Elsa shared her thoughts and suicidal gestures:

> I was thinking about dying every day and how much I wanted to die every day. And I'm like, I wonder if anybody? Is this unhealthy? Like doesn't everybody just not want to be here? And like, I'd think about that, because I'd see some crabby person and I'd be like, they probably want to kill themselves too, so it's okay. Like, they're just like me. That's how I justified it in my head. They probably want to kill, they probably have fired a gun at their head before, and you know, and dry fired…and that's how I justified it.

Elsa denied ever attempting suicide, but said

> I had my gun…from when I was a police officer. So I would dry fire. Test it out see how it felt and ummm see what it felt like. Like, I don't think that was ever an attempt. I was practicing. I called it practicing, umm just to see if I could actually do it, and ever do it. And I'm like, and now I think about it, of course I would go to the extreme--suicide by

gun. Like most women choose pills and I'm like no, I'm going to go to the extreme because that's my life. Umm, but I practiced.

Michelle remembered feeling chronically suicidal after the assault. She described one incident that occurred while still on active duty:

> One time I remember, [husband's name], I was just sitting there just rocking back and forth. Rocking like crazy and I kept seeing this, we had a gun up in the closet and I kept seeing myself loading the gun and shooting myself. And I told [husband's name]. This went on for hours and I just didn't do anything. I just kept rocking back and forth.

Michelle's husband ended up taking her to the hospital on base where the physician sent her home with Motrin and wrote on her clinical record that she was worried about a physical training test the following morning. Michelle continued to feel suicidal and told her leadership that she was "starting to think, or fantasize about hitting immovable objects [with a military vehicle] and just doing myself away that way." Her command put her on desk duty, no longer letting her drive military vehicles until she was discharged from the Marine Corps.

Julie Joy shared that life became extremely difficult after a break up:

> I finally realized I had my own stuff and that I wasn't okay. And it was when we were breaking up, I became really really really suicidal and I wanted to die. And, um, I remember the first night in which I remember thinking, if I stay home tonight I can't handle being in the dark. I can't being handle being alone. Like the thought of being by myself anymore gave me such a dark horrible feeling. I was like sleeping 20 hours a day. I was missing all my classes. I just I couldn't do it.

Julie Joy ended up walking to the VA one night and sitting in the waiting room until daybreak. She did this again, over and over until one night a counselor came and sat with her in the waiting area. They built rapport over time and Julie Joy began seeing the counselor for therapy on a regular basis. Julie Joy still struggles with suicidal thoughts at times. She said she recently returned to counseling when life became overwhelming due to changing life circumstances where she was left feeling drained. She shared the thought that sometimes pops into her head, "Just let me die then, because I don't want to feel, because anything less than that [135%] is

failure and that sucks." Julie Joy denied currently feeling suicidal, knows her warning signs, and knows how to access support.

Two women shared their suicide attempt experiences. Helen said she attempted by overdosing once, but when she lived through the experience she decided she would never attempt again. Caroline attempted several times while she was stationed overseas. When she was discharged from the Air Force and returned home, she made her "big suicide attempt" by driving her care off a cliff. After surviving, she decided to go to the VA and get help.

Impulsive behaviors. Three women described increases in impulsivity following the sexual assaults. Caroline, who experienced both sexual and combat trauma, reported that in the month between her deployments "I got engaged, and I had an abortion, so, I, mentally, was pretty fucked up." After being discharged from the Marine Corps and moving home, Michelle described impulsive eating and isolation, she said, "I gained a hundred pounds, I gained a hundred pounds in nine months." Julie Joy remembered feeling let down by her experiences in basic training and the perceived lack of standards. When one of her battle buddies asked Julie Joy to sneak off with her to meet up with male soldiers, Julie Joy said "I was like, sure, yeah because everyone was doing everything anyway. I don't care…What are they going to do? Take my rank and send me home? They already threatened to send me home."

Impact on perceptions of the military. Many women shared how their perceptions of the military shifted, for some this led to feelings of disillusionment and disappointment, as well as betrayal and distrust.

Disillusionment. Five participants shared how their perceptions of the military changed over time from excitement and anticipation to disappointment. Women shared their disappointment with the lack of rigor and discipline, others shared feeling disillusioned by the

idea of camaraderie that went unfulfilled, and a couple shared about their disappointment regarding the treatment of women.

> I wasn't quite as fulfilled after, like when I got my eagle, globe, and anchor, I wasn't quite as fulfilled. I was like, ‘Oh ok that’s it?’ I just like I didn't feel like I had accomplished this great thing. Like the military kind of, or the Marine Corps kind of puts out, like ok, look at all these great things and that and you see the person next to you that barely made it through that got the same thing…It was very much they pushed you through it, which is what they do, that’s their job. Push as many people through the graduation process as possible. They don't want to fail anybody. They don't want to send anyone back (Elsa).

Julie Joy shared similar feelings about the Army:

> As I was going to basic training, I was watching other people fuck up and do all this really crappy stuff. And by the end I realized…I started seeing through everything and the clarity coming through of ‘this is not what I thought it was going to be.’ And I started seeing that, like, all things I previously went through in my life was going to happen in this system. And I thought the military was going to have this strong structure, you know, these people, everybody is supposed to have your back. They care about you. You were…family. Nothing was ever going to happen to you because there was so much discipline for anything that… Then I started seeing people do stupid shit and not get discipline…I started realizing pretty quickly that, wait a minute, this is not what I thought it would be…This is just going to be the civilian side of things where people are going to hurt other people and get away with it. So that was kind of a huge disappointment.

Rosa’s thoughts about the Army paralleled Julie Joy’s:

> I think my biggest disillusionment was that I was trained in a manner that you think that these people, I mean you are told all through basic training that they're your battle buddies, that they are going to have your back, that if anything is going to happen to you, that they're going to be the ones to defend you and come to your rescue. And then that is the exactly the opposite of what happened.

Rosa added,

> [There were structures in place that] oppress women and kind of hold people back, a lot of systems. It kind of conflicted with the empowerment that I went in the military and thought I would have, and the accomplishment, and kind of this idea that I was in my mind equal or greater to any man that was serving, but I think I also quickly saw that I wasn't, it wasn't true.

Helen was also disappointed by the oppressive structures, “I was so disappointed. I was disappointed in how the military thought women were so less than. We weren’t just second class

citizens, we were less than and I was very disappointed by that…the military failed me." Michelle summed up her thoughts by saying,

> I just feel like it was a lot of smoking mirrors…It was a facade. That all the years that I thought about putting on the uniform and being a United States Marine and making a difference in the world and all of those high ideals that I had were bullshit.

Betrayal and distrust. Nine of the women shared feeling betrayed by the perpetrator, peers, leadership, or the military after the sexual assault. For example, RJ said "I knew that the big piece of the military was camaraderie…and that kind of changed for me afterward because I didn't know who I could trust anymore." Similarly, Elsa felt uncertain about who she could trust. She recalled, "I started to question who really was my friend. Like were you really my friend or were you just trying to get in my pants because you had a bet?" Women described rumors and gossip that was being spread about them adding to their unease and distrust. Alex said this made her feel "really disconnected from my platoon." Michelle recalled Marines pointing and laughing at her when she walked into the chow hall. Sam believed the betrayal by her peers was worse than the assault itself. She said, "What everybody else did to me on top of it was even worse." Rosa's thoughts exemplified a combination of these ideas,

> It was a fellow soldier and a friend and then an entire system that failed me and kind of came against me. You know, I think sexual assault from somebody that you know has a certain aspect of betrayal in many ways, but I think you add to it the military piece of it, is where you have been trained, for lack of a better word, to have this brotherhood and then that's what happens. So I think that definitely changed my perception of the military as a whole and kind of my patriotism because kind of what patriotism is based on is integrity and ethics and morals and doing what's right and standing up for the underdog and that is not at all what happened in the system.

Impact on career. All of the women discussed ways the sexual assault impacted their careers. Several of the women (Alex, Julie Joy, and Danielle) became more vocal about sexual assault and Danielle became a victim advocate. Women shared examples of how their career was threatened and the ways their perspectives changed as seen in the sections about military

responses and disillusionment. Some women talked about how the sexual assault changed the entire trajectory of their career and their lives. Rosa and Michelle had planned for a military career and were all honorably discharged after the assault, both were diagnosed with personality disorders. Caroline was medically discharged with severe PTSD after multiple suicide attempts. RJ and Helen continued service after the assaults but were both discharged with other medical conditions. Julie Joy and Elsa begrudgingly served until the end of their contracts and refused to re-enlist. Ellen and Sam continued their service in the National Guard and both were honorably discharged after about a decade of service. Alex and Danielle were still serving at the time of the interview.

CHAPTER V - DISCUSSION

The goal of this project was to address the guiding question: *How do individual and environmental factors influence adjustment in women following MST?* as well as the following attendant research questions: 1) Following military sexual assault, what individual strategies of survival do women utilize; 2) What individual factors and personal attributes do women draw on that support adjustment following military sexual assault; 3) What military environmental factors support their adjustment following military sexual assault?

Although this project sought to explore individual and environmental factors that *support* adjustment following a sexual assault, it became abundantly clear that these questions could not be addressed without attending to the distress caused by military sexual assault and the systems that serve to perpetuate this epidemic. True to Critical Discourse Analysis, this project examined the way "social power abuse, dominance, and inequality are enacted, reproduced, and resisted" in the military (Van Dijk, 2001, p. 352). Indeed, the women described their experiences as being situated in a broader military cultural context. While the data yielded pockets of strengths within the military context, it is important to highlight the limitations of these results, notably the lack of consistency among the perceived strengths of the military environment (supportive aspects of the military environment; military systems designed to support victims of MST). On the other hand, there was consistency in women's reports of misogyny and sexism and significant barriers to adjustment created by this pervasive aspect of military culture.

Participants described their sexual assault experiences as having a significant impact on their psychological, physical, emotional, and interpersonal wellness, as well as having profound impacts on their military careers. Women relied on personal attributes and called upon a variety of survival strategies to navigate the military environment prior to, during, and after their sexual

assault experiences. Although each woman's story of survival is unique, some common themes were demonstrated across the cases. While these factors tend to overlap with existing constructs of resilience and posttraumatic growth, women in this study demonstrated strong advocacy and active attempts to influence the environment, adding to current understandings of how women survivors of military sexual assault adjust. In summary, this project demonstrated a need for an integrative understanding of environment assets and barriers, resilience and distress, positive and negative outcomes, and posttraumatic growth and the impact on mental health.

The stage model of adjustment that emerged from the collective case helps us better understand the various factors at play and the ways women's internal characteristics and behaviors come together to facilitate adjustment and movement through the stage. In this project, women described three periods of adjustment: Stage 1: Adapting to Military Culture; Stage 2: Surviving the Sexual Assault; and Stage 3: Surviving the Fallout. Women talked about barriers and supports unique to each stage, as well as behaviors they mobilized to adapt to each stage. The attendant questions will be addressed following a description of each stage of adjustment.

Stages of Adjustment

Stage 1: Adapting to Military Culture

Stage 1: Adapting to military culture describes women's initial transition into the military. In this stage, women expressed the reasons they joined the military, their expectations, and their pre-sexual assault perceptions. In this project, women joined the military to escape their lives, in hopes of getting direction and guidance, for educational and career opportunities, and because of a sense of duty and patriotism. Most women felt the military fulfilled these expectations. However, women discussed an adjustment period as they were immersed in a culture with rigid adherence to a hierarchy, mission first mentality, emphasis on physical

strength, widespread drinking culture, and opportunism. These findings are consistent with previous scholarship (see Hinojosa, 2010; Danforth & Wester, 2014).

Few women expressed difficulty with adjusting to the overarching military culture; however, all women experienced culture shock regarding the elements of misogyny and sexism that were omnipresent across branches from the moment each woman joined the service. Although culture was not explicitly addressed in the interview questions, all women spoke at length about their gendered experiences, making this the richest section of data in this project. The hypermasculine culture of the military has been implicated in the ghastly numbers of sexual assaults experienced in the military (Burns et al., 2014). In prior scholarship with women who experienced MST, researchers have found that women felt inferior to men, were denied opportunities because they were women, had to prove their worth, and had found a lack of support from other women (Katz et al., 2007). Similarly, Burns and colleagues (2014) found that women contributed the high rates of sexual assault in the military to sexism, disproportionate numbers of women, a rank structure that favors men, and victim-blaming from other women. Findings from this project are congruent with prior findings and extend these findings to include additional and specific categories under the umbrella of misogyny and sexism including: *Man's world, power and control, gender-based microaggressions, work twice as hard, normalized sexual harassment*, *normalized attitudes toward sexual assault, labeling of military women, betting system, internalized misogyny and sexism, lack of support from other women, and heterosexism.*

Man's world. Although women are entering the military at higher rates, they account for only about 15% of the armed forces. Women in this project were keenly aware that they were outnumbered. For most of the women in this study, they were the only woman or one of several

women in their units. Two women used the language “a man’s world” (Elsa and Caroline) to describe the culture they were attempting to navigate.

Power and control. Women in this study described a displacement of power in favor of male service members and consequences for attempting to disrupt the power imbalance. Several women shared how this power dynamic was partially responsible for their sexual assaults, as the men used their rank and positions in the hierarchy to coerce women into vulnerable positions.

Gender-based microaggressions. Subtle slights and insults against women seem to permeate the military culture. Women shared examples of derogatory analogies used in rife training, “You put your hand up like you do a woman’s skirt” (Elsa), being humiliated for menses, “he yelled at me in formation because I left a tampon plastic applicator in his trash can” (Michelle), and messages that implied women weren’t strong or capable enough to be leaders (Rosa). Women, like Helen, perceived these messages to mean “you’re not as good as the men.”

Work twice as hard. Women had the general sense of being oppressed and having to “work twice as hard as everybody else just to be acknowledged” (Michelle) and to make themselves “more valuable” (Ellen) in order to get accepted and promoted.

Normalized sexual harassment. The women in this project normalized sexual harassment in the military. They expected it to happen, and although distressing for some, chalked it up to the military way of life with almost a learned helplessness approach. Women used humor, active ignoring, participated in it, and cognitively distanced themselves from it, “It’s not sexual harassment unless you put my name in it” (Elsa).

Normalized attitudes toward sexual assault. “Women are assaulted every what, every two to three minutes, something like that” (Helen). Data from four cases demonstrated an almost habituation to sexual assault in the military. Notably absent from all but one interview were

leaders, peers, or support service personnel who responded with shock or disgust when a woman disclosed her sexual assault. The drill sergeant who physically assaulted Julie Joy's perpetrator was the only example of such a reaction across all cases.

Labeling of military women. "It's hard to find an acceptable brand of female leadership" (Danielle). Women across all branches were made acutely aware of the gender role options available to them including "the bitch, the slut, the lesbian" (Julie Joy). Women felt inherently trapped by these labels and although some attempted to walk the line, others tried to live down to these expectations, "You almost have to put on this sexualized flirtatious type of personality."

Betting system. A unique contribution to the understanding of misogyny and sexism in the military is details of a betting system that was present in two cases. Two women, one from the Army and the other from the Marine Corps, described betting systems in their units. When a new woman entered the unit, men pooled together money and placed bets. Whoever had sexual intercourse with the woman first would win the pool of money. Both of the women later learned that they were the target of a bet among their male peers which ultimately led to their sexual assaults.

Internalized misogyny and sexism. Perhaps one of the hardest concepts to accept is how women become complicit in promoting the insidious culture of misogyny and sexism. However, women are socialized in the same culture as men and demonstrated some behaviors that serve to perpetuate it. Most notably, some women in this project engaged in sexualized jokes, labeled other women ("she fell in more of the slut category"), used demeaning gendered analogies, and engaged in victim blaming.

Lack of support from other women. Across cases, there was a general lack of support from other women. Several women shared the betrayal they felt because of the ways other women treated them during or after the sexual assault. There were only two cases where women relied on another woman for support following the sexual assault.

Heterosexism. Heterosexism is well documented across the history of the military. Polices once excluded LGBTQ identifying individuals from service and the era of "Don't Ask, Don't Tell" allowed them to serve with the understanding that they were not allowed to be "out" in the military. Although "Don't Ask, Don't Tell" has been repealed, the culture of heterosexism is lagging behind. One participant in this project shared her experiences with heterosexism and how her sexual identity was used to coerce her into unwanted sexual intercourse with a superior.

In summary, woman in this project described a need for adjustment prior to the sexual assault. There were two layers of culture that women were subjected to including the overarching military culture and the culture of misogyny and sexism.

Stage 2: Surviving the Sexual Assault

Stage 2: Surviving the sexual assault was the second stage of adjustment that emerged across cases. This stage was brief compared to Stage 1 and 3 and represented a period of hours to several days marked by acute distress. Women shared the context of their sexual assault experiences including their age, information about the perpetrators, and strategies used by the perpetrators to enact the sexual assaults.

There were 16 sexual assault experiences across the 11 cases and all were perpetrated by men. Consistent with prior scholarship (Sadler et al., 2003; Suris & Lind, 2008), women were young in age and time in service when they were sexual assaulted. Ninety-one percent were under 25 years of age and 45% were between 17-19 years old when they were sexually assaulted.

Most of the sexual assaults occurred within the first enlistment period (73%) and 27% while the woman was still in training. Women were sexually assaulted by peers (45%), leaders (45%), medical providers (18%), and a contractor in Iraq (9%). Two women (18%) described violent gang rapes. Women described a variety of strategies their perpetrators used to initiate the sexual assault including violence and threats of violence, isolating the victim, opportunism specifically regarding intoxication of the victim, and quid pro quo exchanges. In summary, women in this stage described the context of the sexual assault and their need for acute survival strategies to get through the moment of the sexual assault and the immediate aftermath.

Stage 3: Surviving the Fallout

Stage 3: Surviving the fallout was the final stage of adjustment that emerged across cases. According to Rosa, "Being tough is surviving what happened afterwards." This period is on-going and includes the responses of individuals within the military and military systems, as well as the ways women attempted to survive the lack of support and perceived betrayal of the military following their sexual assaults.

Ten of the eleven women disclosed their sexual assault to someone in the military therefore this stage is marked by the responses of leadership, peers, and systems such as the Sexual Harassment and Assault Response Program (SHARP), military police and investigative units, medical, psychiatry, and legal.

While the purpose of this project was in part to identify military specific environmental factors that supported adjustment following MST, much of the emerging data demonstrated an overwhelming lack of support. The supportive aspects of the military will be described in the section of this discussion which addresses each attending question, therefore this section will focus on the aspects of the environment that presented considerable barriers to overcome.

Part of the socialization process in the military includes rigid adherence to a hierarchy wherein you take orders and guidance from a well-defined chain-of-command. It is assumed that the leader takes care of her or his subordinates and will lay his or life on the line to protect them. This creates a pseudo-paternal/maternal bond between leaders and their subordinates. Interestingly, when it comes to sexual assault leaders tended not to show up for the women. Indeed, eight of the cases included harmful reactions from at least one person in a leadership position.

Women described feeling dismissed and invalidated by their leaders, noting a lack of follow-through, distancing, and efforts to "cover up" the assault. Some women felt targeted and threatened. Four of these women were declared unfit for duty, two of whom were diagnosed with personality disorder not otherwise specified. A diagnosis of personality disorder allows the command to medically discharge a service member without incident. Additionally, personality disorders, theorized to be pre-existing, are not considered service-connected mental health conditions and therefore any related treatment is not covered by the government. Some women were also reprimanded for underage drinking prior to the assault and were threatened with judiciary consequences. Women also experienced being barred from re-enlistment, judiciary punishment, downgraded performance reports, and fears of being discharged. Finally, over half of the cases experienced victim blaming by their leadership. The most egregious example of this was when, after Michelle was violently raped by a group of her peers, her commander said to her "it appears you set up a buffet and they took what they wanted."

Peers contribute to the family-like environment created in the military. The role of peers varied across cases with a mix of both supportive and harmful responses. Women found support in peers who provided encouragement, loyalty, and validation. On the other hand, more than half

the women described a harmful "backlash" from peers including gossip, dismissiveness, invalidation, and a general absence of support. When considering the camaraderie that is built through intense training and socialization processes, this lack of support left women feeling betrayed and contributed to the distress they experienced following the MST.

Individual Factors and Personal Attributes

This project sought to answer the question How do individual and environmental factors influence adjustment in women following MST? in part by understanding *what individual factors and personal attributes women draw on that support their adjustment.* In efforts to answer the attendant question, this project drew on existing constructs from the resilience literature for a cursory understanding and extended this with inductive themes generated from the interview data.

Resilience is a trend in positive psychology and has been adapted by the military in efforts to bolster psychological well-being in troops who have been engaged in almost two decades of war in the middle east. Resilience has been conceptualized as "*good outcomes in spite of serious threats"* (Masten, 2001, p. 228) and the ability to return to or surpass normal functioning *without long-term disruptions* following a traumatic experience (Agaibi & Wilson, 2005). These definitions seemingly exclude individuals like the women interviewed for this project. None of the women have escaped their sexual assault experience unscathed and most suffer from chronic mental health conditions. Are they then, not resilient?

Despite most women carrying a mental health diagnosis, all endorsed characteristics of resilience on some level. The CD-RISC-25 measures perceptions of resilience in the areas of spiritual influences, personal competence, trust in instincts, positive acceptance of change, secure relationships, personal strength, high self-standards, tolerance of negative affect, and perceived

control. Women endorsed high levels of self-standards and trust in instincts and moderate levels of personal competence, the ability to accept change, perceived control, secure relationships, and tolerance of negative affect. Only half of the women endorsed resilience in the area of spiritual influences. While these self-endorsed traits help us understand how women perceive themselves, the results of these measures do little to help us understand which, if any of these traits women relied on in the wake of their trauma.

Data from the interview facilitated a better understanding of how women utilized some of these traits in service of their adjustment through each stage as well as additional characteristics that emerged from the data.

The CD-RISC-25 includes *high self-standards* as a factor of overall resilience. Of all the factors women endorsed on the self-report measure, it was the only one discussed in the interview that surfaced as important in Stage 1. Indeed, over half of the women discussed how their high self-standards enabled them to adapt to the military culture during this stage of adjustment. Women described pushing themselves to be the "best soldier," to be "asset," and to "prove them all wrong." This mentality helped some women be seen as valuable contributors to the male-dominated team and promoted feelings of self-worth in an otherwise invalidating environment.

Several other factors endorsed on the CD-RISC-25 were discussed in the interviews and found to be integral to adjustment in Stage 3 including intrinsic religiosity and spirituality, perception of personal strength, perceived control, social connectedness, and future orientation.

Intrinsic religiosity and spirituality was the only factor that produced polarizing responses on the self-report measure. Unlike other resilience factors, women either endorsed it as highly true or not at all true with no gradients. Six of the eleven participants endorsed this factor

on both the CD-RISC-25 and PTGI, and five of the six referenced their faith in the interviews as important to their recoveries following the sexual assault.

All of the women in this project endorsed some level of *personal strength* on both the CD-RISC-25 and the PTGI and over half of them spoke confidentially about their strengths throughout the interviews. Women characterized their ability to survive the military culture, the sexual assault, and the aftermath as evidence of their strength.

All women endorsed feeling some sense of *control* in their lives on the CD-RISC-25; however, in the interviews this emerged as attempts at excessive control following the feelings of helplessness created by the sexual assault. Control can positively impact resilience when a person perceives being an important agent in decision making, especially when following a trauma. Across cases, control was taken from the victims as leaders and agencies stepped in and made decisions for them. Control was most clearly exercised as control over disclosure. The woman who did not disclose to anyone in the military had fewer examples of harmful environmental and interpersonal factors and described fewer residuals.

Contrary to resilience and posttraumatic growth theories, women ranked *social connectedness* as their lowest area of growth. However, over half of the cases revealed connection with at least one other person as important to adjustment throughout each stage, although this support was not always found within the military. Women relied on their faith communities, friends and partners, outside support groups, and social media support. Two women shared that it was important to their adjustment to be connected with other survivors of MST.

The military is built around a hierarchy wherein service members are promoted based on time in service, merit, performance, and ability to motivate subordinates to achieve the mission.

Intrinsic *leadership*, while not represented on the CD-RISC-25 or in the resilience literature, emerged as an important internal characteristic across cases. Leadership qualities are arguably more valued in the military than in any other organization which makes this internal characteristic a uniquely important factor for this population. Some women in this project relied on this internal drive to keep them focused on their work performance during each stage of their transition. Women shared an internal drive to be "the best soldier that they could ever ask for" (Julie Joy). Eight of the women in this project achieved a rank of E-5 or higher, qualifying them for leadership responsibilities. Two women talked about how these qualities were recognized early on in their careers.

Education often arises in the literature as a protective factor against sexual assault. As many individuals, and most women in this project, join the military at young ages and prior to college, "education" cannot possibly be a protective factor against sexual assault for the majority of the people who join the military. Additionally, in this project, having a medical degree did not protect Danielle from being sexual assaulted while deployed as a flight surgeon in Iraq. With that said, educational attainment was important to the women in this project. In spite of the sexual assault, four of the eleven women pursued higher education *while* serving in the military and *all* have completed some college since their discharge. Nine women have bachelor's degrees, five have completed master's degrees with one more in progress, one women has an MD, and one has nearly completed a PhD. For some women, focusing on education during their military service was a welcomed and healthy distraction from the regular experiences of sexism and harassment and the distress caused by the assault. For others, their education became the catalyst for serving others who have had similar experiences. Indeed, seven women in this project are working in

career fields where they have a direct impact on survivors of trauma and/or Veterans who have experienced sexual assault.

The third-wave cognitive behavioral therapy Acceptance and Commitment Therapy focuses on developing insight into one's personal values and motivating trauma survivors to turn their attention from fighting their depression, anxiety, or PTSD and instead "move in a valued direction" which includes identifying personal values and making sure your day-to-day behaviors match up with those values. Four women in this project spontaneously shared *personal values* that guided them and facilitated adaptation. For example, Elsa's value of fidelity helped her shift blame from herself to her perpetrator. Rosa's value of social justice mobilized her to fight back when her leaders attempted to discharge her for a personality disorder and has guided her to social justice work throughout the last several decades. Helen's value of self-respect helped motivate her to keep on living despite her suicide attempt and chronic ideation. Although there was no consistency in the values which included justice, fidelity, honestly, open-mindedness, and self-respect, what was consistent was the women who identified personal values that were important, mobilized those behaviors to facilitate survival in each of the stages.

While the literature consistently identifies social support as a critical factor in resilience and recovery from mental health conditions, this project demonstrated that social support is often disrupted for women who report sexual assault in the military. Many women quickly realized they could not rely on their peers, leadership, or the systems in place that were there to "support" them after the assault. Two of the women shared how the *self-reliance* they developed in childhood helped them survive their sexual assaults.

Perseverance is conceptualized as grit and determination to move forward despite challenges and is not included as a factor on either the CD-RISC-25 or PTGI. The interview data

revealed that many of the women in this project espoused an accepting attitude toward the sexual assault and an unrelenting focus on moving in a forward direction despite the trauma. This is most notably demonstrated by the amount of service time for the women even after their sexual assault experiences. Even those who chose to discharge shortly after their sexual assault fought with determination to receive honorable discharges and/or to make it to the ends of their contracts. This characteristic demonstrates how women can be significantly impacted by MST, but not broken.

Future orientation is counter to the hopelessness that individuals may experience in the throes of depression. In mental health, it is viewed as a protective factor and is strategically evaluated and elicited in clients who are experiencing suicidal ideation. Despite the challenges presented at each stage of adjustment, across cases women maintained a future orientation, determined to achieve short and long-term goals. In fact, many women integrated their military experiences into their future plans and now work in areas such as public health, social justice, counseling, and Veteran’s mental health.

This project adds to the current literature by exploring the already established individual factors and personal attributes women draw on to support their adjustment, as well as increasing our understanding of additional characteristics women deemed as important to their adjustment including leadership characteristics, education, adherence to personal values, self-reliance, perseverance, and future orientation. This study demonstrated the need for consistent operationalization of constructs. The vast number of constructs implicated in resilience, recovery, and growth across the literature combined with missing or vague definitions of constructs impeded the categorization of data into internal factors and personal attributes and made it challenging to determine if data fit into a previously conceptualized category or if a new

category was need to capture their experiences. This project sought to make the conceptualization of each code clear by including definitions and examples in the coding manual (Appendix F).

Individual Survival Strategies

The overarching research question was also addressed by attending to the individual strategies of survival women utilize following the sexual assault. The resilience and posttraumatic growth literature almost wholly focuses on *internal* characteristics that are correlated with positive outcomes following a traumatic experience. These factors are often measured through self-report instruments, are unobservable, and mostly unactionable. The existing literature has begun to identify behaviors women mobilize following MST which was in part the purpose of this project.

Researchers have found that following sexual assault women attempt to make themselves less noticeable and less attractive, socialize only with women, partner with men for protection, arm themselves for self-defense purposes, move off-base (Sadler et al., 2003) and engage in behavioral avoidance such as binging and purging, compulsive spending, over-exercising, and drug use, cognitive avoidance such as isolation and withdrawal, and behavioral approach such as mindfulness based exercise, breathing, use of resources, and connecting with other women veterans (Mattocks et al., 2012). Researchers have found that service members also cope with trauma by detaching and distancing, socializing, seeking solitude, and seeking professional help (Gibbons et al., 2014). Other research on military populations has shown that women rely on hardiness, social support (Eisen et al., 2014), self-efficacy (Rusch et al., 2015), positive coping, positive affect, positive thinking, realism, behavioral control, physical fitness, and altruism (Meredith et al., 2011) post-trauma.

Consistent with this research, women in this project enlisted behaviors in efforts to counteract the harmful aspects of the military environment and enable their adjustment in each stage. In Stage 1, women relied on informal education about from one another to better understand the gender role categories and how to navigate those choices. Several women recall learning early on about the derogatory labels for women and received advice as to which role was safest to take on. Some women went on to educate other women about these roles. In this stage, women also made attempts at boundary setting with men in their units. Women talked about using humor, creating physical distance, and making excuses (i.e. letting others know she was in a relationship).

In Stage 2, women shared how they survived the sexual assault experience. Some women actively tried to prevent the assault by pushing the perpetrator, verbally telling him to stop, and aggressively telling him get away. Women went on to describe ways they engaged in problem-solving as the sexual assault was happening including screaming, physically fighting back, and misleading the perpetrator. One woman purposely became intoxicated prior to her first assault and described the peritraumatic dissociation she experienced during her second assault as strategic and helpful, “I just tried not to be there.”

Many of the women chose to disclose to *someone* in either Stage 2 or Stage 3. Survivor’s disclosure experiences seemed to make a difference in their overall well-being following the sexual assault. In this group, disclosure was only protective if the response was supportive. In some cases, non-disclosure was more protective than disclosure when the response was non-supportive. Control over disclosure was also protective. Women who had the opportunity to consider the costs and benefits of reporting and make their own decisions reported a better experience than women who were forced to disclose or who were “outted” so-to-speak. Often

times, the assault was immediately reported by bystanders, taking the control completely away from the survivor. This rapid reporting initiated a response from various military agencies that the women inconsistently found helpful.

Many of the active attempts at adjustment were evidenced in Stage 3. A notable theme that emerged from the data and a contribution to the literature were the ways women advocated for themselves and others following the sexual assault. Nearly half of the women shared examples of self-advocacy to prevent being demoted, discharged, or otherwise punished for either being intoxicated at the time of the sexual assault or experiencing extreme distress following the assault. Some women spoke about "making waves" and not letting their stories or stories like theirs be dismissed. One woman pushed her case all the way to a court-marshal. Finally, post-military, several women have chosen careers where advocacy for survivors of MST is a central to their work.

Additional themes emerged in Stage 3. Most of the women engaged in some type of healthy avoidance including changing their routines and friend groups, asking for reassignment, or opting to leave the military. Two of the women reported becoming more aggressive and rigid with boundary setting to avoid become re-victimized. Several women used cognitive strategies such as reframing, positive self-talk, acceptance, and dialectics in efforts to make sense of their experiences. Two women found kinship with other survivors of MST. Most of the women accessed resources to support their recovery post-military and 91% attended therapy/counseling. After years of living in secrecy, one woman shared that she disclosed her sexual identity. Two women delayed their disclosure of sexual assault until the timing was right for them.

This project demonstrated that women are active in their adjustment processes across time and experiences. While all women endorsed most resilience characteristics, their survival

strategies varied depending on the stage of adjustment and the complex military environmental context. Women employed a variety of strategies to adjust to the military culture, to survive the moment of the sexual assault, and to persist despite the feelings of betrayal that often followed.

Military Environment

In recent research, Grych, Hamby, and Banyard (2015) propose that the assets available to survivors, including environmental factors, impact their psychological health after exposure to violence and yet little is understood about the way specific environmental contexts impact an individual's ability to utilize personal survival strategies. Therefore, this section will address the last attendant question: *What military environmental factors support adjustment following military sexual assault?*

The answer to this question was approached by exploring two levels of environmental support: Interpersonal support from leadership and peers and systems-level support from military agencies. As noted in Stage 2, most cases had examples of unsupportive and even harmful responses from leadership and peers. However, four women felt supported by someone in leadership, either immediately after the sexual assault or years later. Two women described commanders who validated their experiences and attempted to prevent or protect them from the perpetrator, although these efforts were unsuccessful. The anomaly in this project was a drill sergeant who reacted immediately by physically attacking the perpetrator. The woman reported feeling validated and protected by his actions, although it cannot be assumed that other women would similarly perceive the actions. Further, this case was also the only case to face court-martial and be given significant consequences. Lastly, one woman shared that after leaving active duty and transferring to the Guard, she shared her experiences with her new supervisor who was understanding and supportive. There is no template for what support looks like or what

actions are perceived as helpful; however, the commonality among the four leaders is they believed the women without question, suspended judgement, refrained from victim-blaming, and validated their distress.

Peers are in an optimal position to provide support to survivors of MST. They are not in the chain-of-command and therefore do not have to wrestle with the same systems-level considerations as superiors and military agencies. Unfortunately, over half of the women in this project experienced harmful responses from their peers and only five women shared examples of support received from peers. During Stage 1 adjustment, one woman shared that a more advanced trainee was instrumental in easing her transition especially during the first few nights at basic training. Three women shared experiences with supportive peers during Stage 3. Similar to the supportive leadership, the peers provided a sense of validation.

Perhaps surprisingly, the military offers a wide variety of environmental assets to survivors of military sexual trauma including the Sexual Harassment and Assault Response Prevention program, military police and investigative units, comprehensive medical centers, psychiatry, and legal services, yet there was little consistency in the women's perceptions of these entities as helpful.

In 2004, the Army initiated a program to address the high rates of MST which has evolved into the Sexual Harassment and Assault Response Prevention (SHARP) program. Unit representatives called Sexual Assault Response Coordinators (SARC) are embedded in units as points of contact for service members to receive information and reporting guidance. Only three women interacted with the SHARP program and of those three, only one found the representative helpful. The participant said the SARC validated her sexual assault experiences and provided information about the different reporting procedures. Women who found this

program lacking, had complaints about the specific SARC they interacted with including dissemination of incorrect information and filing an unrestricted report without the service member's consent.

There was a consistent perception of lack of support from policing and investigative units across cases who reported involvement. Of the three women who reported their sexual assaults to the authorities, all were threatened with charges including underage drinking and infidelity. Two other women were denied their request for police involvement.

Medical personnel have a unique opportunity to provide validation, support, education, and resources when individuals are in acute distress following a sexual assault. Only two women sought out treatment by medical staff. One of the woman was ordered to the hospital to have rape kits collected after each of her two sexual assaults. The other participant chose to go to the hospital and felt unsupported. She was turned away because there was not a female doctor and asked to come back the next day to have the rape kit completed, counter to good practice for collection of DNA evidence. As a solution for her distress, she was given sleeping medication. When she returned for the DNA collection, she perceived the female doctor on staff as minimizing and victim-blaming. The same participant did receive a 90 day profile excluding her from field exercise which she perceived as important to her recovery.

Two participants saw psychiatrists while still on active duty and both were diagnosed with a personality disorder which was subsequently used in efforts to discharge them from the military. Unfortunately, it was a common perception among this group that seeking mental health treatment while actively serving could result in losing one's security clearance and/or discharge. Indeed, existing scholarship has described the dual role conflict faced by military mental health providers (Frey, 2016).

Two women reported seeking support from legal staff and both described the experience as supportive. Notably, it was not the JAG policies and procedures that were perceived as supportive, but the individuals with whom the women interacted with. Additionally, there was an overwhelming lack of justice across cases. Only one perpetrator was subjected to a court-martial and given legal consequences.

What is seemingly assumed in the literature is the environmental assets are supportive and have the survivor's best interests as the central focus. However, in the military, unlike in the civilian sector, these entities have competing interests: the well-being of the individual and the survival of the military's reputation as competent fighting force made up of our nation's heroes. This narrative has been bolstered by the media parallel to the engagement in two decades of war in the Middle East and is necessary for political and civil buy-in, as well as for the protection of troops returning from war that need welcoming, support, and often treatment. However, while this loyalty to the military is necessary, it also creates a situation where dissent is met with resistance and the protection of the organization comes at great cost to victims within.

While this project provided insight into the participants' perspectives on the agencies that are available to support women following a sexual assault, it is limited by the fact that most women did not seek out services and therefore data is lacking for most cases. Individual people tended to be the most positively impactful for women which is demonstrated by several participants interactions with leadership, peers, a SARC, and a paralegal the participants recalled as supportive.

Impact

As demonstrated across the trauma literature, traumatic experiences have the potential to impact individuals in a number of ways including growth and increased strength, experiences of

extreme distress, resultant mental health issues, and changes in perceptions about the world to name a few. Women in this project described an impact on their personal growth, mental health, perceptions of the military, and their decision to continue in the military following the sexual assault.

Growth

Growth following MST has not before been explored; however, prior research has shown that in Veterans who screened positive for PTSD, 72% reported posttraumatic growth (Tsai et al., 2015). Perhaps not surprisingly, assaultive events have been negatively associated with PTG and adult physical/sexual trauma was not significantly related to any of the PTG factors. Although all women in this project endorsed some level of growth, understandably, they had difficulty attributing their growth and success to the sexual assault which was often expressed as they were filling out the PTGI. The PTGI does not give an option for negative endorsements; therefore, at face value it would appear that nearly all women have experienced growth in the five domains of the PTGI because of their sexual assaults even though this study demonstrated that many women survived their sexual assaults *because* of these pre-existing characteristics not the other way around.

Notably, contrary to posttraumatic growth theory, appreciation for life was not expressed during the interviews. Survivors did not share perceptions of walking away from the assault thinking they were lucky to be alive like one might after a fire fight in combat or surviving a hurricane. On the contrary, survivors were more likely to think “why did this happen to me” or “what did I do to deserve this?” Relating to others was mildly endorsed by women in this study. Unlike other types of trauma, for example combat and natural disasters where relying on others is helpful, the military presented considerable barriers to accessing social support and in fact in

many cases self-reliance was the better option. Indeed, all participants endorsed “I have a greater feeling of self-reliance” and the interviews confirmed that this was an asset in this population. All participants also endorsed the items “I changed my priorities about what is important in life” and “I established a new path for my life.” While these items are attributed to positive growth, women reported a sense of loss when they choose to forgo their dream of making a career out of the military.

Three areas of growth not covered on the PTGI emerged as important across cases: the development of self-knowledge, altruism, and meaning making. Ten of the eleven women in this project demonstrated incredible insight into their sexual assault experiences, the related distress, the impact on their identity, and the long-term impact. Women identified supports that were important to them and on-going environmental triggers. Although some women experienced grief over the loss of a potential life-time military career, seven women shared a sense of altruism that grew from their negative experiences. These women have chosen to spend their lives supporting others through advocacy, counseling, mentoring, volunteering, and service provision. Finally, several of the women were able to make meaning out of their experiences, although some felt they could have done more with their lives had they not experienced the sexual assault.

Posttraumatic growth theory has challenged the field of psychology to reduce the pathologizing of survivors of trauma by recognizing that a traumatic experience is not necessarily a life sentence of PTSD and chronic mental health conditions. Tedeschi and Calhoun (2004) have demonstrated that surviving a traumatic event often leads to psychological distress and may co-occur with interpersonal growth, purpose in life, spiritual change, increased perceptions of personal strength, and appreciation for life. Prior research with assault survivors,

as well as data generated from the current project demonstrates that while PTG is a much needed step in understanding the totality of the impact trauma can have on individuals, the five factors measured by the PTGI do not fit for survivors of sexual assault, specifically MST. Further, posttraumatic growth theory and the PTGI are limited in helping us understand strengths that existed pre-assault. While with some types of traumatic events, survivors may be willing to contribute their growth to the event, this project demonstrated that women who survived military sexual trauma were hesitant to attribute their growth and positive attributes to sexual assault. Future efforts to understand PTG in women survivors of military sexual assault should consider including the development of self-knowledge/insight and altruism as growth factors.

Mental Health

The negative impact of MST is well-documented in the literature including high rates of PTSD, depression, anxiety, suicidality, substance use, and other chronic mental health conditions, as well as self-blame, and disruptions in relationships. Seven women (64%) in this project reported that they have been diagnosed with PTSD and one (9%) with depression. During the interviews women described PTSD symptoms including peritraumatic dissociation, re-experiencing, avoidance, isolation and withdrawal, hyperarousal and reactivity, and changes in mood and cognitions including shame and self-blame. Some women experienced somatic symptoms such as nausea immediately after the assault and long-term chronic pain. Four women (36%) reported increases in alcohol use after the sexual assault, three (27%) reported changes in work behavior including decreases in motivation, five women (45%) reported changes in sexual behavior, and four (36%) reported a negative change in interpersonal relationship functioning. Five women (45%) shared a history of suicidal thoughts, gestures, and plans after the MST and two attempted suicide.

Perceptions of the Military

Women in this project shared feelings of disillusionment and disappointment with the military, as well as sense of betrayal and distrust. Five of the women were let down by the military at various stages. Two women spoke with disappointment about the lack of rigor and discipline that they noticed as early as basic training. The women shared examples of witnessing trainees fail to meet minimum requirements but be passed or escape consequences for behaviors that were counter to the military values. On the other hand, women spoke with pride about their military service. While some "hated" it after their assaults, several described a current "love-hate" relationship in which they have integrated their traumatic experiences with the values their gained.

Attrition and Retention

Research is lacking regarding the impact MST has on attrition and retention, but some have estimated that approximately 18% of women are discharged for a mental health related disability (Bell et al., 2011) and that following MST approximately 12% of women left their careers earlier than planned (Sadler et al., 2003). While this project did not specifically measure the rates of attrition, some data emerged regarding attrition and retention for this group. One woman was medically discharged following the sexual assault and did not complete her initial contract. Five women continued serving for at least one year after the sexual assault and fulfilled their initial service obligations. Of those five, four said they separated for reasons related to the MST and one was medically separated for a physical injury. Three women re-enlisted after the sexual assault and served between 7-15 years before separating. Two women continued service and were currently serving at the time of the interview.

Suggestions and Implications

This project has implications for mental health within the military context, suggestions for disrupting the rape culture that is pervasive in the military, and recommendations for integration of positive psychology with the psychopathology of trauma.

Suggestions for the Military

First, this project demonstrates a need for military legal advocates specific to military sexual trauma. Although only two women in this project described interactions with JAG, both women received support and advice that made a tremendous difference in the immediate aftermath of their sexual assaults. JAG officers with specialization in this area would be tasked with understanding the role personality diagnoses have traditionally played in victim-blaming, the impact of MST on mental health and behaviors to best advocate for a survivor who may face discharge as a result of declines in work performance following MST.

The literature suggests that social support from family and friends can play a crucial role in preventing the development of PTSD (Rosenheck, 1998). Consistent with the literature on the military environment, it was difficult for women in this project to maintain social connection with family and friends outside of the military context, especially during training phases. While the military culture promotes a team environment, emphasizing the importance of "battle buddies" and having "each other's backs," this project revealed a serious breakdown of camaraderie for women following a sexual assault experience. Instead of a strong adherence to the military values of "leaving no one behind," leaders and peers alike often turned their backs on the women who disclosed sexual assault. Women described feeling isolated, ostracized, and betrayed by those who were akin to family; thereby making it nearly impossible to mobilize social support. Nonetheless, some women did describe attempts to connect with other survivors,

a select few peers, and many increased their network of social support following their discharges from the military. Encouragingly, the Department of Defense (DoD) partnered with the Rape, Abuse & Incest National Network (RAINN) in 2011 to launch a Safe Hotline that "provides live, one-on-one support and information to the worldwide DoD community. The service is confidential, anonymous, secure, and available worldwide, 24/7—providing survivors with the help they need anytime, anywhere" (https://www.rainn.org). This project calls for the military to consider creating completely confidential MST support groups on military installations without reporting as a requirement, so women can access benefits similar to those provided by the hotline in the context of social support from other survivors.

Several participants recommended the unit commander, as well as others in the chain-of-command, be completely removed from the reporting and investigative process. As unit commanders can have *any* 4-year college degree, they often have limited training and background in military sexual trauma. Additionally, they often know the parties involved and cannot remove their biases from the process. Lastly, the commanders are no doubt impacted by the culture of misogyny and sexism and therefore may have trouble identifying insidious forms of sexual assault and the impact on the survivor. Caroline, who was once security forces, recommended that the investigative and judicial units of the military should handle all cases of MST.

Finally, as the culture of misogyny and sexism is implicated in the pervasiveness, normalization, and acceptance of sexual assault in the military, it is recommended the military create a no tolerance policy which would include a top-down change in language and swift action when microaggressions, harassment, and assault are noticed and reported. Although a lofty goal, U.S. Air Force Academy General Silveria demonstrated how one high-ranking official

can change the behaviors of young trainees when he gave his powerful speech against racism in September, 2017. High-ranking superiors in positions of power are tasked to influence the culture from the top-down by enacting and enforcing policies against sexism and heterosexism in a similar fashion.

Integration of Positive Psychology and Psychopathology

In the literature, the impact of trauma has been siloed into two distinct camps: Pathology and positive psychology. The pathology approach to understanding military sexual trauma draws important attention to the alarmingly high rates of sexual assault in the military and the significant impact this has on mental health and functioning. On the other hand, positive psychology approaches to understanding trauma outcomes tend to focus on resilience and growth following trauma. The latter approach is necessary to understand the strengths individuals rely on to get through stressful experiences but can be perceived as invalidating and does not accurately capture the experiences of military sexual assault survivors.

Although this project asked questions to illicit both individual and environment strengths, it was overwhelmingly evident that the women in this project wanted the deleterious impact of their sexual assault experiences to be known. Consistent with the literature (Fontana & Rosenheck, 1998; Himmelfarb et al, 2006; Katz et al., 2007; Kimmerling et al., 2010; Suris & Lind, 2008; Yaeger et al., 2006), women in the project described struggling with long-term mental health consequences including PTSD, depression, anxiety, guilt and shame, substance use, suicidality, disruptions in interpersonal relationships, changes in work and sexual behaviors, and impulsivity.

It was also apparent that the measures used to capture resilience factors and growth, do not neatly fit this population’s experience. While women fairly consistently reported on the

negative impact of the sexual assault, there was little consistency among resilience and growth factors. Additionally, neither theory adequately captures the way individuals *mobilize* internal characteristics resulting in behaviors used to shape the environment. Indeed, in this project women relied on informal education, attempts at boundary setting, attempts to prevent the assault, in the moment problem solving, disclosure, advocacy for self and others, cognitive strategies, developing community among survivors, and use of resources in varies stages of adjustment.

This project calls for an integrative approach to understanding women's adjustment which incorporates resilience and distress, posttraumatic growth and posttraumatic stress, behaviors mobilized, and environmental factors including interpersonal relationships, interactions with systems, and cultural dynamics. The totality of these interactions may inform further adjustment in women beyond the military and aid in their continued recovery.

Strengths of Current Study

Research on Veteran's mental health often relies on recruitment from the VA and inherently includes individuals who have experienced significant, sometimes debilitating pathology. Recruitment for this project did not happen within the VA, but strategically from outside organizations to attract participants who were active in their communities whether it was through university enrollment, career, volunteer, or actively serving in the military. While most of the women in this project endorsed VA involvement and a mental health diagnosis, recruiting from outside the VA allowed the PSI to explore the adaptation strategies and perspective of military environmental supports in a group of women who have found a way to move forward from the sexual assault and are functional in their daily lives.

Women from multiple service eras dating back to the 1960s through current day participated in this project which offered a historical and current day examination of the military culture. Unfortunately, the stories of misogyny and sexism were consistent across service branches and across time. Indeed, although the masculine culture of the military is commonly understood and often conceptualized as necessary to meet the demands of war, sexism is thought to be an insidious offshoot of hypermasculinity theorized to contribute to the rape culture. Women in this project offered in-depth descriptions of the culture of misogyny and sexism offering participant's perspectives and experiences across nearly five decades of military experiences. Additionally, because of the participation of women from multiple service eras, this project offered insiders' perspectives on the evolution of the policies, programs, and standard operating procedures created by the Department of Defense to support service members who are sexually assaulted. While from an outsider's perspective these changes may seem sufficient to tackle the epidemic of military sexual assault, the oldest participant who served in the 1960s reported similar barriers as the youngest participant who was actively serving in 2017. The participants in this project were able to offer insight into how these programs are implemented and the agencies mobilized which demonstrated that the individual representing the agency can greatly impact the efficacy of those programs (i.e. the SARC who gave erroneous information vs. the SARC who provided validation and accurate information and reporting procedures). Conversely, it gave an inside look at how individuals who push back against the status quo (i.e. the JAG secretary who told Rosa to make copies of her medical records, the drill sergeant who physically assaulted Julie Joy's perpetrator) can have a positive impact on survivor's adjustment.

Although it is a snapshot in time from the survivor's perspective sometimes decades post-sexual assault, this project elucidated pre-sexual assault military experiences that may have

contributed to the sexual assault, as well ways women attempted to survive the sexual assault while it was happening which is a unique contribution to the existing literature. This project demonstrated the applicability of strengths-based approaches to understanding adaptation and growth despite traumatic experiences while also revealing the gaps in existing theories of resilience and growth's ability to understand how individuals behaviorally mobilize these traits. Additionally, this project demonstrated a need to re-consider factors that are critical for survival in individuals who are sexually assaulted in the military which may be different than factors relied on for survivors of other types of traumas in civilian settings. Women in this project also offered an exploration of both the individual and environmental assets they deemed critical to adaptation at various stages and the need to differentiate between internal characteristics (which most endorsed) and adaptive behaviors (which varied across cases).

Lastly, the women in this project spoke to the need for an integration of positive psychology and psychopathology. While researchers and clinicians in the positive psychology camp have offered theories that push back against the medical model's tendency to pathologize survivors of trauma, the women in this project were vocal about the negative impacts of the sexual assault and the importance of others' acknowledging the ways their lives have been changed as a result. While many of the participants expressed interest in this project because of its strengths-based approach to understanding their experiences, the data overwhelmingly spoke to the negative impacts of the trauma and the pervasive rape culture in the military. Participants in this project expressed both resilience and distress, positive and negative outcomes, and posttraumatic growth and posttraumatic symptomology. Indeed, what this project calls for is an integrated approach to understanding survivors of military sexual trauma and likely all trauma survivors.

Limitations of Current Study and Future Directions

This study is limited by the small sample size. While each branch of service was represented and women from multiple service eras were included, there was not enough representation from any one branch of service or service era to generalize the results of this study. While it is valuable to understand the experiences from women of past eras and generations back, there have been recent changes in policies with the creation of the SHARP program in 2004, the repeal of "Don't Ask, Don't Tell" in 2010 and the integration of women into roles that were previously only open to men in 2015 which likely impact the cultural dynamics. Some researchers hypothesize that integration of women into these roles and increasing numbers of women in the military might help decrease the prevalence of military sexual assault. This project was limited by inclusion of few women who are serving under current day military policies and programs and therefore the inability to understand if any of the current efforts are effective. Future research should focus recruitment efforts on the current generation of military service members to better capture present day supports and barriers to adjustment.

Another significant limitation of the small sample size was the lack of diversity in terms of gender, race, and sexual orientation. Research has shown that although a higher proportion of women are sexually assaulted in the military, more men have been assaulted than women. Research has also shown that transgender individuals and servicemembers who identify as LBGTQ are targeted at higher rates for a variety of interpersonal assaults. Given the military cultural context of masculinity, misogyny, and sexism, it is likely that men, transgender servicemembers, and individuals identifying as LBGTQ may have different experiences of adjustment following MST. Similarly, the majority of participants in this study identified as

White and two identified as Hispanic. In the future, recruitment efforts should be made to better understand the adjustment experiences of individuals who identify as members of minority racial and ethnic groups as membership in these groups may add experiences of racism and cultural strengths that may not be seen in the majority culture.

Another limitation of this study, that is expected in qualitative research, is the reliance on self-report information. Self-report information can be influenced by maturation, history, self-serving bias, hindsight bias, social desirability, and the general fallibility of human memory (Maruyama & Ryan, 2014). Participants' perceptions of events are impacted by intersections of their identities, biases, and unique interactions with the environment. Memories fade or become altered over time with trauma memories complicated by their fragmented nature. Although the self-report measures helped triangulate the data generated from the interviews, these data represent an evolving narrative captured at one point in time which has likely been impacted by some of the above factors. Multiple case study (Stake, 2006) allows the researcher to examine all sources of data. To that end, a future study could use military records and collateral informants to strengthen the credibility of the data.

Conclusion

This project offered an in-depth examination of the military sexual assault experiences across eleven cases of women who served in the Marine Corps, Navy, Army, and Air Force from the 1960s to the present-day military. The cross-case analysis revealed the internal characteristics and behaviors women rely on to navigate the military culture and adjust to their sexual assault experiences. This project offered an integrated perspective of the interaction of behaviors, environments, and individual characteristics and how these simultaneously result in resilience, distress, growth, and posttraumatic stress and adds to current understandings of MST by offering

a description of how the military environment both supported and presented considerable barriers to adjustment for the participants.

References

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, *13*(4), 544-559.

Bell, M. E., & Reardon, A. (2011). Experiences of sexual harassment and sexual assault in the military among OEF/OIF Veterans: Implications for health care providers. *Social Work in Health Care, 50,* 34-50. doi: 10.1080/00981389.2010.513917

Bell, N. S., Hunt, P. R., Harford, T. C. & Kay, A. (2011). Deployment to a combat zone and other risk factors for mental health-related disability discharge from the US Army: 1994-2007. *Journal of traumatic stress, 24*(1), 34-43.

Burawoy, M. (1991). *Ethnography unbound: Power and resistance in the modern metropolis*. Berkeley, CA: University of California Press.

Burawoy, M. (1998). The Extended Case Method. *Sociological Theory, 16(1)*, 4-33.

Burns, B., Grindlay, K., Holt, K., Manski, R., & Grossman, D. (2014). Military sexual trauma among US servicewomen during deployment: A qualitative study. *American Journal of Public Health, 104*(2), 345-349.

Bush, N. E., Skopp, N. A., McCann, R., & Luxton, D. D. (2011). Posttraumatic growth as protection against suicidal ideation after deployment and combat exposure. *Military medicine*, *176*(11), 1215-1222.

Caldwell, V. (2008). *Predictors of intentions of the first-term soldier's plan to stay in the Army Reserve: Perception of unit climate and retention counseling* (Doctoral dissertation). Retrieved from ProQuest.com. (UMI Number: 3346117)

Cater, J. K., & Leach, J. (2011). Veterans, military sexual trauma and PTSD: Rehabilitation planning implications. *Journal of Applied Rehabilitation Counseling, 42*(2), 33-40.

Chmiliar, L. (2009). Multiple-case design. In A. J. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of case study research*. Thousand Oaks, CA: Sage Publications.

Davidson JRT and Connor KM. Connor-Davidson Resilience Scale (CD-RISC) Manual. Unpublished. 07-01-2016 and partly accessible at www.cd-risc.com

DeMatteo, D., Galloway, M., Arnold, S., & Patel, U. (2015). Sexual assault on college campuses: A 50-state survey of criminal sexual assault statutes and their relevance to campus sexual assault. *Psychology, Public Policy, and Law*, *21*(3), 227-238.

Department of the Army. (2011). The soldier's guide: Field manual 7-21.13. Washington, D.C.: Headquarters, Department of the Army.

Department of Defense. (2004). Department of Defense (DoD) definition of sexual assault (JTF-SAPR-006). Washington, D.C.: Personnel and Readiness Under Secretary of Defense.

Dichter, M. E., & True, G. (2015). "This is the story of why my military career ended before it should have": Premature separation from military service among U.S. women veterans. *Journal of Women and Social Work 30*(2), 187-199.

Eisen, S. V., Schultz, M. R., Glickman, M. E., Vogt, D., Martin, J. A., Osei-Bonsu, P. E., & ... Elwy, A. R. (2014). Postdeployment resilience as a predictor of mental health in Operation Enduring Freedom/Operation Iraqi Freedom returnees. *American Journal of Preventive Medicine*, *47*(6), 754-761. doi:10.1016/j.amepre.2014.07.049

Encyclopedia Britannica (2015). Military and maritime service rank. Retrieved from http://www.britannica.com/topic/captain-military-and-maritime-service-rank

Ferdinand, L. G., Kelly, U. A., Skelton, K., Stephens, K. J., & Bradley, B. (2011). An evolving integrative treatment program for military sexual trauma (MST) and one Veteran's experience. *Issues in Mental Health Nursing, 32,* 552-559. doi:10.3109/010612840.2011.582228

Fontana, A., & Rosenheck, R. (1998). Duty-related and sexual stress in the etiology of PTSD among women Veterans who seek treatment. *Psychiatry Services/Psychiatry Online, 49*(5). Retrieved from http://ps.psychiatryonline.org.ezproxy.lib.uwm.edu/article.aspx?articleid=81356.

Friborg, O., Barlaug, D., Martinussen, M., Rosenvinge, J. H., Hjemdal, O. (2005). Resilience in relation to personality and intelligence. *International Journal of Methods in Psychiatric Research, 14*(1):29-42.

Frey, R. M. (2016). Ethical challenges for military psychologists: When worlds collide. *Ethics & Behavior, 27*(4): 283-296. doi: 10.1080/10508422.2016.1193811

Gallaway, M. S., Millikan, A. M., & Bell, M. R. (2011). The association between deployment-related posttraumatic growth among us army soldiers and negative behavioral health conditions. *Journal of clinical psychology*, *67*(12), 1151-1160.

Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). Boston, MA: Person.

Grajewski, L. J. (2013). *Impact of military sexual trauma on perceived fitness for duty* (Doctoral dissertation). Retrieved from ProQuest.com. (UMI Number: 3553936).

Grych, J., Hamby, S., & Banyard, V. (2015). The resilience portfolio model: Understanding healthy adaptation in victims of violence. *Psychology of Violence*, *5*(4), 343-354.

Haring, E. L. (2013). What women bring to the fight. Carlisle Barracks, PA: Army war College.

Haynie, J. M., & Shepherd, D. (2011). Toward a theory of discontinuous career transition: Investigating career transitions necessitated by traumatic life events. *Journal of Applied Psychology, 96*(3), 501-524.

Highfill-McRoy, R. M., Larson, G. E., Booth-Kewley, S., & Garland, C. F. (2010). Psychiatric diagnoses and punishment for misconduct: the effects of PTSD in combat-deployed Marines. *BMC psychiatry*, *10*(1), 88.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*(4), 717-572.

Himmelfarb, N., Yaeger, D., & Mintz, J. (2006). Posttraumatic stress disorder in female Veterans with military and civilian sexual trauma. *Journal of Traumatic Stress*, *19*(6), 837-846. doi:10.1002/jts.20163

Hinojosa, R. (2010). Doing hegemony: Military, men, and constructing a hegemonic masculinity. *The Journal of Men's Studies*, *18*(2), 179-194. doi:10.3149/jms.1802.179

Hjemdal, O., Friborg, O., Martinussen, M., & Rosenvinge, J. H. (2001). Preliminary results from the development and validation of a Norwegian scale for measuring adult resilience. *Journal of the Norwegian Psychological Association*, *38*(4), 310-317.

Hyun, J. K., & Pavao, J. (2009). Military sexual trauma. *Research Quarterly, 20*(2). Retrieved from http://www.ptsd.va.gov/professional/newsletters/research-quarterly/v20n2.pdf

Katz, L. S., Bloor, L. E., Cojucar, G., & Draper, T. (2007). Women who served in Iraq seeking mental health services: Relationships between military sexual trauma, symptoms, and readjustment. *Psychological Services*, *4*(4), 239.

Klingensmith, K., Tsai, J., Mota, N., Southwick, S. M., & Pietrzak, R. H. (2014). Military sexual trauma in US veterans: Results from the National Health and Resilience in Veterans Study. *The Journal of clinical psychiatry*, *75*(10), 1-478.

Langston, V., Gould, M., & Greenberg, N. (2007). Culture: What is its effect on stress in the military? *Military Medicine, 172*(9), 931-935.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American psychologist*, *56*(3), 227.

Mattocks, K. M., Haskell, S. G., Krebs, E. E., Justice, A. C., Yano, E. M., & Brandt, C. (2012). Women at war: Understanding how women veterans cope with combat and military sexual trauma. *Social Science & Medicine*, *74*(4), 537-545. doi:10.1016/j.socscimed.2011.10.039

Maruyama, G., & Ryan, C. S. (2014). *Research methods in social relations (8th Ed.)*. Chichester, UK: John Wiley & Sons.

Meredith, L. S., Sherbourne, C.D., & Gaillot, S. J. (2011). *Promoting psychological resilience in the U.S. military*. Arlington, VA: Rand Corporation.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook.* (2nd ed.). Thousand Oaks, CA: Sage.

Pedersen, S. (2015, October 16). Third woman graduates ranger school. *Columbus Ledger-Enquirer, GA.* Retrieved from http://www.military.com/daily-news/2015/10/16/third-woman-graduates-ranger-school.html

Rosenberg, M. & Philipps, D. (2015, December 3). All combat roles now open to women, Defense Secretary says. *The New York Times.* Retrieved from http://www.nytimes.com/2015/12/04/us/politics/combat-military-women-ash-carter.html?_r=0

Rouse-Arndt, L. M. & Davis. A. R. (2011). Warrior spirit: Soul wound and coping among American Indians in law enforcement. *The Counseling Psychologist, 39*(4), 527-569.

Rusch, H. L., Shvil, E., Szanton, S. L., Neria, Y., & Gill, J. M. (2015). Determinants of psychological resistance and recovery among women exposed to assaultive trauma. *Brain and Behavior*, *5*(4).

Sadler, A. G., Booth, B. M., Cook, B. L., & Doebbeling, B. N. (2003). Factors associated with women's risk of rape in the military environment. *American Journal of Industrial Medicine*, *44*(1), 110-110.

Saldaña, J. (2013). *The coding manual for qualitative researchers.* London: Sage Publications.

Stander, V. A., Merrill, L. L., Thomsen, C. J., Crouch, J. L., & Milner, J. S. (2007). Premilitary sexual assault and attrition in the US Navy. *Military medicine*, *172*(3), 254-258.

Sue, D. W. (2010). Microaggressions: More than just race-Can microaggressions be directed at women or gay people? *Psychology Today.* Retrieved at https://www.psychologytoday.com/blog/microaggressions-in-everyday-life/201011/microaggressions-more-just-race

Surís, A., Lind, L., Kashner, T. M., Borman, P. D., & Petty, F. (2004). Sexual assault in women veterans: an examination of PTSD risk, health care utilization, and cost of care. *Psychosomatic Medicine, 66*(5), 749-756.

Suris, A., & Lind, L. (2008). Military sexual trauma: A review of the prevalence and associated health consequences. *Trauma, Violence, & Abuse, 9*(4), 250-269.

Yaeger, D., Himmelfarb, N., Cammack, A., & Mintz, J. (2006). DSM-IV diagnosed posttraumatic stress disorder in women Veterans with and without military sexual trauma. *Journal of General Internal Medicine, 21,* S65-69. doi:10.1111/J.1525-1497.2006.00377.x

Ullman, S. E. (2010). Conducting interviews with survivors of sexual assault. In *Talking about sexual assault: Society's response to survivors* (pp. 121-143). Washington, DC, US: American Psychological Association. doi:10.1037/12083-006

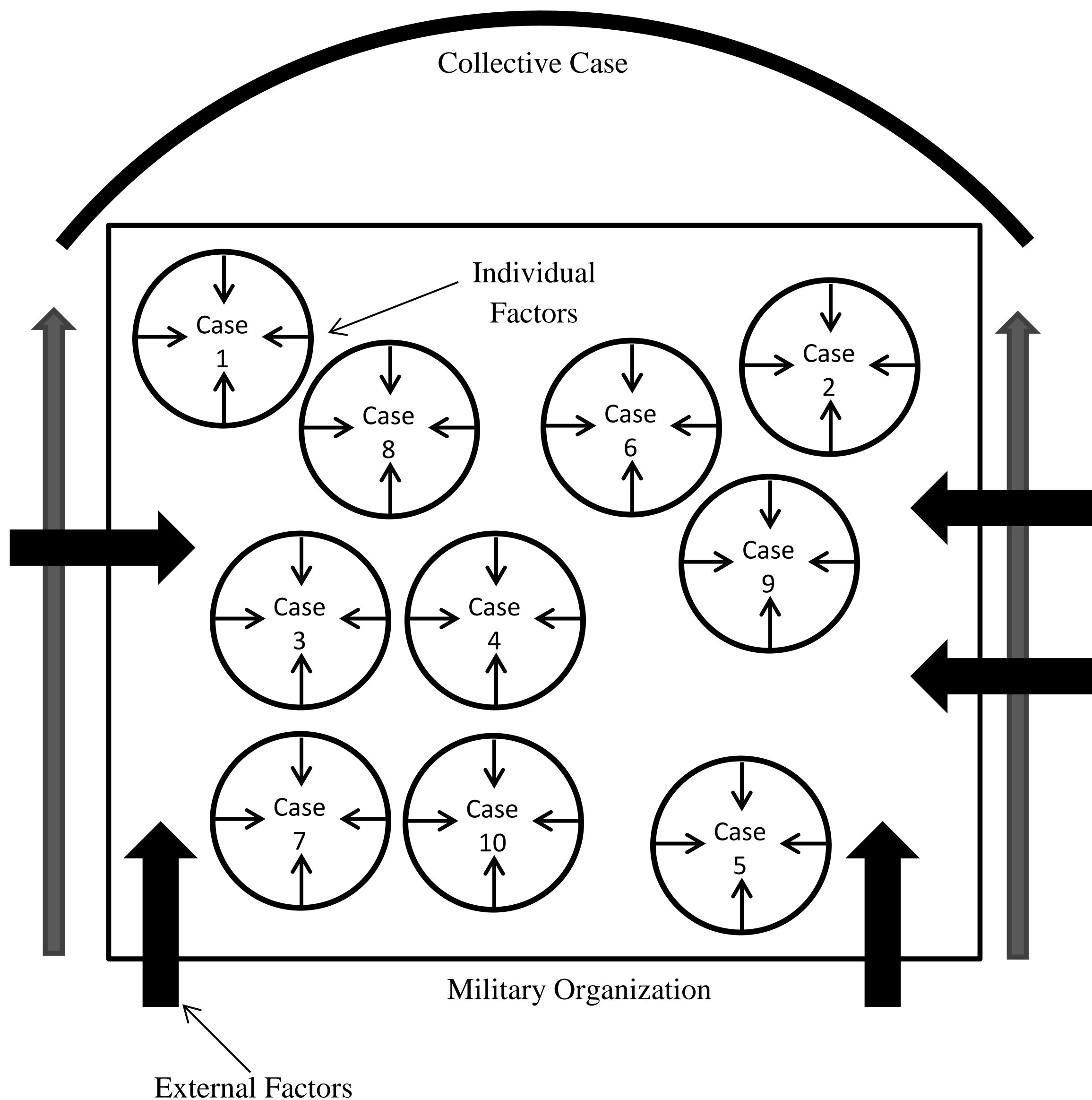
Van Dijk, T. A. (2001) Critical discourse analysis. In D. Schiffrin, D. Tannen, & H. E. Hamilton (Eds.), *The handbook of discourse analysis* (349-371). Malden, MA: Blackwell Publishers Inc.

Van Slyke, J. (n. d.). Post-traumatic growth. *The Naval Center for Combat & Operational Stress and Control.* Retrieved from www.nccosc.navy.mil

Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology--A critical review and introduction of a two component model. *Clinical Psychology Review*, *26*(5), 626-653. doi:10.1016/j.cpr.2006.01.008

Appendix A
Collective Case

In multiple case study, the researcher examines the factors that influence each case independent of all others, identifies similarities and differences across cases, attends to the ways external factors imposed by the system impact the cases, and describes how these contribute to the collective case.



Appendix B

Demographics Form

Please respond to the following questions. If you prefer not to answer any of the questions, please feel free to skip it and move onto the next question.

1. Age____________
2. Gender____
3. Race/Ethnicity____
4. Relationship Status____
5. Sexual Orientation____
6. If you have children, what are their ages? ______________________________________
7. Religious and/or Spiritual preference____
8. What Branch of the Military were/are you in (circle all that apply)?

    a. Army
    b. Navy
    c. Air Force
    d. Marine
    e. Coast Guard

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    a. Active Duty
    b. National Guard
    c. Reserves
    d. ROTC

9. How old were you when you entered the military? ______________________________
10. How old were you when you left the military?_________________________________
11. What was rank and paygrade were/are you?___________________________________
12. If you are no longer in the military, what type of discharge did you receive?

    ____

13. What was/is your MOS (Military Occupational Specialty)? _______________________

    ____

14. Were you ever deployed?

    a. Yes
    b. No

15. If yes to question 14, where did you deployed each time and for how long?

    ____

    ____

    ____

16. Do you have combat experience?

    a. Yes
    b. No

17. Have you received any type of mental health treatment or counseling since your time in the military?
    a. Yes
    b. No

18. If you feel comfortable sharing, briefly describe the type of treatment you received and the duration.

    ____

    ____

    ____

    ____

Thank you.

Appendix C
Interview Questions and Rationale

Attendant Questions	**Interview Questions**	**Literature Suggests or Other Rationale**
	How did the reasons you entered the military align with your actual experiences prior to the assault?	Rapport building; Introduction to the person's expectations and perceptions of the military
	With as much or as little detail as you feel comfortable sharing, please describe the context surrounding the assault. I am interested in hearing about events prior to the assault, the location, information about the perpetrator, and events immediately after. You needn't describe the assault unless you want to.	"Give women the opportunity to talk more about the assault at the beginning of the interview …" (Ullman, 2010. p. 125) Aspects of the event may impact use of protective factors and coping behaviors (Grych, Hamby, & Banyard, 2015)
Following military sexual assault, what individual strategies of survival do women use/utilize/take up	What did you do following the assault that helped you move forward? (Be sure to ask about disclosure, help-seeking, isolating, transfer of units, etc.)	Sadler et al (2003) found that women engage in self-defensive behaviors and some may leave careers or transfer units Grych, Hamby, and Banyard (2015) propose that an individual's behavioral response following violence contributes to their psychological health; they suggest instead of focusing on what people have, focus on what they "*do* in the face of stress that promotes health and well-being" (p. 345)

What individual factors/personal attributes do women draw on that support well-being following military sexual assault	Why do you think the assault happened? (Note: Guide participant toward the context and system level factors). So now tell me what characteristics/internal resources helped you survive?	Risk factors: younger age of service entry and lower education (Sadler et al. 2003) Tsai et al. (2015) Vet sample—social connectedness, intrinsic religiosity, and purpose in life related to PTG; Assaultive events negative associated with PTG in general, with specific negative correlations with relation to others and appreciate of life; Physical/sexual trauma as an adult not significantly related to any of the PTG factors Gibbons et al. (2014) Active Duty health professionals w/o PTSD: self-efficacy through task orientation and a realistic perspective; perceived meaningful contributions; use of protective mechanisms; gratitude Post-event coping: seeking social support, participating in social activities, seeking solitude Post-deployment: staying connected with colleagues; recognition that healing takes time; seeking professional help Mental defeat: isolation, reclusion, avoidance of speaking of trauma Integration of personal characteristics with protective factors (Grych, Hamby, & Banyard, 2015)

		Grych, Hamby, and Banyard (2015) suggest that in additional to behavioral responses, an individual's assets contribute to their well-being.
What military environmental factors support their well-being following military sexual assault?	Please describe the response of the military following the assault. I am interested in hearing about experiences with medical staff, military police, leadership, peers, subordinates, and any other systems or people you interacted with regarding the assault. Can you think back to any particular people, places, or programs that were supportive and tell me about the things you found to be helpful?	Fontana and Rosenheck (1998) found that high levels of social support from family and friends played a mediating role in the development of PTSD—no mention of military support. Sadler at al. (2003) Environmental contributions to the problem: mixed gender sleeping quarters, witnessing sexual activity and being subjected to sexual harassment in these quarters, limited places to recreate or enjoy leisure time free of sexual assault/harassment Katz et al. (2007) found three themes that are suggested to contribute: women are inferior to men; equality is nonexistent (denied opportunities); other women have internalized these norms and mistreat survivors Burns et al. (2014) women's perceptions of factors that contribute: deployment dynamics, sexism, lack of consequences, and other women engaging in victim-blaming Grych, Hamby, and Banyard (2015) suggest that the resources available to survivors of violence

		contribute to their psychological health.
	In thinking back about your expectations of the military, please tell me about how the assault impacted your initial perceptions.	
	What was the impetus for leaving the military? (Or staying if still active)	

Appendix D

Consent Form

University of Wisconsin – Milwaukee
Consent to Participate in Research

Study Title: Qualitative Exploration of Factors Supporting Adjustment in Women Survivors of Military Sexual Trauma

Person Responsible for Research: Stephen R. Wester, Ph.D. and Rae Anne M. Frey, M.S.

Study Description: The purpose of this research study is to investigate the personal and environmental factors that support adjustment following a military sexual assault experience. Approximately 10 individuals will participate in this study. If you agree to participate, you will be asked to participate in a one-on-one interview where you will be asked a series of questions by Rae Anne Frey, a Counseling Psychology doctoral student at UW-Milwaukee and the student principal investigator on this study. Rae Anne will ask you questions about your military experiences. This interview will take place in a private location and will be audio recorded. You will also be asked to complete a few short questionnaires. This will take approximately 60-90 minutes of your time.

Risks / Benefits: Risks that you may experience from participating are considered minimal. During the course of the interview, you may experience distressing feelings and thoughts connected with your experience. If at any time these feelings or thoughts become overwhelming, you can terminate participation in the study. There are no costs for participating. Benefits of participating include a $25.00 gift card given immediately upon completion of the entire interview and questionnaires. In addition, your participation will help us learn valuable information about the personal strengths of survivors of military sexual assault, as well as provide insight into aspects of the military that are supportive and what changes need to be made.

Due to UWM policy and IRS regulations, we may be required to obtain your name, address, social security number (or tax ID number), and signature, in order to issue the payment to you.

Confidentiality: Privacy is of utmost importance when disclosing personal details. Confidentiality cannot be guaranteed as your information will be analyzed and shared with others in line with the purpose of the research study. However, the information collected for this study will remain anonymous. Pseudonyms will be assigned and your information will not be attached to your name. Demographic data including your name and any other identifying information will be stored separately from the other data. Only the lead investigators, Dr. Wester and Rae Anne Frey, will have access to information that could potentially link your identity with your information. Data from this study will be saved on a secure password-protected computer with password protected files and in a locked file cabinet behind a key-coded door for a total of one year. Only the lead investigators, Dr. Wester and Rae Anne Frey, will have direct access to the information. Anonymous data only will be shared with trained members of the research team for analysis. After one year, all paper documents will be shredded and data files erased.

Although unlikely, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may audit the study's records for compliance with regulations.

Voluntary Participation: Your participation in this study is voluntary. If you choose to participate, you can withdraw at any time or choose to skip questions. If during the course of the interview, you change your mind, the interview will be immediately terminated and your data discarded. If upon completion of the interview, you decide you would like to withdraw your information, you can contact Rae Anne Frey and your information will be discarded. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee. There are no known alternatives to participating in this research study other than declining to participate.

Who do I contact for questions about the study: For more information about the study or study procedures, contact Rae Anne Frey at rmfrey@uwm.edu

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must be 18 years of age or older. By signing the consent form, you are giving your consent to voluntarily participate in this research project.

____

Printed Name of Subject/Legally Authorized Representative

____ ____________________

Signature of Subject/Legally Authorized Representative Date

Appendix E
List of Resources

People who have experienced trauma live with the memories daily. Therefore, discussing traumatic experiences within the limits of your own comfortability usually does not cause significant distress (Trauma Research and IRB Executive Committee, DIV 56, 2013). It is normal to become tearful or sad when bringing up painful memories, but usually these feelings will pass quickly. Many people may experience health and psychological benefits of disclosing trauma experiences with safe others (Lutgendorf & Antoni,1999; Newman, Walker, & Gefland, 1999; Pennebaker, Kiecolt-Glaser, &Glaser,1988). The interviewer for this project, Rae Anne Frey, is trained in trauma counseling and has spent several years working with survivors of sexual assault.

Please consider reaching out to these community resources if you need further support.

RESOURCES

Aurora Family Service For families/individuals affected by violence. (clients with T-19 or no insurance accepted)	414-342-4560
Community Information Line	211
Beacon Support Group (Peer support group for survivors of sexual assault)	414-282-4414
Pathfinders (Counseling for child victims, child offenders, and adult victims)	414-964-2565
Froedtert and the Medical College PTSD Treatment	414-805-3666
The Healing Center (Support, advocacy, and counseling for survivors; therapist referral)	414-671-4325 (HEAL)
Healing Warrior Hearts (Free emotional healing weekend retreats)	414-374-5433
Hmong American Friendship Association	414-344-6575
In Their Best Interests, Inc. (resources for abused and neglected children)	414-344-1220
Latino Resource Center	414-389-6500
LGBT Community Center (resources for lesbian, gay, bi, and trans individuals)	414-271-2656
Milwaukee County District Attorney's Office, Sensitive Crimes Victim Services	414-278-4617
Milwaukee Police Dept, Sensitive Crimes Division	414-935-7401
Milwaukee VA Medical Center-Women's Resource Center Building 109	414-384-2000 ext. 43700
Milwaukee Vet Center	414-434-1311
Rogers Memorial Hospital	800-767-4411

PTSD Partial Hospitalization or Intensive Outpatient Programs	
Safe Path (for adolescent sexual abuse survivors)	414-271-9523
Sexual Assault Treatment Center (Medical care, evidence collection, and crisis/short term counseling; therapist referral)	24 Hour Crisis Line at 414-219-5555

Natural healing centers

CORE/El Centro	414 384-2673

In Wisconsin

Wisconsin Coalition Against Sexual Assault	608-257-1516
Wisconsin Coalition Against Domestic Violence	608-255-0539

National organizations

Rape, Abuse, & Incest National Network	1-800-656-HOPE
National Coalition Against Domestic Violence	303-839-1852
National Coalition of Anti-Violence Programs	212-714-1184
National Center for Victims of Crime (help with child sexual abuse)	1-800-FYI-CALL
National Domestic Violence Hotline	1-800-799-SAFE
National Sexual Assault Hotline (RAINN)	1-800-656-HOPE

Appendix F

Coding Manual

First Round: Pre-Coding Manual	
Code	**Definition**
Environment Helpful	People, places, aspects of military culture (e.g. leadership) EXTERNAL to the individual that the individual deemed helpful/supportive, OR in clinical judgement it is deemed helpful/supportive (include supportive military interpersonal relationships here for now)
Environment Harmful	People, places, aspects of military culture (e.g. drinking culture, female stereotypes, betting system, etc.) EXTERNAL to the individual that the individual deemed harmful OR in clinical judgement it is deemed harmful (include harmful military interpersonal relationships here for now)
Environment Ambiguous	People, places, aspects of military culture EXTERNAL to the individual that COULD be either HELPFUL or HARMFUL but the individual didn't ascribe meaning OR it is unclear at this point which category it falls into OR it is neutral and there is no need for "judgement" (e.g. off base housing where many parties occur, getting together after work, etc.)
Individual Helpful	Internal characteristics, behaviors, etc. that the individual deemed helpful OR coder deems helpful based on clinical judgement (e.g. positive perception of self, future orientation, self-efficacy/perceived control, social competence, and use of social resources, social connectedness, intrinsic religiosity or spirituality, purpose in life, appreciation for life, and an increased perception of personal strength) NOTE: some of these might overlap with other categories. Just note that it is a double code using the comments feature.
Individual Harmful	Individual characteristics, behaviors, etc. that the individual deemed harmful OR coder deems harmful/a threat to the survival of the individual based on clinical judgement (e.g. binge drinking, blacking out when drinking, suicide attempts)
Individual Ambiguous	Individual characteristics, behaviors, etc. that are unclear if they are helpful or not, e.g. in the literature AVOIDANCE is pathologized, but is a survival strategy in many of these cases OR some drinking behavior might be reasonable, for attempts at camaraderie, legal, etc. but other aspects made it dangerous (e.g. date rape drug, "friend" taking advantage of non-sobriety, etc)
Important/Stands Out	Notable symptoms of mental health issues (e.g. isolating, guilt, shame, increase in anxiety, depression, nightmares, sleep disturbances, suicidality, etc.), ANY OTHER THING THAT SEEMS IMPORTANT BUT DOES NOT HAVE A CATEGORY (additional codes will be created after this pre-coding process)
Family/Civilian Friends/Other	Relationships or events that happened outside of the military that are mentioned

First and Second Round Coding Manual				
Theme	**Category**	**Subcategory**	**Definition**	**Example**
Military Culture			Perceptions of military culture and traditions	
	Historical sociocultural context		Perceptions of historical and sociocultural factors in the national context that influenced attitudes toward women during that time period	"Back in my day, we were to be homemakers, teachers, nurses, I think that, oh, and airline stewardesses." (Sam)
	Overarching military culture		Aspects of military culture that are common across branches with a similar impact regardless of gender	
		Hierarchy	Adherence to a chain-of-command	"There is a hierarchy. There are rules and you have your rank system and what not." (Ellen)
		Emphasis on physical strength	Expectation of mental and physical strength to ensure mission readiness	"The whole purpose of boot camp and starting out as a scummy civilian and turning you into some mean, lean killing machine…" (Michelle)
		Mission first	Expectation that the needs of the mission are above all else	"We were both kind of worried that, you know, what if disclosing this information [my sexual assault] could be extremely disruptive to the mission…" (Danielle)

Theme	Category	Subcategory	Definition	Example
		Drinking culture	Perspectives of a culture where alcohol use is encouraged and done frequently despite legal age requirements	"I think, it's just the culture…the culture of the military…You work hard, but you party harder...you just drink, drink, and drink." (Caroline)
		Opportunism	Perceptions of a tendency for people to put blame on others and take advantage of situations	"People will just throw each other under the bus." (Alex)
	Misogyny and Sexism			
		Man's World	Perceived problems resulting from a much higher number of men than women including examples of harmful hypermasculinity	I worked in a career field where it was 98% men, so even just being in that career field I already have a reputation." (Caroline)
		Power and control	Displacement of power in favor of male service members	"Men have power no matter how much we think we succeed in it." (Sam)
		Gender-based Microaggressions	Insidious sexist phrases, behaviors, practices not necessary related to sexual advances, but part of everyday lingo and tradition	"They teach in boot camp, you know, you, this is how you use your rifle. This is the way you move your rifle. You put your hand up like you do a woman's skirt." (Elsa)

Theme	Category	Subcategory	Definition	Example
		Work twice as hard	Participant's perception of having to work twice as hard as a woman to gain acceptance, receive recognition, earn promotions, etc.	"I think the quote unquote good old boy system that is there. Male soldiers would get promoted quicker or get picked for leadership positions or you know get picked to do certain jobs that females weren't getting chosen for…" (Rosa).
		Normalized sexual harassment	A mentality that sexual harassment was a way of life in the military, includes incidents of being harassed based on sex, remarks made about physical appearance, etc.	"You are going to at least get harassed. You are going to get sexual innuendos. You are going to get it because it's the lifestyle." (Caroline)
		Normalized attitudes toward sexual assault	Normalization and expectation of sexual assault in the military	"Women are assaulted every what, every two to three minutes, something like that." (Helen)
		Labeling of military women	Women describing gender specific roles or categorizations including, but not limited to slut, bitch, stuck up, dyke, sex object, etc.	"Women in the military was not a good thing back in the day. We were either loose or we were a gay." (Sam)

Theme	Category	Subcategory	Definition	Example
		Betting system	Description of a betting system where male colleagues bet on who would be the first to have sexual intercourse with a woman	“The guys made these bets about women and when women would sleep with somebody or how long it would take for one of them to sleep with somebody.” (Rosa)
		Internalized misogyny and sexism	Examples of women using misogynist and sexist language to describe themselves or other women usually for survival, to fit in, or to deter from being the target	“She fell in more of the slut category, um, unfortunately she kind of fell into their role.” (Elsa)
		Lack of support from other women	Women colleagues who join in harassing and gossiping about the victim or leave women alone with perpetrator	“And this girl is going around the unit pretty much trash talking me because she is sleeping with him [the perpetrator].” (Alex)
		Heterosexism	Discrimination and harassment participant experienced based on sexual identity	“But I also felt responsible because I felt guilty that I stayed in knowing that I was betraying what the oath says too, that I'm not supposed to be here. I was gay. I wasn't supposed to be there.” (Ellen)
Sexual Assault Context				
	Context		Age when sexual assault occurred, time in service, and location	“I was 17…and I knew nothing about the military before going in.” (Julie Joy)

Theme	Category	Subcategory	Definition	Example
	Perpetrators		Gender, position, job	"He was a friend of mine actually." (RJ)
	Strategies used by perpetrators		Coercive strategies used by perpetrators to enact the sexual assault	
		Violence and threats of violence	Actual physical violence or threats of violence	"[The rape] was violent, hateful, it was mean." (Ellen) "[He said] you're going to regret this." (Alex)
		Isolating the victim	Attempts to get the victim alone, away from peers, friends, superiors prior to the assault	"[He] locked both doors on each side of the stage…he was making sure everybody else was gone." (Julie Joy)
		Opportunism	Taking advantage of a woman's inability to consent to sex, usually due to intoxication or beliefs that an individual was drugged	"I couldn't see straight and it was hard to walk straight." (Alex)
		Quid pro quo	Threats to damage a career or otherwise hurt a woman if she does not comply with sexual assault	Ellen's leader threatened to out her LGBT identity if she didn't have sexual intercourse with him

Theme	Category	Subcategory	Definition	Example
Military Personnel and Systems				
	Leadership			
		Supportive	Descriptions and perceptions of interactions with an individual in a military leadership position following the sexual assault	Julie Joy's drill sergeant physically assaulted the perpetrator
		Dismissed and invalidated	Descriptions of leadership not taking women's concerns seriously, not following up to check on well-being, ordering her to continue working with the perpetrator, etc.	"In that moment everybody was very supportive…but then there was like no follow through." (Julie Joy)
		Threatened and targeted	Experiences of being reprimanded, declared unfit for duty, or otherwise punished	"I was unfit for duty under a code personality disorder…" (Rosa)
		Victim-blaming	Examples of leadership blaming the participant for the sexual assault or implying the sexual assault was consensual	"Stop sucking face with my best Marine." (Elsa)

Theme	Category	Subcategory	Definition	Example
	Peers			
		Supportive	Descriptions of Interactions with an individual(s) of a commensurate rank following the sexual assault that were perceived as supportive	"They did have my back through the entire situation." (Alex)
		Harmful	Descriptions of Interactions with an individual(s) of a commensurate rank following the sexual assault that were perceived as harmful	Feelings of being ostracized, hurtful rumors, and peers not taking the sexual assault seriously
	Sexual Harassment and Assault Response Prevention (SHARP)		Descriptions of interactions with SHARP following the sexual assault	"I guess it just felt nice knowing that I had support." (Alex)
	Military police and investigative units		Descriptions of interactions with military police and investigative services following the sexual assault	Examples include interactions with security forces immediately following the sexual assault, questioning by investigators, or denial of police involvement
	Medical		Descriptions of interactions with medical personnel following the sexual assault	"There wasn't a female doctor on duty that day [and they asked me] to return the next day to have a rape kit done." (Rosa)

Theme	Category	Subcategory	Definition	Example
	Psychiatry		Descriptions of interactions with psychiatry following the sexual assault	"She asked me a bunch of questions and she said, 'Yep, you have a personality disorder. We're going to have to discharge you." (Michelle)
	Legal		Descriptions of interactions with legal following the sexual assault	"I decided to fight it and one of the first places I went was JAG had this legal clinic…" (Rosa)
		Justice	Descriptions of perceived justice or lack of justice regarding consequences give (or not given) to the perpetrator	Julie Joy's perpetrator's court-marshal "It was an immediate cover up." (Helen)
Internal Characteristics				
	CD-RISC-25 Resilience Factors		Internal factors as identified on the CD-RISC-25	
		Perceived control	Perception of having control over decisions, career, etc.	"I feel in control of my life." (CD-RISC-25) "I have always been in control, always been in control—through all of this, still figured out a way to cope and move on." (Sam)
		High self-standards	Perception of high self-expectations, motivation, standards, etc.	"I give my best effort no matter what the outcome may be." (CD-RISC-25) "I had to make myself more valuable then, so I did." (Ellen)

Theme	Category	Subcategory	Definition	Example
		Positive acceptance of change	Ability to accept the circumstances and the way they have changed one's life	"I am able to adapt when changes occur." (CD-RISC-25)
		Spiritual influences	Discussion about the importance of religion or spirituality in one's life	"When there are no clear solutions to my problems, sometimes fate or God can help." (CD-RISC-25) "I had to have faith that I was going to be strong enough, but it was the faith community…there was a chaplain on call 24/7 and I relied on it." (Caroline)
		Personal strength	Perception of strength, ability to tolerating distress, seeing stress as strengthening	"Having to cope with stress can make me stronger." (CD-RISC-25) "I'll show you all, I show you all up. So I just kind of put my head down and drove through it…" (Elsa)
		Trust in instincts	Perception of being able to trust one's instincts or intuition	"In dealing with life's problems sometimes you have to act on a hunch without knowing why." (CD-RISC-25)

Theme	Category	Subcategory	Definition	Example
		Secure relationships/ Social connectedness (PTGI)	Perception of having at least one person the individual can rely on	“I have at least one close and secure relationship that helps me when I am stressed.” (CD-RISC-25) “Just maybe knowing….hundreds of people have done this before you and survived.” (Alex)
	Leadership characteristics		Leadership characteristics that were identified early in women’s careers	“I mean, I was, I became their poster person. I became recruiting command’s poser women. I was the example for everybody.” (Sam)
	Education		Education has been identified as a protective factor. Includes participant’s description of education prior to military, during military service, or post-military	Mention of pre-military education, obtaining education during the military, or educational pursuits after discharge.
	Personal values		Guiding values individuals identified as being important to their self-concept and/or behaviors	“The need for justice, kind of, has been a reoccurring thing in my life, that just when things aren’t right…that integrity and need for equity and truth is what I relied on.” (Rosa)

Theme	Category	Subcategory	Definition	Example
	Self-reliance		Women's reports of relying on themselves or sense of independence that helped them in the military	"…that independence streak was very strong." (Helen).
	Future orientation		Participant's description of being focused on moving forward, reaching goals she set out to accomplish, or identifying new career possibilities	"I knew I had to keep living. I had a whole life ahead of me." (Helen)
	Perseverance		The grit, fortitude, or will power women mustered to move forward following the sexual assault	"I kind of just knew that I didn't want to change, so I just kind of said, 'I am not changing anything, I'm just going to keep doing me and hopefully, eventually, I will believe it." (RJ)
Behaviors			Ways women actively adjusted to the military, the sexual assault, and the aftermath of the sexual assault	
	Passing on informal education		Incidents where women provided education cultural norms to one another	"You are either a push-over, a bitch…or a slut…be the bitch." RJ

Theme	Category	Subcategory	Definition	Example
	Attempts at boundary setting		Descriptions of ways women attempted to set boundaries with colleagues	“I started to set my boundaries right way…I was like I have a boyfriend. I’m not here for this, no way, not even an option. I have goals, like this is my career choice, this is not for me.” Elsa
	Attempts to prevent assault		Behaviors women mobilized immediately before the assault in an attempt to prevent it	Helen told her perpetrator to “Get the hell away from me” and “tried to push him out the door.”
	Problem-solving in the moment		Behaviors women mobilized during the assault in an attempt to stop it or to prevent more physical damage	“I became hysterical. I became a wild woman.” (Helen)
	Use of alcohol		Using alcohol to numb the impact of the sexual assault	“I was drinking, so it made it kind of easier.” (Ellen)
	Peritraumatic dissociation		Descriptions of purposely “checking out” during the sexual assault in an attempt to numb the impact	“I just tried not to be there.” (Ellen)
	Immediate disclosure		Descriptions of disclosing the sexual assault shortly after the assault	“I got up and immediately took a shower and then went to the hospital and reported what happened.” (Rosa)

Theme	Category	Subcategory	Definition	Example
	Healthy avoidance		Descriptions of altered routines and friend groups, asking for reassignment, choosing to discharge the military to avoid the perpetrator(s)	"I really stopped hanging out with that group because I then realized how bad that [betting] system was…" (Rosa)
	Advocacy for self and others		Examples of women standing up for themselves or other, often to prevent recourse for reporting the sexual assault	"I knew I had to fight it" re: Rosa's diagnosis of PD following her sexual assault
		Court-marshal	Descriptions of self-advocacy during military legal proceedings	Julie Joy was subpoenaed to testify at the court-marshal of her perpetrator
	Cognitive strategies		Strategic ways women attempted to change their thinking to aid in their adjustment including reframing, positive self-talk, acceptance, and dialectics	"I talk myself out of going there" [re: memories of the assault]. (Michelle) "I hated the Marine Corps but now I say I have a love-hate relationship with the Marine Corps." (Elsa)
	Community among survivors		Examples of women seeking out other survivors of sexual assault as a source of connection and support	"[She] was the only person I could talk to" [re: a colleague who had been raped overseas]. (Ellen)

Theme	Category	Subcategory	Definition	Example
	Use of resources for mental and emotional support		Descriptions of access of resources after leaving the military	Examples may include VA, AA, Vet Treatment Court, etc.
	Disclosure of sexual identity		Intentional disclosure of sexual identity	"I was finally at a point where I didn't have to hide my past, I didn't have to hide my sexuality…" (Ellen)
	Delayed disclosure of sexual assault		Choice to wait to disclose sexual assault until post-military	"eventually, it just kind of, it got triggered again in my head and I kind of felt like I was falling apart, so I went in and talked to somebody [counselor]." (RJ)
Impact				
	Posttraumatic growth		Growth outcomes as identified on the PTGI	
		New possibilities	"Identification of new possibilities for one's life or of the possibility of taking a new and different path in life" (Tedeschi & Calhoun, 2004, p. 6)	"I established a new path for my life" (PTGI)
		Relating to others/social connectedness	"Closer, more intimate, and more meaningful relationship with other people" (Tedeschi & Calhoun, 2004, p. 6)	"I have a greater sense of closeness with others" (PTGI)

Theme	Category	Subcategory	Definition	Example
		Personal strength	"An increased personal strength, or the recognition of possessing personal strength" (Tedeschi & Calhoun, 2004, p. 6)	"I discovered that I'm stronger than I thought" (PTGI)
		Spiritual/religious changes	"Growth in the domain of spiritual and existential matters" (Tedeschi & Calhoun, 2004, p. 6)	"I have a stronger religious faith" (PTGI)
		Appreciation for life	"An increased appreciation for life in general, and many smaller aspects of it, along with a changed sense of what is important" (Tedeschi & Calhoun, 2004, p. 6)	"I have a greater appreciation for the value of my own life" (PTGI)
	Additional areas of growth		Areas of growth that emerged from the data	
		Development of self-knowledge and insight	Indication that one gained an accurate and deep understanding of themselves as a result of their military experiences and sexual assault	"If I stay in this system, I will burn out" (Julie Joy)

Theme	Category	Subcategory	Definition	Example
		Altruism	Demonstrations of the selfless care for the well-being of others	Examples of women who engage in advocacy, mentoring, volunteering, or counseling others
		Meaning making	The ways women have attempted to make sense out of their experiences	"…the assault does not design my purpose and it does not dictate my purpose….it will play a better role because…it's easy to empathize" (Alex)
	Mental Health			
		Peritraumatic dissociation	Experiences of impaired awareness, memory, or altered perceptions during the assault	"I just froze. I put my mind somewhere it needed to be." (Ellen)
		Re-experiencing	Dreams, nightmares, intrusive memories, flashbacks	"I was having nightmares like no other…" (Caroline)
		Avoidance	Avoiding thoughts and reminders of the trauma	RJ avoided talking about her experience for years
		Isolation/Withdrawn	Reduced engagement in social activities, keeping to oneself after the assault	"Nothing helped me early on. All I did was eat and isolate." (Michelle)
		Changes in mood	Immediate and long-standing negative changes in mood including depression and anxiety	"I experienced bouts of depression over the years. And I guess I am just chronically depressed is what they call it" (Helen)

Theme	Category	Subcategory	Definition	Example
		Shame and self-blame	Feelings of shame or blaming oneself for the assault or the outcomes of the assault	"If you can't even protect yourself, how are you going to protect your country?" (Rosa)
		Hyperarousal and reactivity	Irritability, aggression, risky behavior, hypervigiliance, heightened startle response, difficulty concentrating, difficulty sleeping	"It's just all the sudden I know that lava, that eruption is in there and I'm afraid of my anger" (Ellen)
		Somatic symptoms	Physical reactions to the assault or long-term physical problems perceived as attributed to the assault	"I take three, a bunch of pill, I take four pills a day…I would show you my deformation, I have had so many surgeries on internal organs and I blame it all on my PTSD, I really do." (Sam)
		Substance use	Changes in substance use following the sexual assault	Increases or decreases in substance use as an outcome of the sexual assault
		Changes in work behavior	Decreases in motivation to go to work or achieve high performance standards	"I don't know who I told I'm done. I'm not coming back. I'm not coming to drill again…I never went back to drill." (Julie Joy)
		Changes in sexual behavior	Either becoming more promiscuous or abstinent as a result of the assault	"I realized some of it though was not, um, because I wanted it. It was because my voice was lost. I mean the fear of being hurt, um, and you just let things happen." (Sam)

Theme	Category	Subcategory	Definition	Example
		Impact on interpersonal relationships	Participants' descriptions of changes in interpersonal relationships	"I know that it has affected me greatly and I know that it has affected my relationship with every other living person." (Michelle)
		Suicidal ideation and behaviors	Suicidal thoughts, gestures, plans, and attempts following the sexual assault	"I was thinking about dying every day and how much I wanted to die every day." (Elsa)
		Impulsive behaviors	Increases in impulsivity following the sexual assault	"I got engaged, and I had an abortion…" (Caroline)
	Perceptions of the military		Descriptions of how participants' perceptions of the military shifted after the sexual assault	
		Disillusion-ment	A stark change from excitement and anticipation to disappointment	"I wasn't' quite as fulfilled after…" (Elsa)
		Betrayal and distrust	Perceptions of being betrayed by the perpetrator, peers, leadership, or the military after the sexual assault	"I knew that the big piece of the military was camaraderie…and that kind of changed for me afterward because I didn't know who I could trust anymore." (RJ)
	Career		Impact on career trajectory, retention, and attrition	Examples: Danielle became a victim advocate, Rosa and Michelle decided to discharge at the end of their contract despite hoping for a military career, etc.

Curriculum Vitae

Rae Anne Marie Frey — Cadott, Wisconsin

EDUCATION

University of Wisconsin-Milwaukee
Ph.D. Educational Psychology – Counseling Psychology, *(August 2018)*
Dissertation title: A Qualitative Exploration of Factors Impacting Adjustment in Women Survivors of Military Sexual Trauma

University of Wisconsin-Milwaukee
M.S. Educational Psychology – Community Counseling, *(May 2013)*
Thesis title: The Service and Re-Entry Needs of Juvenile Offenders: American Indian Girls Impacted by Sexual Trauma

University of Wisconsin-Madison
B.S. Elementary Education and Psychology, *(May 2007)*

HONORS AND AWARDS

Day/Finch Memorial Scholarship *(2017),* $800
Frank Adams Memorial Scholarship *(2017),* $2,400
APA Graduate Student Ethics Award *(2016),* $1,000
Army Women's Foundation Legacy Scholarship *(2016),* $2,500
Robert Kuehneisen Teachers for a New Era Scholarship *(2016),* $1,000
Michelle A. Miller Memorial Fellowship *(2016),* $1,000
Linda Finch Scholarship *(2016),* $1,000
Sydney G. Hambling '37 Scholarship *(2015),* $5,000
Pat Tillman Scholar Award *(2013-2018),* $60,000
Innovation Award, WI Army National Guard Family Readiness Group *(2012)*
Honor Graduate, Multi-Channel Transmission Operator Course *(2009)*
Honor Graduate, Warrior Leaders Course *(2008)*
Leadership Award, Warrior Leaders Course *(2008)*
Military Awards: Army Commendation Medal; Army Achievement Medal (2); Army Good Conduct Medal; Army NG Components Achievement Medal (2); Iraq Campaign Medal; Global War on Terrorism Service Medal; Humanitarian Service Medal; Armed Forces Reserve Medal; NCO Professional Development Ribbon; Army Service Ribbon; Overseas Service Ribbon; WI NG Emergency Service Ribbon; WI NG Write Medal (7) *(April 2001 – July 2010)*

CLINICAL EXPERIENCE

Clement J. Zablocki VA Medical Center, Psychology Intern, *(August 2017 – August 2018),* under the supervision of Jim Hart, PhD, Training Director

Women's Residential Treatment, under the supervision of Dr. Julie Jackson, LP
Participated on a multidisciplinary treatment team to address the holistic needs of female Veterans including posttraumatic stress disorder related to combat and military sexual trauma, substance use disorders, depression, anxiety, homelessness, unemployment, as well as other psychosocial concerns. Created an Identity Group to explore the ways childhood and the military shape identity which in turn either facilitate or impedes wellness. Facilitated Coping with Trauma, Relapse Prevention, Identity, and Twelve Step Facilitation groups and conducted individual psychotherapy sessions as needed.

Substance Addiction Residential Treatment, under the supervision of Drs. Stephen Melka, LP and Dr. Lynn Servais, LP
Participated on a multidisciplinary treatment team to address the holistic needs of Veterans who are dually diagnosed with substance use disorders and other mental health conditions. Responsibilities included: Facilitation of Twelve Step Facilitation and cognitive skills groups, individual evidenced-based treatment for trauma-related disorders, and team meetings.

Centralized Assessment Unit, under the supervision of Drs. Allison Jahn, LP
Administer compensation and pension evaluations which includes review of medical, military, and other records, psychosocial interviews, assessment administration, scoring, and interpretation, and integrated report writing to address the service-connection referral question from the Veterans Benefits Administration's regional office. Administer psychodiagnostic evaluations in response to consults placed by other providers which includes records review, psychosocial interview, assessment administration, scoring, and interpretation, consultation, and integrated report writing.

Minor rotations: ACT for Depression group, ACT for PTSD group, CPT group, OIF/OEF/OND Process group, polytrauma clinic, men's military sexual trauma process group, and Community Outreach

Froedtert & Medical College of Wisconsin, Trainee *(June 2016 – June 2017)*
Trauma Surgery Psychology Team, under the supervision of Dr. Terri deRoon-Cassini, LP
Collaborated with a multidisciplinary surgical trauma team in an urban Level 1 Trauma Center to provide acute psychological interventions for individuals recently admitted to the Intensive Care Unit following traumatic injuries. Responsible for bedside psychosocial evaluation and PTSD risk assessment, short-term interventions for PTSD and adjustment to injuries, and staff consultation. Provided follow-up outpatient evidenced-based therapy for PTSD and adjustment to diagnosis.

Spinal Cord and Brain Injury Rehabilitation, under the supervision of Drs. Rebeccah Manson, LP and Michael Smith, LP.
Collaborated with a multidisciplinary rehabilitation team including physicians, occupational, physical, and speech therapy, and nursing to provide holistic rehabilitation services to patients with spinal cord and brain injuries. Participated in rounds with medical team and weekly patient/family/team meetings. Responsible for bedside psychological evaluation and brief adjustment to diagnosis interventions for patients and families. Facilitated patient self-advocacy, communication between patient and staff, as well as patient understanding of and compliance to medical regiment.

Rogers Memorial Hospital, PTSD Partial Hospitalization Program Trainee, *(September 2015 – May 2016)*, under the supervision of Dr. Chad Wetterneck, LP
Collaborated with a multidisciplinary team to provide intensive individual and group evidenced based therapy for survivors of traumatic events based on biopsychosocial interviews, medical history, and clinical assessments. Received experience and training in Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), behavioral activation, and interpersonal skills based on Dialectical Behavioral Therapy (DBT). Received training and assessment experience with the Clinician Administered PTSD Scale for DSM-5 and the Mini-International Neuropsychiatric Review, as well as a variety of symptom inventories.

Clement J. Zablocki VA Medical Center, Neuropsychology Trainee, *(September 2014 – August 2015),* under the supervision of Dr. Katie York and Dr. Eric Larson, LP

Administered, scored, and interpreted neuropsychological assessments to include: Animal Fluency, Beck Anxiety Inventory, Beck Depression Inventory-2, Boston Naming Test, Brief Visuospatial Memory Test-Revised, California Verbal Learning Test-2, Clock Drawing Test, Controlled Oral Word Association Test-FAS, Geriatric Depression Scale, Gordon Diagnostic System, Greek Cross, Grooved Pegboard Test, Hooper Visual Organization Test, Hopkins Verbal Learning Test-Revised, Judgment of Line Orientation Test, Luria's Motor and Tapping Tests, Minnesota Multiphasic Personality Inventory-II, PTSD Checklist, Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), Rey Auditory Verbal Learning Test, Sentence Repetition Test, Symbol Digit Modalities Test, Symptom Checklist-90-Revised, Test of Memory Malingering, Token Test, Trail Making Test A & B, Weschler Adult Intelligence Scale-IV, Wisconsin Card Sorting Test, WMS-IV Logical Memory, and WRAT-4 Spelling and Word Reading Tests. Wrote six integrated neuropsychological reports.

Clement J. Zablocki VA Medical Center, Women's Health Psychology Trainee, *(September 2013 – May 2014),* under the supervision of Dr. Nora Keenan and Dr. Colleen Heinkel, LP

Collaborated with MDs to provide integrated physical and mental health care to women Veterans in the Primary Care Women's Clinic who experienced comorbid conditions including diabetes, high cholesterol, chronic pain, sexual health concerns, and physical disabilities. Received training and clinical experience in evidenced-based treatments including Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), and Motivational Interviewing (MI) with women Veterans in the Women's Resource Center with comorbid mental health diagnoses resulting from trauma. Received training and assessment experience with the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), Montreal Cognitive Assessment (MOCA), PTSD Symptom Checklist (PCL), Beck Depression Inventory-Second Edition (BDI-2), Millon Behavioral Medicine Diagnostic (MBMD), Multidimensional Health Locus of Control (MHLA), Alcohol Use Disorders Identification Test Consumption (AUDC), Motivations for Drinking, Motivations for Marijuana Use, Pain Catastrophizing Scale (CSQ-Cat), and the Multidimensional Pain Inventory – Interference. Received training in consultation with medical providers, pain psychologists, and physical therapists. Shadowed members of a multidisciplinary team in primary care and neuropsychology.

The Healing Center, Counseling Practicum Student, *(June 2012—May 2013),* under the supervision of Melinda Hughes, LPC

Provided individual counseling and co-facilitated support, psychoeducation, and process groups for survivors of sexual trauma utilizing evidenced-based trauma interventions such as cognitive behavioral therapy. Provided advocacy services for clients to assist in navigation of local resources. Adapted therapeutic techniques with sensitivity to the multicultural identities of clients and received multicultural training and supervision.

PROFESSIONAL EXPERIENCE

UW-Milwaukee School of Continuing Education, Instructor, *(August 2016 – present)*

Collaborated with co-instructor to redesign the trauma program for continuing education students from a variety of disciplines. Built two online trauma counseling courses and collaborated with co-instructor to facilitate courses. Provided consultation for School of Continuing Education as they developed an annual trauma conference. Facilitated networking between staff and trauma psychologists in the community.

UW-Milwaukee, Instructor

COUNS 774, Trauma Counseling I: Theory and Research *(Summer 2015)*

COUNS 775, Trauma Counseling II: Diagnosis and Treatment *(Summer 2015 and 2016)*

Facilitated two online cross-departmental trauma courses for graduate and continuing education students. Collaborated with the Accessibility Resource Center to have videos captioned making course material accessible for a deaf student. Monitored online discussions, graded assignments according to rubrics made accessible to students, organized course materials, provided feedback on all assignments, and determined final grade.

Norris Health Center, UW-Milwaukee, Suicide/Depression Screener, *(December 2014 – May 2015)*
Collaborated with a medical team who referred students who endorsed depressive symptoms on a screener in the primary care clinic. Administered the Patient Health Questionnaire-9 (PHQ-9) and the Columbia-Suicide Severity Rating Scale (C-SSRS) and conducted a thorough risk assessment to determine suicidality, while following a system-wide protocol for triage. Provided brief solution-focused therapy which included behavioral activation and referrals.

Milwaukee Academy of Science, 4th and 5th Grade Teacher, (*August 2007 –August 2011)*
Collaborated with a team to develop lesson plans and overall course structure in order to provide differentiated instruction to meet the individual needs of urban students in Reading, Language Arts, Math, Social Studies, and Science.

U.S. Army National Guard, *(April 2001 – July 2010)*
Honorably discharged as a Staff Sergeant (E-6) after nine years of service which included activation in support Hurricane Katrina relief and mobilization for Operation Iraqi Freedom (Camp Bucca, Iraq 2009-10). Specific duties during OIF included: Company Operations Section Squad Leader, Unit Historian, Unit Substance Abuse Prevention Leader, Mental Health Representative, Remedial Physical Training Non-Commissioned Officer in Charge, and Torch Party Escort.

RESEARCH EXPERIENCE

iPeer with Dr. Zeno Franco, Medical College of Wisconsin and DryHootch, *(December 2014-July 2015)*
Participated as a Veteran peer mentor in a collaborative research initiative between the Medical College of Wisconsin and DryHootch examining the utility of a technology based application in the mentoring of college Veterans. Performed weekly check-ins either face-to-face or via technology, collected outcome data, and participated in team meetings.

Southern Oaks Girls School Study with Dr. Leah Arndt, UW - Milwaukee, *(February 2012-present)*
Collaboration with Dr. Leah Arndt in a qualitative research project examining the service and re-entry needs of American Indian juvenile offenders .

Milwaukee Police Suicide Study with Dr. Leah Arndt, UW – Milwaukee, *(July 2011-present)*
Assist in transcription, analysis, and case conceptualization of complex cases involving significant risk to self and others to examine the contextual factors of suicide in law enforcement.

Child Emotions Research Lab with Dr. Seth Pollak, UW – Madison, *(May 2005 – January 2007)*
Assisted in the study of child emotions by conducting the study with child participants, including explaining the procedure, attaching an electroencephalogram cap and electrodes to participants' heads, running the computer program, debriefing participants, and maintaining all electroencephalogram equipment.

PUBLICATIONS AND PRESENTATIONS

Plach, H., Franco, Z., Sheeran, J., Derge, N. J., Rodgers, S., Burgos, R. A., Holland, J., & **Frey, R.** (2017, September). Lived experiences of student veterans: Best practices & perspectives from higher education. Panel discussion at the Wisconsin Warrior Summit, Milwaukee, WI.

Brosig, C., Downs, K., & **Frey, R.** (2017, September). Female veterans, children, & family of veterans and active duty: Military culture's impact on women survivors of sexual trauma. Presentation and panel discussion at the Wisconsin Warrior Summit, Milwaukee, WI.

Frey, R. (2017, May). The impact of caregiving: Burnout & vicarious traumatization-prevention and intervention. Presentation give to interdisciplinary spinal cord and neuro rehab team at Froedtert Hospital, Milwaukee, WI.

Hunt, J. & **Frey, R.** (2017, February). Psychological health after traumatic injury: A view from inside a level 1 trauma center. Presentation give to interdisciplinary spinal cord and neuro rehab team at Froedtert Hospital, Milwaukee, WI.

Frey, R. (2016, August). Ethical challenges for military psychologists. Paper presented at the annual meeting of the American Psychological Association, Denver, CO.

Frey, R. (in press). Ethical challenges for military psychologists: When worlds collide. *Ethics and Behavior.*

Rouse, L. M., **Frey, R. A.,** López, M., Wohlers, H., Xiong, I., Llewellyn, K., Lucci, S. P., & Wester, S. R. (2015). Law enforcement suicide: Discerning etiology through psychological autopsy. *Police Quarterly, 18*(1), p. 79-108.

Salas-Pizaña, S.P., **Frey, R.A.M.,** Lucci, M.P., Benally, N., Mascari, L.H., & Rouse, L.M. (2015, November). American Indian youth in corrections: A study for the prevention and reduction of trauma. Paper presented at the International Society for Traumatic Stress Studies 31st Annual meeting, New Orleans, LA.

Frey, R. A. (2013). The service and re-entry needs of juvenile offenders: American Indian girls impacted by sexual trauma. (Master's Thesis). Available from ProQuest Dissertations and Theses database. (UMI No. 1539481)

Frey, R. A., Lopez, M., Rouse Arndt, L, M., Llewellyn, K., Pinero, S., Wohlers, H., Xiong, I., Hodges, R., & Wester, S. R. (2013, August). Male gender role: Reporting mental health concerns in fellow law enforcement officers. Poster session presented at the annual meeting of the American Psychological Association, Honolulu, HI.

Llewellyn, K**., Frey, R. A**., Rouse Arndt L, M., Pinero, S., Wohlers, H., López, M., Xiong, I., Hodges, R., Wester, S. R. (2013, August). Life review in law enforcement suicide: Proposed suicide autopsy protocol for law enforcement. Poster session presented at the annual meeting of the American Psychological Association, Honolulu, HI.

Lopez, M., Rouse Arndt, L, M., Pinero, S., Wohlers, H., **Frey, R. A.,** Llewellyn, K. Xiong, I., Hodges, R., & Wester, S. R. (2013, August). Alternative avenues for help-seeking utilized in this sample in law enforcement. Poster session presented at the annual meeting of the American Psychological Association, Honolulu, HI.

Wohlers, H., Rouse Arndt, L., Llewellyn, K., Pinero, S., López, M., **Frey, R. A.,** Xiong, I., Hodges, R., & Wester, S. R. (2013, August). Utilization of peer support services in law enforcement population. Poster session presented at the annual meeting of the American Psychological Association, Honolulu, HI.

Frey, R. A. (2012, December). Military sexual trauma. PowerPoint presentation briefed at Co. C 132d BSB, Milwaukee, WI.

Ardnt, L. and Frey, R. A. (2012, September). Preventing military suicide: Privileging indigenous knowledge. Presentation given at the American Indians Veterans Event, Milwaukee, WI.

PROFESSIONAL ORGANIZATIONS

American Psychological Association (APA)

Student Affiliate Division 17, Society of Counseling Psychology

Student Affiliate Division 19, Society for Military Psychology

Student Affiliate Division 56, Trauma Psychology

Counseling Psychology Student Association (CPSA)

SERVICE AND LEADERSHIP

Counseling Psychology Student Association, *(2013-present),* Treasurer *(2014-2016)*

APA Division of Military Psychology (DIV 19) Campus Representative, *(2013-2016)*

Healing Warrior Hearts, *(2014-present),* Volunteer

Family Readiness Group Leader, Co. C 132d BSB, Army National Guard, *(2010-2014)*

Counseling Student Organization, *(2011-2013)*, Student Representative *(2012 – 2013)*