“Forming Ranks”: The Impact of Negative-Destructive Leadership in The Aftermath of Military Sexual Assault and Reporting

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“FORMING RANKS”: THE IMPACT OF NEGATIVE-DESTRUCTIVE LEADERSHIP IN THE AFTERMATH OF MILITARY SEXUAL ASSAULT AND REPORTING

A Dissertation
Submitted to the McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for the degree of Doctor of Philosophy

By
Jessica J. Payton, M.A.

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Jessica J. Payton

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ABSTRACT

“FORMING RANKS”: THE IMPACT OF NEGATIVE-DESTRUCTIVE LEADERSHIP IN THE AFTERMATH OF MILITARY SEXUAL ASSAULT AND REPORTING

By

Jessica J. Payton, M.A.

December 2017

Dissertation supervised by Eva Simms, Ph.D.

Military leaders play central roles in responding to sexual assault in the military social ecology, yet their impacts on victims’ post-assault and reporting experiences remain understudied. Using standpoint epistemology and a military-specific social ecological approach, this two-stage project investigated how military leaders impacted survivors’ post-assault and reporting experiences, as well as their experiences with military peers, community resources, and justice and separation processes. Data were gathered through an initial focus group with eight subject matter experts in advocacy, legal work, and policy reform, followed by subsequent in-depth individual interviews with eight female survivors of military sexual assault, seven of whom filed unrestricted reports between 2006 and 2014 and all of whom were separated from service between 2007 and 2015. Analysis was performed with grounded theory.
Findings provide in-depth understanding of the extensive impact of military leaders on survivors’ experiences across the military social ecology. Data indicate that when leaders themselves perpetrated, were affiliated with perpetrators, or became otherwise compromised, they damaged victims’ reporting experiences, recoveries, and support systems. These negative-destructive leaders capitalized on the close-knit, transitory, and male-dominated military environment to recruit other leaders and supports into an escalating process of defamation of and retaliation against survivors—a process described as forming ranks. As this destructive process escalated, it potentiated the harms caused by the initial assault(s) and compromised the support and protection available to victims from peers, positive-constructive leadership, and military community resources. In three cases, it contributed to survivors’ attempting to take their own lives. This destructive process also interacted with structural power dynamics to compound barriers to leader-perpetrator accountability in the command-directed justice system. By forming ranks against survivors, negative-destructive leaders ultimately deprived them of the ability to recover while they remained in service and contributed to their separations from the military—the very purpose of this retaliatory process. All participants provided actionable recommendations to increase leadership accountability and improve the military system, in order to better protect future survivors from the victimization and retraumatization that they or those they knew had endured.
DEDICATION

This dissertation is dedicated to the military survivors who risk their careers to tell the truth about their experiences. It is also dedicated to the military leaders and supports who believe, encourage, and protect them.
ACKNOWLEDGEMENT

This project is about truth-telling, and it is grounded in the real experiences of women who have survived military sexual assault as well as the dedicated advocacy of those who work on their behalves. I am indebted to each participant for the powerful truths they have shared and without whom this research would not have been possible. To the military survivors who came forward to share their stories, I owe a profound debt to each of you for allowing me to witness, carry, and begin to describe your experiences in this project. I know that your stories will always exceed what I offer here, but I hope to have done justice to some small part of them. I would also like to thank the devoted family members, partners, and advocates who accompanied many of you during the interviews and whose dedication to you and understanding of these issues was profoundly moving. I would also like to extend my gratitude to the focus group participants who shared their expertise, experiences, and recommendations for change. Thank you for allowing me to learn from each of you and for the work you do on behalf of survivors everywhere.

I am profoundly indebted to Protect Our Defenders for their formative help, support, and patience throughout of all stages of this project. Thank you especially to Miranda, Yelena, and Jenny for your tireless work in organizing a phenomenal group of focus group participants and in helping me connect with survivors who were willing to share their stories. Most of all, thank you for the work you do each day in bringing awareness to these issues, advocating for, giving voice to, and helping to protect survivors from further harms, and working toward social change. Protect Our Defenders makes this world a better place.

I would also like to thank some incredible veterans who inspired this project’s trajectory or provided information along the way. Thank you especially to Layla Mansberger and BriGette McCoy for conversations that continue to impact my thinking about MSA today. Thank you to Layla for advocating for my inclusion as a civilian in efforts to address these issues, and for helping me understand the costs of military sexual violence. Thank you to BriGette for opening my eyes to the importance of positioning MSA as workplace sexual violence and of asking the right questions in research about race. And to one remarkable Marine, DM, thank you for your willingness to take a chance on a civilian woman therapist. Being witness to your journey has powerfully transformed my own. You are one of the wisest and most courageous people I know.

I am deeply indebted to my incredible committee members, Eva Simms, Roger Brooke, and Jessie Goicoechea, for their patience, support, and guidance, not only during this project but also throughout my time at Duquesne. Each of you has been formative in my development as a person, clinician, and scholar. To Jessie Goicoechea, thank you for your optimism and welcoming availability throughout my training and for your willingness to take on this project. Thank you for helping me to see mental health phenomenologically, as an experience and process rather than a static construct. To Roger Brooke, thank you for your deep wisdom, expertise, and mentorship throughout my clinical and scholarly development. Thank you most of all for believing in me and encouraging and supporting my work with veterans. I feel blessed to call you my mentor and friend. Most of all, to Eva Simms, thank you for your mentorship and support over these years and throughout all stages of this project. Thank you for providing a model of
strong feminist scholarship and for encouraging me to think into the realm of the politically actionable. Thank you for knowing when to push me beyond my comfort zone and when to offer support and direction. This project would have never been possible without your support and encouragement, and it would have never been finished without your advice that I needed to finally let it go. I am forever indebted to you for your belief in me as a person and in my voice as a feminist scholar.

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Human rights violations are not accidents; they are not random in distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intimately to the social conditions that so often determine who will suffer abuse and who will be shielded from harm.

—Paul Farmer, *Pathologies of Power*
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LIST OF ABBREVIATIONS

**ADC**: Air Force Area Defense Counsel

**AFI**: Air Force Instruction

**AOR**: Adjusted odds ratio

**BCMR**: Boards for Correction of Military Records; see also BCNR

**BCNR**: Boards for Correction of Naval Records; see also BCMR

**CA**: Convening authority; see also GCMA and SCMCA

**CBPR**: Community-based participatory research

**CDC**: Centers for Disease Control

**CGT**: Constructivist grounded theory

**CID**: Army Criminal Investigation Command

**CO**: Commissioned officer

**CSM**: Command sergeant major

**CVA**: Civilian victim’s advocate; see also VA and UVA

**DILO**: Discharge in lieu of court-martial; see also RILO

**DoD**: U.S. Department of Defense

**DRB**: Discharge Review Board

**DSAID**: Defense Sexual Assault Incident Database

**EO**: Equal opportunity; see also MEO

**EPR**: Enlisted Performance Report

**GAO**: Government Accountability Office

**GCMCA**: General court-martial convening authority; see also CA and SCMCA
GT: Grounded theory
HR: Hazard ratio
HRW: Human Rights Watch
IDA: Initial disposition authority
IDES: Integrated Disability System
IG: Inspector General
LOA: Letter of admonishment
LOC: Letter of counseling
LOR: Letter of reprimand
MEB: Medical Evaluation Board
MEO(O): Military equal opportunity (officer)
MCIO: Military Criminal Investigative Organization
MIJES: DoD’s Military Investigation and Justice Experience Survey
MPO: Military protective order
MSA: Military sexual assault
MSC: Military Service Coordinator
MST: Military sexual trauma
MTC: Military trial counsel
MTF: Military Treatment Facility
NCIS: Naval Criminal Investigative Service
NCO: Non-commissioned officer
NCOER: Non-Commissioned Officer Evaluation Report
NDAA: National Defense Authorization Act
NDMC: Non-disability medical condition

NIH: National Institutes of Health

OEF: Operation Enduring Freedom

OIF: Operation Iraqi Freedom

OND: Operation New Dawn

OR: Odds ratio

OSI: Air Force Office of Special Investigations

PCS: Permanent change of station

PEB: Physical Evaluation Board

PEBLO: Physical Evaluation Board Liaison Officer

POD: Protect Our Defenders

PTSD: Posttraumatic stress disorder

RILO: Resignation in lieu of court-martial; see also DILO

RMWS: RAND Military Workplace Study

RR: Relative risk

SAPR: Sexual assault prevention and response; see also SHARP

SAPRO: Sexual Assault Prevention and Response Office

SARC: Sexual assault response coordinator

SCMCA: Special court-martial convening authority; see also CA and GCMCA

SEA: Senior enlisted advisor

SHARP: Army Sexual Harassment and Assault Response and Prevention; see also SAPR

SJA: Staff judge advocate

SVC: Special victims’ counsel; see also VLC
**SWAN**: Service Women’s Action Network

**TAD**: Temporarily assigned duty

**UCMJ**: Uniform Code of Military Justice

**UVA**: Uniformed victim’s advocate; see also VA and CVA

**VA**: Victim’s advocate; Veterans Administration

**VHA**: Veterans Health Administration

**VLC**: Victims’ legal counsel; see also SVC

**WGRA**: *Workplace and Gender Relations Survey of Active Duty Members*

**WHO**: World Health Organization
CHAPTER 1: INTRODUCTION

“Forming Ranks”: The Friendly is the Enemy

By the time Sergeant First Class Diana Marshall transitioned to her second Army base, she had served fifteen years under a series of exemplary leaders. Through their examples, Diana had learned how to lead her own subordinates effectively and constructively. She embodied dedication and was universally respected by superiors and subordinates alike.

Things changed soon after she arrived to her second duty station, which was known for poor morale, a hyper-focus on being “fit to fight,” and hostility toward women. Diana’s sergeant major began to sexually harass her and her female Soldiers. He selected her unit for frequent inspections and publically commented on their breasts, legs, and buttocks. He and his fellow sergeants major competed over whose troops had the “best bodies.” He sent Diana disconcerting emails. He isolated her and intimidated Soldiers who tried to talk to her, preventing her from doing her job. He treated her as his possession.

Diana actively sought help to protect herself and her subordinates. She reported the harassment to the base Equal Opportunity Office. Friends with her perpetrator, the male EO officer did little about her complaint. Her perpetrator’s behaviors escalated from harassment to assault. Diana reported him to multiple leaders up her chain of command, including officers at the battalion and brigade levels. She asked to be moved to another unit. They promised to help but gave her negative paperwork instead. His criminal misconduct was not investigated. He eventually raped her.

When Diana filed an unrestricted report with Army Criminal Investigative Command, her commander took over the investigation. When Diana sought recourse from multiple Inspectors General, her leaders painted Diana as a deployment-dodging troublemaker in their responses to
the official inquiries. Leaders at all levels—from her perpetrator and other senior non-commissioned officers to her brigade commander—humiliated, deceived, black-balled, threatened, and punished Diana for seeking help and reporting one of their own. Clearances necessary for her promotion were never processed as negative paperwork against her accrued. Eventually, her colonel tried to deprive her of her military retirement by expediting her separation from the Army. Enraged and terrified, Diana retained a civilian defense attorney to fight for her. Hearing her story, this man told her that her leadership had united to destroy her character and end her career—that they had “formed ranks” against her.

For five years, Diana was held under her perpetrator’s direct control, with the full knowledge of her military leadership, and without recourse. She compared this to being deployed as an “Army of one”:

It’s you fighting against the enemies; you have no help. That’s how it feels…. And the sad thing is, you’re fighting the friendly…. You should be fighting the enemy, but the friendly is the enemy…. That’s why I tell people, “Yeah, I was at war. I just was in the United States fighting the war. I didn’t go overseas. I was fighting this war to keep my sanity, fighting a war to prove what I was saying was true, it happened. That’s the war I was in, fighting against sexual harassment and sexual assault. Five years I was deployed. Like most MSA survivors’ stories, Diana’s did not make headlines, and Congressional panels were not convened to investigate the violence she was forced to endure. Instead, Diana’s story quietly bears witness to the lived realities of survivors who risk their careers to report high-status perpetrators and to the untold thousands for whom such reporting is unthinkable. Her story also
testifies to the military practices and power structures that empower negative-destructive leaders to prey on subordinates and be protected by other leaders, regardless of the cost to victims.\(^1\)

**Leadership as the “Center of Gravity”**

Negative-destructive leadership is a cancerous reality with which the Department of Defense (DoD) and its civilian leadership must seriously contend, for its impacts on victims, accountability structures, and the wider military social ecology are debilitating. Since Tailhook first exposed the reality of military sexual assault (MSA) and military leaders’ own involvement in sexual assault crimes against fellow servicemembers, multiple leaders in positions of trust and authority have been themselves accused of sexually assaulting, raping, sodomizing, and prostituting out their subordinates, as well as obstructing justice against themselves or others (Montgomery, 2013). Each time a new scandal exposes the toxic abuses of some military leaders, Congressional panels are convened, military brass are interrogated, and leadership is invoked as the central solution to the problem of sexual assault in the ranks (Montgomery, 2013).

Such rhetoric is both deeply true and powerfully unconvincing. Indeed, despite over two-and-a-half decades of positioning military leaders as central to primary and secondary prevention of MSA, there is a curious lack of research about the extent to which leaders actually accomplish such aims. As a case in point, a recent DoD prevention plan (DoD, 2014b) identified “leaders at all levels” as the “center of gravity” for sexual assault prevention and response, highlighting their critical role in caring for subordinates’ well-being, organizing Sexual Assault Prevention and Response (SAPR) programs, and creating climates of trust that facilitate reporting. DoD reaffirmed leadership’s central role in their prevention plan in a report to President Obama in

---

\(^1\) Indeed, one of the most disconcerting aspects of Diana’s story is its similarity to that of other servicewomen who have reported high-status perpetrators in the military context and have faced retaliation from the very leaders charged with their well-being and career progression. Simultaneously, however, there are stories that show leadership who responded with compassion and support. Understanding the differences between these leaders and conditions contributing to their responses is critical.
which they argued that “the best method of reducing the prevalence of sexual assault in the military is to engage commanders more, not less, and to hold them accountable” (DoD, 2014a, p. 32). Ironically, however, a U.S. Government Accountability Office evaluation of DoD’s prevention programming (GAO, 2015a) exposed DoD’s failure to actually specify leadership-related risk factors and actionable prevention strategies—despite this being an area over which DoD had the most direct and extensive control. In response, DoD claimed that insufficient research on leadership risk factors existed and that they had not undertaken such analysis themselves (see GAO, 2015a, p. 16)—despite their own data demonstrating that between one-third and one-half of perpetrators each year hold leadership positions (DMDC, 2013; Lipari, Cook, Rock, & Matos, 2008; Morral, Gore, & Schell, 2015b; Rock, Lipari, Cook, & Hale, 2011).

But DoD’s response was also partially correct. Research into the types of environments military leaders promote as well as the actions they take toward victims in the aftermath of receiving sexual assault reports is sparse, despite DoD’s expressed commitments to engaging leaders at all levels in these critical processes (e.g., DMDC, 2013; DoD, 2014a, 2014b, 2016b). Moreover, retaliation and other abusiveness against survivors fail to remit despite substantial reforms (DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Namrow, De Silva, Barry, Klahr, & Elya, 2017; Namrow, Hurley, Van Winkle, & De Silva, 2016), necessitating better understanding of the roles played by negative-destructive leaders and the processes by and conditions under which this abusive behavior takes place (see DoD, 2016b). In addition, although it is widely recognized that harassment-tolerant leaders powerfully increase risk for MSA in military units and communities through the climates they set and examples they provide (Reed, 2015; Sadler, Booth, Cook, & Doebbeling, 2003; Sadler, Mengeling, Booth, O’Shea, & Torner, 2017), it is unclear what influence negative-destructive leaders have on other aspects of
the military social ecology, such as the resource systems designed for survivors’ post-assault welfare and protection. And despite over a decade of DoD SAPR data showing that perpetrators frequently occupy leadership positions (e.g., DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Rock et al., 2011), further research into this substantial contingent of leader-perpetrators does not exist. Thus understanding how negative-destructive leadership develops and operates, jeopardizes DoD progress on MSA, and compromises victims’ well-being and the larger military social ecology is a critical research endeavor that may carry implications for MSA prevention and response, public health, and policy reform. Qualitative research can contribute to this larger conversation by offering in-depth, experientially driven analysis that may illuminate areas for larger-scale research attention, increased oversight, and needed change.

This two-stage qualitative mixed methods project provides a provisional descriptive-analytic grounded theory of negative-destructive leadership’s extensive impact on military survivors’ reporting experiences and their aftermath. Oriented by a feminist standpoint and social ecological approach, this project draws from military survivors’ experiences and advocates’ expertise in order to “study up” to larger power structures, military practices, and constitutive contexts that contribute to cultures of victim-silencing and retaliation in the aftermath of MSA—including negative-destructive leadership’s central role in these issues. This account is grounded in data from two sources: 1) an initial focus group composed of eight subject matter experts in advocacy, legal work, and policy reform; and 2) subsequent in-depth individual interviews with eight female survivors of military sexual assault, seven of whom filed unrestricted reports between 2006 and 2014 and all of whom were separated from service between 2007 and 2015.

**Defining terms.** Before proceeding, it is important to define terms that will be employed throughout this project. The terms *leadership* or *leaders* will be taken to mean a process of
interpersonal influence and a position of power and responsibility held by individual servicemembers and groups (Army, 2012). Through the process of interpersonal influence, leaders work to communicate values, expectations, and intentions to others in their environments, in order to direct their behavior and to motivate them toward accomplishing common goals. Although such influence is often top-down (i.e., to subordinates), it can also occur laterally (i.e., to similar-ranking individuals) or in bottom-up fashion (i.e., to superiors; Army, 2012; Hastie et al., 2014). Such a process of interpersonal influence can be employed toward positive or negative ends, and it may carry intended or unintended consequences. Leadership/leaders will also indicate one or more persons who hold positions of power in the formal military hierarchy and are responsible for the functioning of their units and welfare of their subordinates. Consistent with military leadership structures, leaders in this sense will include non-commissioned or petty officer ranks/rates of E4 for Army and Marine Corps (i.e., corporal) and Navy (i.e., petty officer third class) and E5 for Air Force (staff sergeant) or above. As the formal rank-based power hierarchy is a central organizer of military interactions at all levels, leadership influence may extend beyond one’s own immediate unit and thus represents a “portable” position of accountability and responsibility occupied by individuals who are expected to embody military values and proper conduct regardless of their location (Army, 2012; NDUP, 2013).

Military sexual assault (MSA) will be taken to mean one or more sexual assault events that occurred while a servicemember was serving on active duty. Sexual assault is defined by Department of Defense Directive (DoDD) 6495.01 and summarized by DoD as:

Intentional sexual contact characterized by use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent. The crime of sexual assault
includes a broad category of sexual offenses consisting of the following specific Uniform
Code of Military Justice offenses: rape, sexual assault, aggravated sexual contact, abusive
sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these
offenses. (DoD, 2015b, pp. 5, ft. 1)

DoD’s more recent view of sexual assault as occurring in the absence of consent aligns with
recognition in the civilian sector that force or threat of force do not fully capture the lived
realities of sexual violence (e.g., force or threat of force may not be used when the perpetrator is
known to the victim or when the victim is unconscious or otherwise incapacitated). But
behaviors, like sexual harassment, that do not meet criteria for criminal sexual misconduct can be
as devastating or threatening to those experiencing them. Thus the more inclusive term military
sexual trauma (MST) is used by the Veterans Health Administration to describe “sexual
harassment that is threatening in character or physical assault of a sexual nature that occurred
while the victim was in the military, regardless of geographic location of the trauma, gender of
the victim, or relationship to the perpetrator” (Veterans’ Benefits U.S. Code, 1992). MST
recognizes the toxic nature of a spectrum of sexual violence, from threatening verbal harassment
to contact and penetrative sexual assault.

A social ecological approach will be taken to mean an orienting multi-leveled
conceptual framework that examines reciprocal interactions between human beings and their
wider environments at various levels of experience and interaction. As will be discussed in
Chapter 3, the SE framework employed in this project focuses on sexual assault phenomena and
victim-system interactions in context and is generously adapted from DoD’s military-specific
model (DoD, 2014b) and feminist models (Campbell, Dworkin, & Cabral, 2009; Ullman, 2010).
It includes five levels: individuals, relationships, leaders at all levels, military communities, and
society. The term military social ecology designates more than two of these levels combined. In this project, the primary focus will be on two levels (individuals [i.e., survivors] and leaders at all levels), with a secondary emphasis on relationships and communities. Society and time are woven throughout the analysis.

**Conclusion**

In keeping with DoD’s commitment to hold leaders more accountable in the fight against MSA and to leverage those leaders’ abilities to increase reporting and care for victims who report (DoD, 2014a, 2014b, 2016b), this unique qualitative research project examines leadership’s impact on victims’ reporting experiences as they are situated in the wider military social ecology, with a focus on negative-destructive leaders. This project also documents the extensive impacts this latter contingent of military leaders exerts across that social ecology, including on the relationships, community resources, and processes that follow an initial report of sexual assault. In so doing, it identifies leadership-level risk factors that precipitate retaliatory responses toward victims and system break-down, as well as protective factors that may empower positive-constructive leaders and other supports in the wider military social ecology. Finally, although powerful male military leaders have controlled much of the conversation around what constitutes necessary and workable MSA policy reform, this project concludes with recommendations derived from another group of subject matter experts—those who have themselves experienced or borne witness to the effects of MSA and negative-destructive leadership—in discussing what needs to change.
CHAPTER 2: REVIEW OF THE LITERATURE

This chapter reviews selected institutional and social scientific literature and is divided into four distinct sections. In the first section, I provide a review of literature that establishes the extent of MSA among both active duty and veteran survivor populations, and I discuss the more limited data on perpetration and accountability. In the second section, I outline the extensive consequences of military sexual assault, with a focus on consequences for survivors’ mental and physical health as well as readjustment. I also discuss societal-level consequences of military sexual assault, including the organizational and economic costs of this form of workplace sexual violence. In the third section, I review literature on leadership behaviors and influence, focusing on research related to the impact of command climate on MSA and the impact of leadership support on servicemembers’ well-being following exposure to traumatic events. In the fourth and final section, I discuss MSA reporting in the military context. I first outline the unique reporting process in the military and how cases progress through the investigation and justice process. I then highlight salient research related to reporting rates, barriers, experiences, and outcomes in the military context. I conclude with a brief summary prior to describing the rationale for this research project and outlining my research questions.

Part I: Extent of Military Sexual Assault

Rates of Victimization

Female service members now constitute 15.5% of the United States military, a number expected to dramatically increase after the removal of the ground combat exclusion has opened almost 250,000 previously inaccessible positions to women (DoD, 2015a; Roulo, 2013). But while women enter the military to serve and defend our country, too many are victimized by fellow servicemembers and betrayed by an institution whose ultimate mission is to protect.
Sexual assault is such a pervasive problem across all branches of the military that it has been called an “epidemic” (Wolf, 2008). One former Congressional Representative testified that a woman who signs up to protect her country is “more likely to be raped by a fellow [servicemember] than killed by enemy fire” (Harman, 2008). Indeed, that servicewoman is also twelve times more likely to experience retaliation for reporting her perpetrator’s crime than to see that perpetrator held accountable (HRW, 2015).

MSA is notoriously underreported, rendering the full extent of the military perpetration problem difficult to assess among active duty survivors. Nevertheless, the estimates we have are high. The largest population-based sample of active duty servicewomen found that an estimated 4.9% of all active duty women were sexually assaulted at least once in fiscal year 2014 alone (Morral et al., 2015b), and its predecessor in 2012 estimated that 6.1% of all female servicemembers had experienced these crimes (DMDC, 2013). These surveys also found that between 14.6% to 23% of servicewomen had been sexually assaulted since joining the military (DMDC, 2013; Morral et al., 2015b).² Moreover, assessments of active duty servicewomen over the past decade show that between one-quarter and one-third of women each year are assaulted at least twice or by multiple perpetrators, suggesting that the total number of military perpetrators may exceed that of victims and that some military perpetrators may operate in serial fashion (see DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Rock et al., 2011).³

² While such past-year and military incidence rates are high, they may underestimate the true extent of the problem. DoD-driven survey sampling strategies omit servicemembers who served less than 6 months (e.g., new recruits and junior enlistees), although DoD trends suggest that victims with low sociocultural power are more likely to be targeted by perpetrators (DMDC, 2013; Morral et al., 2015b; Rock et al., 2011). DoD surveys also exclude servicemembers who separate from military service prior to survey fielding, and data shows that about 1/3 of survivors who file unrestricted reports are separated from service within 7 months of filing their report (DoDIG, 2016). Rates of such crimes in yearly SAPRO reports may also be underreported, as case documentation during deployment may be compromised by inadequate resources and record-keeping, resulting in missing data or inadequate record-keeping (GAO, 2013; p. 27, n. 1). In addition, MSA surveys of active duty servicemembers do not include intimate partner abuse or military perpetration on civilians; making it likely these rates are underestimates of the extent of the military perpetration problem.

³ For example, in the RAND Military Workplace Study (RMWS), although the 12-month incidence of new assault events among women was 4.9 assault incidents per 100 women, when multi-perpetrator or multiple assaults were taken into account, that number jumped to 9.64 assault incidents per 100 women (see Morral et al., 2015b, p. 13). Other large-scale surveys indicate
Other surveys of active duty servicewomen have found sexual assault rates ranging from as low as 2.1% (Leardmann et al., 2013) to as high as 25% (Street, Gradus, Giasson, Vogt, & Resick, 2013), depending upon how the incidents are defined and the type of study conducted. In one prospective cohort study of 13,262 servicewomen who completed baseline (2001-2003) and follow-up measures (2004-2006), researchers found one-year incidence rates of 2.1% for sexual assault and 9.4% for sexual harassment (Leardmann et al., 2013).\(^4\) Women who were exposed to combat had double the incidence rates for both sexual assault and sexual harassment (4.0% and 19.9%, respectively) compared to women were not exposed (p. e217). Another cross-sectional survey of 327 active duty women between 1999 and 2003 found that 10.5% had experienced sexual assault and 78% had experienced sexual harassment (Murdoch, Pryor, Polusny, & Gackstetter, 2007). In two analyses of data from 573 female active duty soldiers, researchers found that 12.1% of women had experienced attempted or completed rape during service (Martin, Stretch, Rosen, Knudson, & Durand, 1998); rape was completed in 4.52% of cases (Martin, Rosen, Durand, Knudson, & Stretch, 2000). In one stratified random sample of 2,018 active duty Air Force women who completed telephone survey interviews, 9.5% reported having been raped in the military through force or threat of harm, and 30% experienced sexual harassment (Bostock and Daley, 2007; 9.5% figure cited in Kintzle et al., 2015; Turchik & Wilson, 2010). In a longitudinal follow-up with 554 female soldiers who completed mandatory screenings prior to and following deployment to Iraq and Afghanistan (2006-2009), 12% of women reported having experienced MST, defined as having experienced unwanted sexual attention and/or rape through coercion, force, or threat of force, although no breakdown was

\(^{4}\) In this study, servicewomen were asked to indicate whether or not they had “suffered forced sexual relations or sexual assault” or “experienced sexual harassment.” As many women do not label their experiences “sexual assault” or “sexual harassment,” surveys that use these terms rather than behaviorally specific descriptions can underestimate rates of sexual violence.
given between these forms of sexual violence (Magen, Luxton, Skopp, & Madden, 2012). In another longitudinal follow-up study of 160 Gulf War I era servicewomen assessed 5 days after their return from deployment and again within 18-24 months, 7% had experienced at least one unwanted sexual experience that involved use or threat of force during deployment, 33.1% had experienced inappropriate touching, and 66.2% had experienced verbal sexual harassment (Wolfe et al., 1998). Among a final random sample of 1,207 active duty OEF/OIF servicewomen serving in combat areas of interest, Street and colleagues (Street et al., 2013) found that fully 25% of their sample had experienced one or more assaults in the course of deployment, which lasted an average of 11 months. Over fifty percent (51.2%) had also experienced non-assault sexual harassment while deployed.5

Studies of female veterans show higher rates of all forms of sexual violence. Although subject to limitations of any retrospective analysis, veterans’ MST prevalence rates may be a better indicator of true prevalence rates once fear of disclosure and immediate retaliation is no longer an issue (Benedict, 2009b). Most data come from veterans registered with the Veterans Health Administration (VHA). The VHA’s universal screening for MST6 has enabled

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5 Research with active duty samples may underestimate the extent of MSA. This crime is notoriously underreported (DMDC, 2013; Morral, Gore, & Schell, 2015a; Morral et al., 2015b), and this underreporting likely extends to data gathered while service members are still actively employed by the military (Benedict, 2009a; Benedict, 2009b). Longitudinal studies, which track service members over time, are subject to particularly strong underreporting pressures as, while enrollees’ data is confidential, their participation is not anonymous (see Millegan et al., 2015, p. 135). Few service members are willing to endorse MST with the knowledge it could be recorded in medical or military records, as doing so could affect assessments of deployment readiness and promotions or could result in retaliation from peers or superiors (Benedict, 2009a; Benedict, 2009b). Moreover, in-service sexual assault is associated with earlier military attrition, with military survivors being more likely to leave or be discharged from the military than peers who were not assaulted (Dichter & True, 2014; DoD, 2016; Sadler et al., 2003), meaning their experiences are not captured in active duty rates. Finally, even when servicewomen’s assault experiences meet legal criteria for criminal sexual misconduct, they may not acknowledge their experiences as assault or this may occur with significant delay. Others may not wish to self-identify as victims and try to “just forget [about such experiences] and move on” as many did in the RMWS (Morral et al., 2015b). All of these issues can contribute to underreporting of assault events among active duty samples.

6 This screen for MST involves two questions: (1) “While you were in the military, did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or sexual remarks?” and (2) “Did someone ever use force or threat of force to have sexual contact with you against your will?” Universal screening was instituted in 1999 (Kimerling, Gima, Smith, Street, & Frayne, 2007) and has been a critical part of assessing for trauma among veterans who might otherwise not disclose and connecting them with appropriate care. For every 5.5 screens, one woman is referred to treatment (Kimerling, Street, Gima, & Smith, 2008). Kimerling and colleagues (2007) provide some background on the development of this screen and trauma-related services through the VA: “The VHA was first authorized to provide outreach and counseling for sexual assault to women veterans after a series of hearings on veteran women’s issues in 1992. Increased attention to these issues led
population-based analysis of the centralized records of VHA-enrolled veterans, allowing researchers to assess rates of MST and relationships with other health data among screened female veterans. Analyses of these centralized records of female veterans who were screened for MST indicates positive MST screens among 22% of all female veterans seeking VHA care in 2003 (Kimerling et al., 2007), 15.1% of all OEF/OIF veterans who sought any VA services between 2001 and 2007 (Kimerling et al., 2010), 30.9% of female OEF/OIF veterans diagnosed with PTSD (Maguen, Cohen, et al., 2012), and 35.8% among female veterans who made at least one outpatient mental health visit between fall 2007-2008, with this latter group showing a range of 25.9%-81.0% across mental health treatment settings (Valdez et al., 2011). More recent VA screening data discussed by Kimerling and colleagues (Kimerling, Makin-Byrd, Louzon, Ignacio, & McCarthy, 2016) indicate that 24.3% of women who received VA services in 2013 had experienced MST.⁷

Smaller studies of female veterans have shown even higher rates of sexual assault and harassment. Rates among this contingent of women vary based on definition of sexual violence, service era, and setting, ranging from a low of 10.15% for sexual assault in a recent outpatient sample to a high of 93% for general sexual trauma in treatment settings, with rates somewhat lower among more recent samples. In one recent study of 4,352 female OEF/OIF veterans who served from 2001-2008, 10.15% had experienced sexual assault and 41.11% had experienced sexual harassment in the course of their service (Barth et al., 2016). In another recent prospective study...

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⁷ These screening rates may underestimate true prevalence rates, given underreporting of these experiences (Kimerling et al., 2010; Kimerling et al., 2007). Moreover, not all veterans are screened (e.g., only 72.6% of veterans were screened in Kimerling and colleagues’ analysis (2007) and only 80.5% were screened in another analysis (Kimerling et al., 2010), and as many as one-quarter of veterans decline screening (Maguen, Cohen, et al., 2012).
cohort study of 365 OEF/OIF veterans in VA care assessed between 2008 and 2011, 14.7% had experienced sexual assault and 34.8% experienced sexual harassment (Cobb et al., 2014).

Among a nationally representative sample of 3,632 women veterans receiving outpatient healthcare, Skinner and colleagues (Skinner et al., 2000) found high rates of sexual assault (23%) and sexual harassment (55%) during military service. There was cross-over between these two experiences: while 41% of those who were sexually harassed were also sexually assaulted, fully 98% of those who were sexually assaulted had also been sexually harassed.

Studies assessing rape show disconcerting rates of this severe form of sexual violence. One sample of 1,004 VA-enrolled women veterans who participated in retrospective phone interviews found that had suffered 7.9% attempted rape and 24.6% completed rape (Forman-Hoffman, Mengeling, Booth, Torner, & Sadler, 2012). In cross-sectional telephone interviews with 558 Vietnam, post-Vietnam, and Persian Gulf era female veterans assessing in-service sexual trauma, Sadler and colleagues (Sadler et al., 2003; Sadler, Booth, Nielson, & Doebbeling, 2000) found that 79% of their sample experienced sexual harassment, 54% experienced unwanted sexual contact, 30% experienced at least one attempted or completed rape (19% were completed, and 5% were gang rapes). Thirty-five percent had been physically assaulted and 16% had experienced both physical assault and rape during service. In another study of 270 female veterans who received in-person structured clinical interviews, 33% had experienced attempted or completed rape (Suris, Lind, Kashner, Borman, & Petty, 2004). Another study of 429 women pre-1974, 1974-1981, and post-1981 veterans surveyed at a VA medical center found that fully 28.7% reported completed rape while on active duty and that rates remained largely consistent across three time periods assessed (Coyle, Wolan, & Van Horn, 1996).
Studies of clinical populations (e.g., those seeking VA mental health treatment or applying for disability) show even higher rates, with participants more likely to disclose assault experiences when interviewed in person and asked directly (Katz, Bloor, Cojucar, & Draper, 2007). For example, in interviews with 327 women veterans being assessed via in-person interviews for traumatic stress treatment, Fontana and Rosenheck (1998) found that 43% of veterans had experienced attempted or completed rape, 63% reported being physically sexually harassed, and 93% reported general in-service sexual trauma. In another clinical sample of 196 female veterans in treatment for PTSD who completed two in-person structured interviews as well as questionnaires, Yaeger and colleagues (Yaeger, Himmelfarb, Cammack, & Mintz, 2006) found that 41% of the women had experienced MST, alone (2%) or with other sexual traumas (39%) during military service, the average length of which was 4.9 years. In another treatment-seeking sample of 104 female VA outpatients assessed through in-person interview and self-report questionnaires, 63.5% had experienced MSA (Luterek, Bittinger, & Simpson, 2011). In a large sample female veterans applying for PTSD compensation (Murdoch, Polusny, Hodges, & O'Brien, 2004), researchers found that 71% had experienced in-service sexual assault, and as sexual harassment increased from mild to severe, so did women’s risk for assault (33% of those with low scores on a sexual harassment inventory were assaulted, while 97% of those with high scores were assaulted).\(^8\)

\(^8\) But even prevalence rates among veterans may underestimate the full extent of in-service sexual violence. Despite mandates requiring VA to provide MST-related care free of charge and regardless of veterans’ discharge status, some literature suggests that significant proportions of female veterans, particularly older female veterans, may not self-identify as veterans, or may have received negative discharges, and therefore may not understand that they are entitled to receive free MST-related care through the VA (Suris et al., 2004). Moreover, a significant proportion of homeless female veterans have histories of MST; these women may encounter serious hardship and logistical barriers to care. Still others may be unwilling to seek help from an organization they judge as affiliated with their perpetrator (Suris et al., 2004, p. 755; see also Hankin et al., 1999, p. 609; Washington, Yano, Simon, & Sun, 2006).
Rates of sexual trauma and assault among non-VA community samples appear to be equivalent to or higher than those found among VA-enrolled samples. For example, in a recent nationally representative, anonymous online survey of 156 female veterans across all eras of service, Klingensmith and colleagues (Klingensmith, Tsai, Mota, Southwick, & Pietrzak, 2014) found that 32.4% had experienced MST. One-third (32%) of the total sample indicated that someone had used force or threat of force to engage in sexual contact against their will, and another 11.6% had experienced unwanted sexual attention (e.g., touching, cornering, pressure for sexual favors, sexual remarks). Another sample of 327 pre- and post-9/11 female veterans, recruited via multiple community-based and veterans’ organizations, found that 38% of the total sample had experienced MSA (sexual contact against their will through use or threat of force while in service; Kintzle et al., 2015). Among the 149 pre-9/11 women in the sample, 48% had experienced MSA; 30% of the 178 post-9/11 women had experienced MSA, suggesting some improvement over time. Rates may have been higher than those found in VA samples, because their sophisticated recruitment strategy reached veterans in the community.

Regardless of whether studies assess active duty or veteran populations and what definitions they assign to these experiences, given that these assaults occur during a restricted time period—typically 2-6 years, rather than a lifetime—they represent a significant problem for our military (Allard, Nunnink, Gregory, Klest, & Platt, 2011; Turchik & Wilson, 2010).

**Perpetration and Accountability**

Despite the extent of the military perpetration problem, direct research with military perpetrators is almost nonexistent, and available data comes from victims’ reports (Allard et al., 2011; Payton, 2016; Stander & Thomsen, 2016). DoD data collected from victims since the inception of the Sexual Assault Prevention and Response Office (SAPRO) in 2005 indicate that
about half are of higher rank than their victims, with about one-quarter in the victims’ chains of command and more than one-third of higher rank but outside the victims’ chains of command (DMDC, 2013; Lipari et al., 2008; Rock et al., 2011; Sadler et al., 2003). In the largest representative survey of active duty women to date (Morral et al., 2015b), female survivors identified perpetrators as of higher rank than (51.17%), of similar rank to (38.26%), and of lower rank than them (8.10%). Disconcertingly, 33.59% were women’s unit leaders or someone in their chains of command, while 13.84% were officers. About one-quarter of military perpetrators operate with other assailants, suggesting that the total number of military perpetrators may exceed the number of victims (Morral et al., 2015b). In 2014 alone, 34.56% of female victims were assaulted multiple times by the same person or at least once by multiple perpetrators (Morral et al., 2015b). Other large-scale surveys indicate multi-perpetrator assaults represent about one-quarter of the total assaults against female servicemembers each year (DMDC, 2013; Morral et al., 2015b; Sadler et al., 2005).

Most perpetrators are male military servicemembers (98.31% male; 89.33% military) who are known to their victims (92.81%; Morral et al., 2015b). Many military perpetrators target younger women of enlisted rank who are new to the military environment or otherwise isolated (DMDC, 2013; Morral et al., 2015b). Between 2010 and 2014, over 50% of victims were sexually harassed, stalked, or both by their perpetrators prior to or following the assault (DMDC, 2013; Morral et al., 2015b; Rock et al., 2011). Perpetrators also frequently use alcohol

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9 DMDC’s Workplace and Gender Relations of Active Duty Members (WGRA) surveys from 2006, 2010, and 2012 indicate that within-chain of command perpetrators have remained largely consistent (26%, 23%, and 25%, respectively), while higher-ranking perpetrators outside the victim’s chain vary somewhat (52% in 2006; 39% in 2010; 38% in 2012; DMDC, 2013; Lipari et al., 2008; Rock et al., 2011).

10 The proportion of unit leaders or higher ranked individuals committing assaults against female subordinates in their chains was highest in the Marine Corps (40.69%), followed by the Navy (35.69%), Army (32.69%), and Air Force (24.06%; Morral et al., 2015b, pp. 49-50). Moreover, 58% of servicewomen who experienced past-year harassment stated that their supervisor or unit leader was among those involved in this behavior (Morral et al., 2015b, p. xxii).

11 The proportion of officers who perpetrated sexual crimes against female servicemembers was highest in the Air Force (19.53%), followed by the Army (16.26%), Navy (10.54%), and Marine Corps (9.44%; Morral et al., 2015b, pp. 45-46).
themselves (50.23%) or prey on those who may be intoxicated (55.50%). Others threaten or use force against victims or threaten to destroy their reputations (17%; DMDC, 2013; Hunter, 2007; Lipari et al., 2008; Rock et al., 2011).

Studies of civilian perpetrators demonstrate that many are repeat offenders, but most have no criminal records and remain “undetected” (Lisak, 2011; Lisak & Miller, 2002). These undetected repeat perpetrators tend to have “lengthy offending careers” that begin in adolescence and can continue for decades without intervention. In one study examining attempted or completed rape perpetration history among 1,882 civilian college men, Lisak and Miller (2002) found that 6.4% had raped or attempted to rape a woman without having been caught. Of these undetected perpetrators, 63% were repeat perpetrators, averaging 5.88 attempted or completed rapes each. Although these undetected repeat offenders represented a mere 4% of the total sample of 1,882 men, they were responsible for 91% of the total sexual violence. Moreover, other studies have found that the minority of rapists who are actually convicted for their crimes have indicated raping an average of 7 to 11 victims each (Abel, Becker, Cunningham-Rathner, Mittelman, & Rouleau, 1988; Lisak, 2011; Weinrott & Saylor, 1991).

The above findings are echoed by the only research program that has assessed self-reported perpetration by military personnel, the “Naval Health Research Center’s Survey of Recruits’ Behaviors” (SRB; Merrill et al., 1998; Merrill, Thomsen, Gold, & Miller, 2000; Stander, Thomsen, Merrill, & Milner, 2017). This project collected longitudinal data from

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12 A small but significant contingent of assaults each year are drug-facilitated. When female survivors were asked whether they had been drugged without their consent prior to the assault, 3.37% of women said yes, and 9.80% indicated that they did not know (Morral et al., 2015b, p. 74). When one considers that drug-facilitation often occurs when targets are also drinking (i.e., their drinks are “roofied”), drug facilitation may be even higher than rates accounted for here (i.e., it may be captured in alcohol-associated assault rates).

13 The median number of attempted or completed rapes was 3; 11 had committed 9–50 rape acts each.

14 Repeat rapists were also responsible for 28% of the acts of interpersonal violence measured in the study (e.g., battery, abuse of children, non-rape sexual assault): they committed an average of 13.75 acts of interpersonal violence, while their single-rape counterparts committed 3.98 acts, and their non-rape counterparts committed 1.41 acts (see Lisak & Miller, 2002, p. 78).
multiple samples of Navy recruits between 1996-2000. In the first analysis of 1,754 male recruits, 14.8% admitted to having attempted (3.5%) or completed rape (11.3%) prior to entering the military (Merrill et al., 1998). Another assessment six months to one year later found that those perpetrating were most often repeat offenders (McWhorter, Stander, Merrill, Thomsen, & Milner, 2009). In this sample, 13% (n=144) of 1,146 respondents had attempted or completed rape prior to and/or following their entrance into the military. Of these undetected perpetrators, fully 71% had committed more than one rape incident. Repeat offenders were responsible for 95% of the total assaults, at an average of 6 incidents each (McWhorter et al., 2009). The authors also found that most perpetrators used substances, rather than force, to incapacitate victims, and those who did use force knew their victims. Longitudinal follow-up of 573 of those men originally enrolled in the study (Stander et al., 2017) showed that 13% had committed at least one sexual assault during their second year of service and 60% had sexually harassed another person at least once. Those who engaged in sexual harassment had over four times greater odds of committing assault. This limited data indicates that when someone sexually assaults another person, they will likely do it again. Unfortunately, this data is limited to junior enlisted servicemembers and does not provide insight into the half of perpetrators who hold leadership positions. To my knowledge, no self-report research on this substantial contingent of military perpetrators has ever been conducted.

Given the above research on undetected and repeat perpetration, facilitating military perpetrator accountability through increased reporting, improved investigation and prosecution, and increased convictions is critical. However, those victims who do file unrestricted reports and

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15 Researchers note that recruits who were enrolled in the follow-up assessments were asked for identifying information, which may have affected the honesty of their responses. Moreover, enlistees who had perpetrated rape may have attrited from service at higher rates than those who had not (McWhorter et al., 2009; Stander et al., 2017).
continue with the investigation and justice process see little justice against their perpetrators. Although the 2014 National Defense Authorization Act (NDAA) now mandates discharge or dismissal and sex offender registry for all servicemembers convicted of sexual offenses, the publicly available data we do have indicates that very few are actually convicted of these crimes. For example, in DoD SAPRO’s FY 2016 Annual Report on Sexual Assault in the Military (DoD, 2017b), 2,892 cases were within DoD authority and considerable for command action; after investigation, only 1,865 (64.48%) supported command action. Of these cases, 1,331 (71.36%) had sexual assault charges substantiated, but only 791 of these cases had court-martial charges preferred. Of these cases, only 617 (46.35%) were completed in 2016. Of those 617 court-martial-eligible cases that were completed, 143 were convicted of penetrative or sexual contact offenses; of these, only 124 were forced to register as sex offenders. These 143 convictions represent only 4.94% of the original 2,892 cases under consideration and only 7.7% of the 1,865 cases in which evidence supported command action, and 10.74% of the 1,331 cases in which sexual assault charges were substantiated. Moreover, 21.55% of the 617 cases that were charged with penetrative or contact sexual assault offenses were disposed of with Resignation or Discharge in Lieu of Court-Martial (RILO/DILO), which provides for removal from the military through punitive discharge or dismissal but does not require those separating to register as sex offenders, as would a sexual assault conviction, meaning that these individuals may remain undetected in the civilian community and may offend again (DoD, 2017a, pp. 18ff; see also DoDIG, 2013).16

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16 The data provided in DoD SAPRO Annual Reports for each fiscal year are critical to provide some transparency regarding case dispositions. However, important details are missing. For example, although conviction and punishment categories are provided, no details are given on the actual sentencing ranges given for these crimes (in the absence of sentencing guidelines, this can vary widely and is commonly decided by a panel of [service]members and less commonly by a military judge). Moreover, no data are provided on the rank of alleged offenders, rendering analysis of related case disposition patterns impossible.
Publically available DoD data prohibits analysis of how rank or military status plays into case dispositions, although many victims doubt that high status perpetrators will see justice. Indeed, 18th Chairman of the Joint Chiefs of Staff General Martin Dempsey acknowledged that appropriate accountability for high status perpetrators may be challenging: “If a perpetrator shows up at a court martial with a rack of ribbons and has four deployments and a Purple Heart, you know, there is certainly the risk that we might—we might be a little too forgiving of that particular crime” (DoD, 2013).

Not surprisingly, the majority of victims who see the justice process through to its end are dissatisfied or very dissatisfied with the actions taken against their perpetrators (Namrow et al., 2017). Notably, around 10% of victims refuse to participate in the justice process each year (DoD, 2017a), and the only formal assessment of victims who complete the justice process shows that just under 20% withdraw from the process due to legally actionable intimidation by and retaliation from peers and leadership (Namrow et al., 2017; Namrow et al., 2016). Given that case progression is dependent on survivor participation, that victims attrite from a difficult and often hostile justice process, that unrestricted reports represent a fraction of the total number of assaults each year, and that less than 5% of cases involving servicemember perpetrators result in convictions for sexual assault, it is not surprising that MSA remains an endemic problem in our military.17

**Part II: Consequences of Military Sexual Assault**

The consequences of MSA are severe and long-lasting, threatening the wellbeing of individual survivors, the integrity of our military, and mission readiness. Military sexual assault

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17 Underreporting of sexual assault incidents, combined with the tenacity of “real rape” stereotypes in prosecutory and panel member decision-making, means that most perpetrators remain undetected and able to offend repeatedly. In response to a 2009 congressional mandate, DoD established and began collecting data through its DoD Sexual Assault Incident Database (DSAID) in 2013. This database enables subject (perpetrator) and victim data from reports of sexual assault to be tracked, which may help identify serial perpetrators and increase prosecution.
is already the leading cause of PTSD and other mental health-related disability among service women and women veterans in the United States, and its effects on survivors’ health, relationships, and quality of life can endure decades after the traumatic event (Kang, Dalager, Mahan, & Ishii, 2005; Street, Stafford, Mahan, & Hendricks, 2008). But MSA’s extensive harms reach into the wider military and American social ecologies as well.

**Individual-Level Consequences**

**Mental health.** Sexual assault in general, and rape in particular, have been found to be associated with serious and often complex post-trauma adaptations and psychological impairment (Burgess & Holmstrom, 1974; Herman, 1997). Women who survive sexual assault can experience a range of acute psychological reactions in the immediate aftermath of an assault, as well as more lasting mental health consequences. Every survivor’s post-assault trajectory differs, based on the nature of the assault, their individual identities, histories, and coping strategies, the degree of support they receive, treatment, and other contextual variables. Studies of civilian survivors demonstrate that about 90% show acute stress reactions within the first month post-trauma, including fear and anxiety, depressive symptoms, and other issues related to self-esteem and intimacy. Physical symptoms, eating issues, and nightmares are not uncommon (Neville & Heppner, 1999). For about one-third of survivors, within 2-3 months, these symptoms largely abate, though symptoms do not return to pre-assault levels. However, a sizeable proportion of survivors continue to experience symptoms long after the assault. For military survivors, these phases may differ and be shorter or more protracted, due to the intense nature of military life.

**Acute coping and outcomes.** Unfortunately, a paucity of research exists on acute outcomes of sexual trauma in military populations. Some clinical work indicates that self-blame,
minimization, and emotional suppression may be common reactions and means of coping with this betrayal trauma in the context of internalized military values of strength and commitment (Bell & Reardon, 2011, 2012). Some data suggests that many survivors may try to forget about the experience and move on and may actually show a “strong soldier” effect by attempting to work even harder to forget about what happened (Anonymous, 2015; Bell & Reardon, 2011). This is consistent with RAND Military Workplace Study (RMWS) data indicating that the main reason survivors do not report these assaults is because they want to forget about them and move on (Morral et al., 2015b). Moreover, as active duty survivors are often in frequent contact with perpetrators or hostile others and have little post-assault support, coping with fear and anxiety through experiential avoidance and emotional suppression may be necessary to survive. Those who cope through experiential avoidance may be more prone to alcohol and substance abuse or use other methods to escape the pain and terror of the assault (see Hamilton, Poza, & Washington, 2011; Ullman, Townsend, Filipas, & Starzynski, 2007). Some survivors may wish to leave the military (Morral et al., 2015b; Sadler et al., 2003). As for most interpersonal assault traumas, anger, irritability, and difficulty trusting or feeling safe are common acute reactions that may linger long after the immediate threat has passed.

**Pregnancy resulting from rape.** Four percent of unintended pregnancies each year in the military are the result of rape (Goyal, Borrero, & Schwarz, 2012; Grindlay, Yanow, Jelinska, Gomperts, & Grossman, 2011). Although few studies have investigated unwanted pregnancies resulting from in-service rape, some research suggests that rape survivors are fearful of military sanction and may engage in deliberate self-injury to try to terminate the pregnancy (Zaleski & Katz, 2014). Military medical facilities prohibit the provision of abortions to servicewomen except in cases of life-threat or rape (although military doctors may still deny care and refer these
women elsewhere for moral or religious reasons). Military rape survivors wishing to terminate pregnancies may face serious obstacles to accessing abortions in the military (e.g., fears of confidentiality concerns and retaliation) and may choose to go elsewhere for these services if they can find them (Goyal et al., 2012; Grindlay et al., 2011).

**Longer-term consequences.** MSA’s longer-term consequences have been well documented. Numerous population-based, prospective, and cross-sectional studies have found MST to be associated with negative mental health consequences, many of which persist for more than a decade after the assault (Sadler et al., 2000). In one study assessing the burden of illness associated with MST across all veterans seeking VHA outpatient care in 2003 (Kimerling et al., 2007), those who screened positive for MST had an almost three times greater odds of experiencing any mental health disorder and an over eight times greater odds of PTSD than those who screened negative. They also showed over two times greater odds of depressive disorders, bipolar disorders, alcohol use and substance use disorders, and suicide and self-harm behaviors. These patterns were echoed in a subsequent analysis of the electronic health records of all Operation Enduring Freedom (OEF) and/or Operation Iraqi Freedom (OIF) veterans who had used VA health services from late 2001-2007 (Kimerling et al., 2010): women who screened positive for MST had over three times increased odds of suffering any mental health condition or PTSD and over two-and-a-half times increased odds of depressive disorders and alcohol and substance use disorders than those who screened negative. They were also at significantly greater odds of anxiety disorders and adjustment disorders. The authors of both studies suggested that

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18 While common sense indicates that exposure to a traumatic stressor may result in more negative consequences than non-exposure, these rates are significant when considering that all women veterans may have been exposed to other high-magnitude traumatic stressors, such as combat, interpersonal violence, or witnessing death.
the strength of associations between MST and mental health conditions may be underestimated in their findings, as both tend to be underreported in military populations.

**Posttraumatic stress disorder (PTSD).** Sexual assault victims are at increased risk for PTSD. Epidemiological studies have established rape as the traumatic exposure with the highest conditional risk for PTSD (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Norris, 1992). In the National Comorbidity Survey, Kessler and colleagues (1995) investigated the association between exposure to twelve different types of trauma and PTSD risk in a nationally representative sample of Americans aged 15-54 years. They conducted in-home structured interviews assessing for participants’ exposures to various traumas (e.g., witnessing disaster, serious accident, combat, sexual assault, childhood sexual abuse, physical assault) and the presence of PTSD. Both women and men self-rated rape as the most upsetting trauma they had experienced, and it was the traumatic exposure that conferred the greatest risk for the development of PTSD. For example, 45.9% and 65% of women and men, respectively, developed PTSD following rape, whereas 38.8% of male combat survivors developed PTSD. Regardless of traumatic exposure, the authors also found that over one-third of those who suffered from PTSD failed to recover after many years.

Breslau and colleagues (Breslau et al., 1998) assessed participants’ lifetime history of traumatic event exposure and PTSD risk among a random, nationally representative sample of 2,181 Detroit-area men and women aged 18-45. Using both participants’ self-identified worst traumatic exposure and a random event in estimating unbiased conditional risk, the researchers found that assaultive violence (e.g., sexual assault, combat, or physical violence), accounted for close to 40% of all PTSD cases. Assaultive violence exposure was associated with highest risk of PTSD, with 20.9% of those exposed developing PTSD. In another epidemiological study of the
frequency and impact of different potentially traumatic events, Norris (1992) found that among 1000 natural disaster survivors, participants who had been sexually assaulted in their lifetimes (13.6%) had the highest current levels of PTSD as compared to survivors of the nine other life events sampled, including combat.\footnote{Hour-long interviews using the Traumatic Stress Schedule were conducted, assessing the impact of various potentially traumatic exposures, like robbery, physical assault, sexual assault, tragic death, motor vehicle crash, combat, fire, other disaster, or other hazards. Sexual assault was assessed for with the following question: "Did anyone ever make you have sex by using force or threatening to harm you? This includes any type of unwanted sexual activity."}

Research with military samples appear to support these epidemiological findings, showing that women who have been assaulted in the military are at substantially increased risk for developing PTSD (Kimerling et al., 2010; Kimerling et al., 2007) and that MSA may confer worse PTSD outcomes than other traumas (Himmelfarb, Yaeger, & Mintz, 2006).\footnote{Military survivors’ own ratings of trauma echo these findings as well. For example, Booth and colleagues (2011) found that 36% (n=207) of their sample endorsed rape as the worst trauma they had experienced, while 22% and 1-2%, respectively, indicated that sudden death of loved one and combat trauma were their worst traumas (p. 289).} Population-based analyses indicate that women who experienced MST have a four-fold to eight-fold increased odds of PTSD in comparison to those who did not experience this form of gender-based violence (Kimerling et al., 2007; Maguen, Cohen, et al., 2012).

More focused studies have allowed researchers to better examine relationships between MST and PTSD as it relates to other traumas. For example, MSA appears to have negative effects over and above those conferred by other interpersonal traumas, including childhood sexual assault and adult civilian sexual trauma. In one retrospective cross-sectional study of 270 female veterans, Suris and colleagues (Suris et al., 2004) measured the differential impact of civilian and military sexual assaults on PTSD rates. Sixty-four percent of participants endorsed at least one type of sexual assault (defined as attempted or completed rape). Of these, 33% had experienced MSA, 38.9% had experienced civilian sexual assault, and 27% had experienced childhood sexual abuse. Many of these women had experienced multiple types of assaults. Of
those exposed to any form of sexual violence, 94% (n=94) endorsed symptoms meeting criteria for current PTSD; in contrast, only 10.4% of those without sexual violence histories met criteria for PTSD diagnosis for a non-sexual traumatic experience. Women who had experienced any lifetime sexual violence had over five times greater odds for PTSD than those without any sexual assault history, even after adjusting for age, ethnicity, marital status, education, and employment status. When compared to those with no sexual violence history, survivors of MSA had over 9 times greater odds of PTSD (AOR=9.27) than those with no assault history. Women with childhood sexual assault histories had over seven times greater odds of PTSD (AOR=7.26), while those with civilian sexual assault histories had over four-and-a-half times greater odds of PTSD (AOR=4.64). When all women were considered as a comparison group, those with MSA still had an almost four times greater odds of PTSD (AOR=3.87). When MSA was compared with each form of sexual violence (civilian assault and childhood abuse), it remained associated with greater odds of PTSD. Even after controlling for childhood sexual abuse and civilian sexual assault, MSA still conferred a 3 times greater odds of PTSD than no assault (p. 755).

Himmelfarb et al. (2006) conducted in-person structured interviews with 196 female veterans in VA treatment for PTSD in order to understand relationships between MST, civilian sexual trauma, and current PTSD. Forty-one percent of participants had experienced MST (which did not include verbal harassment), while 35% of participants had experienced pre-and/or post-military sexual trauma. Using well-established structured interviews and an extremely conservative diagnostic threshold, the researchers found that 60% of those who had experienced MST had PTSD, while 49% of those who experienced other civilian sexual traumas did. MST survivors’ relative risk of developing PTSD was over twice that of those without MST (RR=2.40), while postmilitary assault survivors were about one-and-a half times more likely to
have PTSD than those who had not experienced assault (RR=1.62; p. 842). In a related analysis of this data, Yaeger and colleagues (Yaeger et al., 2006) compared MST with combat or other mission-related traumas. They assessed 16 total in-service traumas, such as sexual and physical assault, witnessing violence, combat trauma, illness, accidents, traumatic deaths, and natural disasters. During the clinical interview, 29% of participants rated MST as their most distressing trauma. In analyses, MST was a stronger predictor of PTSD than other traumas: Sixty percent of those with MST had PTSD, while 43% (n=76) of those with other trauma (e.g., physical assault, natural disaster, combat) had PTSD (p. S67). MST was also associated with 4.4 times greater odds of a PTSD diagnosis than no MST, and controlling for demographic and premilitary trauma did not significantly affect this relationship. Of note, mean length of time between participants’ military separation and study participation was 21.1 years, suggesting that PTSD symptoms may endure or worsen over time.

Other studies have examined in-service sexual trauma and PTSD as they relate to other deployment stressors like combat. One study (Dutra, Grubbs, Greene, Trego, McCartin, & Kloezeman, 2011) examined associations between combat and sexual harassment with PTSD in a sample of 54 active duty women who had deployed to Iraq and were assessed at an Army medical center within 3 months after their return. The authors found that the majority of women (74.1%) had been exposed to some level of combat or military sexual harassment (57.4%), and almost half had experienced both. However, sexual harassment was the only deployment-related stressor found to be significantly associated with PTSD, with a moderate effect size. Fontana and Rosenheck (1998) used structural equation modeling to examine the relative contributions of duty-related stress, exposure to sexual harassment and assault, and level of social support to

21 In this study, sexual trauma was separated into two sub-types: forced penetration of vagina, mouth, or anus by any object, and threats of such acts. Verbal sexual harassment was not included (see p. S66).
PTSD severity in a clinical sample of 327 female veterans across service eras (WWII, Korea, Korea-Vietnam, Vietnam, Persian Gulf). Women who experienced “sexual stress” (stress related to sexual harassment and abuse) were almost four times more likely to develop PTSD than servicewomen exposed to other service-related traumas. In the authors’ final model, sexual stress conferred 34.96% of the effects, while duty-related stress conferred 8.94%. The authors also found that women who had experienced in-service sexual stress had lower postservice social support from family and friends and suggested that “psychological isolation" at the time of homecoming was strongly associated with current PTSD. In one longitudinal study of 160 Gulf War I female soldiers, women who experienced unwanted sexual contact and those who had experienced attempted or completed rape had PTSD levels that were over one to two standard deviations greater than women exposed to combat (Wolfe et al., 1998).

Kang and colleagues (2005) investigated similar relationships between MST, other traumas, and PTSD while controlling for covariates in a population-based, stratified random sample of 11,441 Gulf War Veterans (2,131 women and 9,310 men). Results indicated that more severe sexual trauma or higher intensity of combat trauma were associated with increased odds of PTSD diagnosis, though sexual trauma showed a greater relationship in this direction. Both sexual harassment and sexual assault were associated with increased mental health issues even after controlling for combat exposure. But level of trauma exposure mattered: when sexual harassment was measured on its own, it was associated with almost twice the odds of PTSD (OR=2.52) when assessed alongside low levels of combat exposure (OR=1.47). However, the strength of this relationship attenuated as level of combat exposure increased: moderate levels of combat were associated with almost three times (OR=2.83) greater odds for PTSD and high levels were associated with an over four times (OR=4.15) increased odds of PTSD. However,
when sexual assault was measured, it conferred a (OR=5.41) greater odds of PTSD than no sexual assault—higher than that associated with even the highest level of combat exposure. Intensity of trauma exposure clearly plays a role in the development of PTSD.

**Depression.** MSA has also been associated with increased risk for depression. Among a nationally representative sample of 3,632 female veterans who completed a self-administered survey of their military experiences and health (Hankin et al., 1999), those who experienced in-service sexual assault had a three-fold increased odds of screening positive for current depression compared to those who had not. In a connected analysis of this data, Skinner and colleagues (2000) found that assaulted women also more often endorsed items indicating subjective distress, such as “feeling depressed” and “feeling lost” at almost twice the rates of those who were not assaulted (feeling depressed: 62.3% vs. 31.7%; feeling lost: 48.0% vs. 25.2%). Population-based studies have also found increased rates of depression among female VA users from two to two-and-a-half times greater odds of depression among all OEF/OIF veteran VA users (Kimerling et al., 2010; Kimerling et al., 2007). In another study of mental health comorbidities among 26,527 women veterans (Maguen, Cohen, et al., 2012), those who had experienced MST and were diagnosed with PTSD were also significantly more likely to have a co-occurring diagnosis of depression (75%) than those without an MST history (67%).

**Alcohol and substance use.** In one nationally representative sample of 3,662 female veterans in VA ambulatory care (Hankin et al., 1999; see also Skinner et al., 2000), MSA conferred almost-twice greater odds of screening positive for current alcohol abuse (OR = 1.89). Seven percent of those with MSA histories screened positive for alcohol abuse, versus 4% of those without such histories. Despite these difficulties, over half (60%) of those with who screened positive for probable alcohol abuse had not received recent mental health treatment.
Substance use and alcohol use disorders have also been found to co-occur with PTSD more frequently in those with MST than those without (9% versus 6% for substance use; 16 versus 12% for alcohol use disorder; Maguen, Cohen, et al., 2012).

Population-based studies of women veterans across the VA show that MST survivors have over twice the odds of alcohol use and substance use disorders (Kimerling et al., 2010; Kimerling et al., 2007). However, assessing only VA-enrolled veterans for alcohol or substance use disorders may significantly underestimate rates, as those who use substances are less likely to seek treatment (Ryan, McGrath, Creech, & Borsari, 2015). One small sample of non-VHA female veterans with PTSD and heavy alcohol use indicated that only 37% were enrolled in care (Creech & Borsari, 2014). Other studies have found that women veterans who have experienced in-service sexual trauma may employ alcohol and other substance use as a significant coping strategy that can become a pathway to homelessness (Hamilton et al., 2011). Among a sample of homeless female veterans who completed inpatient substance abuse treatment, those with histories of in-service sexual trauma were at greater risk for rehospitalization for substance abuse or mental health issues in the 3 years following discharge than those who completed the program but had no such histories (Benda, 2005).

**Eating disorders.** In one analysis of the electronic health records of 26,527 OEF/OIF women veterans, women veterans with MST histories were four times more likely to have comorbid diagnoses of PTSD and eating disorders (Maguen, Cohen, et al., 2012). Skinner et al. (2000) also found lower satisfaction with body image and appearance among women veterans who had experienced MSA than those who had not. MSA has also been associated with higher risk for eating disorders than civilian sexual assault. Forman-Hoffman and colleagues (2012) assessed self-reported and diagnosed eating disorders, PTSD, and lifetime sexual trauma through
retrospective phone interviews with 1,004 VA-enrolled women. They found that 32.5% of the sample had experienced in-service attempted (7.9%) and/or completed rape (24.6%), and 40.9% also had survived childhood sexual trauma. Even after adjusting for demographic variables and other potential confounders like weight, exercise, combat, lifetime depression, and lifetime drug or alcohol issues, MSA was associated with additional risk for lifetime eating disorders over both the childhood sexual trauma group and the no sexual trauma group. A recent self-report study of 407 women veterans (Breland et al., 2017) showed that when MST and combat trauma were assessed simultaneously as they related to eating disorders, MST, experienced by 66% of respondents (55% harassment; 33% assault), was associated with twice-greater odds (OR=2.03) of an eating disorder, while combat trauma, experienced by 32% of respondents, showed no such association. The researchers also found that eating disorders were common in older women. They suggested that eating disorders and obesity may be a method of coping with trauma and a means of changing one’s appearance and shape to avoid future victimization from perpetrators.

**Suicidal ideation, attempts, and deaths.** Sexual violence is strongly associated with suicidal ideation, suicide attempts, and deaths by suicide in both general and military populations. In one analysis of WHO World Mental Health Survey data collected through in-person structured interviews in 102,245 households across 21 countries,22 Stein and colleagues (Stein et al., 2010) examined the impact of multiple forms of trauma on participants’ risk for suicidal behavior (i.e., ideation, plans, and attempts). Traumatic events assessed in the survey included natural and manmade disasters and accidents; combat, war, and refugee experiences; sexual and interpersonal violence; witnessing or perpetrating violence; and death of or trauma to

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22 The continents and countries included the following: “Africa (Nigeria; South Africa), the Americas (Brazil; Colombia; Mexico; United States), Asia and the Pacific (India; Japan; New Zealand; Beijing and Shanghai in the People’s Republic of China), Europe (Belgium; Bulgaria; France; Germany; Italy; the Netherlands; Romania; Spain; Ukraine), and the Middle East (Israel; Lebanon)” (p. 3).
a loved one (p. 3). Out of all events assessed, sexual violence showed the strongest relationship with suicidal ideation and attempts, conferring over twice the odds of suicidal ideation in both bivariate and multivariate analyses. In the latter, experiencing sexual violence conferred twice greater odds of suicidal ideation (OR=2.0) and attempts (OR=2.3) while the second most toxic exposure, interpersonal violence, conferred just over one-and-a-half times the odds of both ideation and attempts (OR=1.6). Notably, controlling for mental health did not significantly alter the association between sexual violence and suicidal behavior, suggesting that sexual violence was associated with additional risk separate from new or preexisting mental health injuries. Moreover, sexual violence was associated with unplanned suicide attempts, suggesting that impulsivity in the aftermath of this particular form of trauma may present a real risk and that supportive treatment in the aftermath of sexual violence is critical.

Population-based veteran samples also suggest that those who experience sexual assault or threatening, severe sexual harassment during service are more than twice as likely to engage in intentional self-harm, to attempt suicide, and to actually die by suicide (Kimerling et al., 2007; Kimerling et al., 2016; Rosellini et al., 2017). In the first population-based study investigating completed suicide and MST (Kimerling et al., 2016), researchers found that female veterans who screened positive for MST and mental health conditions were over two times as likely to die by suicide than those who screened negative (HR=2.27). After controlling for mental health conditions, female veterans who had experienced MST continued to have a significantly increased likelihood of dying by suicide over those without MST histories (HR=1.35). Depending on whether models were simply age-adjusted or fully adjusted to control for mental
health conditions, medical morbidity, and relevant demographic factors, MST independently accounted for between 10-19% of the risk for death by suicide among veteran women.\textsuperscript{23}

Studies examining suicidal ideation, plans, and attempts among veterans and active duty servicewomen show similar elevated patterns of risk. In a mixed gender sample of 199 OEF/OIF/OND veterans (28 women; 171 men), Monteith and colleagues (Monteith, Menefee, Forster, Wanner, & Bahraini, 2015) found that MST during deployment was significantly associated with increased suicidal ideation, even after controlling for age, gender, and combat. In another small study of 49 veterans (31 women; 18 men), Monteith and colleagues (Monteith, Bahraini, Matarazzo, Soberay, & Smith, 2016) found that MST survivors who felt betrayed by the military institution had greater odds of post-assault suicide attempts (OR=1.34) than those for whom perceptions of institutional betrayal were lower. In the authors’ modeling of relationships between institutional betrayal and post-assault suicide attempts, perceptions of institutional betrayal accounted for 22.2% of the variance in suicide attempts. In an analysis of the administrative records of 4238 female active duty soldiers who filed unrestricted reports of MSA between 2004-2009, Rosellini and colleagues (Rosellini et al., 2017) found that soldiers who did not receive treatment within the year following the assault had over thrice-greater odds of attempting to kill themselves.

\textsuperscript{23} Other data has found that early attrition and discharge characterization may also contribute to deaths by suicide. Reger and colleagues (Reger et al., 2015) analyzed multi-source data to assess the risk for completed suicide among individuals who had previously served in the military. They found that while deployment did not increase risk for death by suicide, personnel who had separated earlier from military service (especially within the first year of service) or under less than honorable conditions were at greater risk of killing themselves.\textsuperscript{23} (Less than honorable discharges, sometimes called “bad paper” discharges, deprive servicemembers of various forms of compensation and benefits and include all discharges that are less than honorable (i.e., general under honorable conditions, other than honorable, bad conduct, and dishonorable). The only positive form of discharge/ administrative separation is an honorable discharge [see Smith, 2016]). This finding has relevance for MSA survivors, who are already at higher risk for killing themselves and are also more likely to be discharged from the military, sometimes with bad paper (DoDIG, 2016).
In another study of deployment stressors and postdeployment suicidal ideation among a sample of 1,188 female and 1,133 male OEF/OIF veterans, (Gradus, Street, Suvak, & Resick, 2013) found that although PTSD, depression, and alcohol use accounted for the association between deployment stressors and suicidal ideation for both genders, for women, sexual harassment independently predicted suicidal ideation among above and beyond the effects of mental health symptoms. The authors noted that the strength of these associations may be even stronger, as suicidal ideation is underreported, and service members who had screened positive for past suicide attempts were not included in the analysis. The authors postulated that lack of social support, negative career impacts, and the environmental context of sexual harassment while deployed may explain these associations.

In a mixed-gender Canadian military sample (n=8441), Belik and colleagues (Belik, Stein, Asmundson, & Sareen, 2009) found a significant association between sexual assault and suicide attempts. When the researchers controlled for demographic factors alone, military women who had experienced rape or sexual assault had about five times greater odds of attempting suicide than military women who had not been assaulted (rape: AOR=4.66; sexual assault: AOR=5.63). Even after controlling for both demographic factors and mental health issues, rape conferred two-and-a-half times greater odds for attempts (AOR=2.54) and sexual assault conferred almost three-and-a-half times greater odds of attempts (AOR=3.41), with greater frequency of sexual assaults associated with increased risk for suicide attempts among women (i.e., a dose-response effect, wherein exposure to multiple traumas was associated with increased risk for suicide attempts). These findings suggest both a direct path from sexual violence to suicide attempts as well as an indirect path, through mental health conditions.24

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24 In another study (Bryan, Bryan, & Clemans, 2015) of 464 service members and veterans across all branches of service taking college classes (29.3% female) who completed an anonymous online survey, MSA was significantly related to suicidal ideation
**Physical health.** Sexual assault has also been associated with negative consequences for physical health in community samples. Stein and colleagues (Stein et al., 2004) examined relationships between lifetime sexual assault history, somatic symptoms, and illness perceptions in a representative sample of 219 female veterans in VA outpatient primary care in 1998. Those with sexual assault histories had increased somatization scores, multi-site physical complaints, and health anxiety, with significant associations between sexual assault and serious headaches, chest pain, and intense fatigue. Those who had experienced sexual assault also showed had significantly increased odds of 10 or more sick days (OR=1.97) and increased use of health services in the preceding 6 months than their non-sexually traumatized peers.

Studies pertaining to the impact of MSA on physical health outcomes demonstrate similar effects. In a national sample of all VHA outpatient veterans (185,880 women; 4,139,888 men), Kimerling and colleagues (2007) found significantly increased rates of obesity, weight loss, and hypothyroidism in women who screened positive for MST over those who screened negative, and moderately increased rates of some physical conditions, such as liver disease and chronic pulmonary disease, in both women and men who screened positive. Frayne and colleagues (Frayne et al., 2006) found that women who had been sexually assaulted in service were at significantly increased odds of symptoms in almost all physical domains assessed, including reproductive, urological, neurological, gastrointestinal, and pulmonary symptoms, as well as other conditions, such as miscarriage, endometriosis, hypertension, obesity, asthma/emphysema/bronchitis, and past-year heart attack, even after controlling for relevant confounders.

and plans for both genders, and, for women, premilitary sexual assault contributed significantly increased risk for ideation, plans, and attempts.
In a subsequent analysis of this data set (Skinner et al., 2000), those who experienced MSA had worse self-reported physical functioning, more pain symptoms, and less energy than their non-sexually traumatized peers. Women with in-service assault histories also had higher rates of major cardiac risk factors, such as diabetes, high blood pressure, obesity, and low activity, but were less likely to have engaged in coronary heart disease preventative medical efforts (e.g., cholesterol screening), despite being more likely to have a visited healthcare professional in past 3 months (Frayne, Skinner, Sullivan, & Freund, 2003). In a more recent analysis of electronic health records of 152 female veterans receiving cardiac consultation between 2007-2010, Lee and colleagues (2013) compared heart rate variability among those with MSA versus those without, finding evidence of significantly decreased heart-rate variability among veterans with MST histories compared to those without, with estimated values of heart-rate variability for a 25-year old MST veteran survivor roughly equivalent to those of a female veteran over 2.5 to 3 times her age.25

In another sample of 558 Vietnam, post-Vietnam, and Gulf War I era female veterans enrolled in VA health care, Sadler and colleagues (2000) found poorer health-related quality of life and more chronic health problems among women who had been raped or both physically and sexually assaulted. Of note, these women had separated from the military, on average, 11.5 years prior to the study, suggesting that the physical issues associated with MSA may be chronic and worsen over time.

Sexual trauma has also been associated with persistent pain symptoms in multiple samples of both civilian and military populations. For example, Nillni and colleagues (Nillni et

25 High heart-rate variability is found in healthy individuals with robust stress responses, but low heart-rate variability is often found in the context of chronic, cumulative stress exposure and can indicate difficulty responding adequately to internal and external stressors. It may be an indicator of cardiac risk.
al., 2014) investigated whether deployment stressors (combat and sexual harassment) were related to physical health symptoms beyond the effects conferred by PTSD in a random sample of 2,332 veterans (1,201 female) who had deployed in support of operations in Iraq and Afghanistan. While PTSD appeared to account for the relationship between combat exposures and physical health issues, sexual harassment appeared to have an independent effect on physical symptoms (both pain-related and non-pain-related) over and above that exerted by PTSD, indicating that sexual harassment confers unique risk that may be related to unexamined contextual factors (see p. 1281).

Along with chronic pain, disrupted or disordered sleep is one of the most commonly occurring symptoms in returning veterans, and is associated with a host of negative sequelae on its own. Many studies have established associations between military sexual assault and sleep problems. Of all female veterans accessing outpatient VA care in 2003, MST was associated with increased odds of sleep disorders (AOR:1.66; CI=1.28, 2.16). In another national sample (Skinner et al., 2000), veterans who had experienced MSA were two-and-a-half times as likely to experience nightmares or trouble sleeping as those who were not assaulted. In a sample of 135 female veterans in treatment for MST, all participants endorsed some degree of sleep difficulty, which was associated with impaired functioning and decreased quality of life (Kelly, Skelton, Patel, & Bradley, 2011), and another mixed gender sample of 917 veterans, Jenkins and

The authors note, “The experience of harassment, particularly within a military context, may also lead to unique challenges that are qualitatively distinct from challenges related to the experience of combat stress and may manifest unique psychological reactions that subsequently lead to physical health problems. Within a military context where an individual lives and works with unit members, individuals may be continuously exposed to their harasser. This context is particularly confusing given the overarching value of loyalty in the military and the assumption that military comrades will be protectors rather than harassers. Finally, fears of retribution or concerns about breaking unit cohesion may silence individuals from speaking up about harassment, limiting their ability to receive social support, one of the strongest protective factors against deleterious mental health outcomes follow traumatic stress (Bliese, 2006). In fact, a large study of Marine recruits found that increased social support from the military unit weakened the association between the stressfulness of recruit training and PTSD symptoms (Smith, Vaughn, Vogt, King, King, & Shiperd, 2013), suggesting that social support within the military can buffer individuals from negative mental health outcomes. These unique challenges may lead to negative sequela outside of PTSD that influence the development of physical health problems.” (p. 1285).
colleagues (Jenkins et al., 2015) found increased rates and intensity of insomnia among MST survivors in comparison to those without such histories.

Not surprisingly, many survivors also struggle with sexuality and in the aftermath of assault. In one study of 268 women veterans examining associations between adult sexual assault (MSA and civilian) and gynecological issues, Campbell and colleagues (Campbell, Lichty, Sturza, & Raja, 2006) found that women veterans who were raped in the military (14%) experienced more frequent gynecological issues than those who were not assaulted, and military survivors reported more frequent pelvic pain and other gynecological issues than women whose most recent assault occurred outside of the military (p. 408).

Survivors of MST are also at significantly increased odds of sexual disorders and dysfunction (Kimerling et al., 2007). A large proportion experience decreased sexual arousal or desire and may avoid sex altogether. Others experience decreased satisfaction with their sex lives (Skinner et al., 2000; 34.1% vs. 53.9%) and may not want children (16.4% vs. 35.9%; see also Katz, 2016b; Zaleski & Katz, 2014). Alternatively, some survivors may be more likely to engage in higher-risk sexual practices, which may put them at increased risk for contracting sexually transmitted infections (Turchik et al., 2012). In one study, Strauss and colleagues (Strauss et al., 2011) found that among 200 outpatient women veterans interviewed as part of a study on HIV risk and seroprevalence, a history of MST was associated with a thrice-increased odds of trading sex (i.e., for food, shelter, other needs), even after adjusting for education, substance use, and childhood abuse. Despite these issues, survivors of sexual assault commonly avoid medical and preventative health screenings due to fear and anxiety associated with these potentially triggering interactions, which places them at higher risk for cervical issues (Cohen et al., 2012).
**Quality of life and readjustment.** The preceding difficulties may occur in the context of other well-documented adjustment difficulties common to many returning veterans; MSA may compound adjustment challenges and result in worse readjustment and decreased quality of life (IOM, 2013; Katz et al., 2007; Katz, Cojucar, Beheshti, Nakamura, & Murray, 2012; Mattocks et al., 2012).

**Relationships.** Survivors of military sexual assault may experience difficulties with relationships and intimacy (Katz et al., 2012). Skinner and colleagues (2000) found that women who had experienced in-service rape were significantly more likely to struggle with relational issues both during and after service, with those who experienced rape significantly more likely to feel isolated, left out, and lonely during service, and to feel that people at home did not understand their military experiences.

**Employment.** MSA has deleterious effects on occupational functioning as well. Survivors of military rape found it more difficult to settle down and find employment than those without (24.7% vs. 52.8%; 37.8% vs. 54.9%, respectively; Skinner et al., 2000). Maintaining employment can also be challenging due to functional impairment associated with MST/MSA. Those with a history of military sexual assault are about 25% less likely to be working due to physical problems and almost three times less likely to be working due to psychological problems (Skinner et al., 2000).

Given the significant burden of illness and functional impairment associated with MST, female veterans with MST histories are significantly more likely than those without to have a service-connected disability (i.e., a disability due to injury or illness incurred during or worsened by military service (32% at 0-50%; 26.5% at 51-100%; Murdoch et al., 2003). However, they are also less likely than male veteran counterparts to qualify for trauma-related compensation from
the VBA (Murdoch et al., 2003; Rosenthal & Korb, 2013; SWAN, ACLU, & Veterans Legal Services Clinic, 2013). Data from 3,337 veterans applying for disability benefits between January 1994-1998 show that despite equal severity for both combat and sexual assault, there was a “combat advantage” whereby veteran survivors of combat trauma were more likely to be granted service-connected disability compensation than veteran survivors of MSA (Murdoch et al., 2003). More recent data obtained from the Veteran’s Administration by Service Women’s Action Network (SWAN) and the American Civil Liberties Union (ACLU) under the Freedom of Information Act and analyzed in partnership with Yale Law School shows that not much has changed: veterans filing PTSD claims related to military sexual trauma (MST) were granted compensation at far lower rates than their combat-PTSD claiming peers, due to differences in evidentiary standards required for these two “service-connected” traumas (SWAN et al., 2013). For example, while the VBA approved 32.3% of MST-related PTSD claims between 2008-2010, it approved all other PTSD claims, including combat-related PTSD, at a rate of 54.2%. This difference is significant, given the deleterious and often chronic impact MST can have on survivors’ lives. Moreover, among veterans who had their MST-PTSD claims approved by the VBA, women were more likely to receive a 10% to 30% disability rating, whereas men were more likely to receive a 70% to 100% disability rating (Invisible Wounds, 2012).27

Homelessness. Female veterans are at least twice as likely to become homeless as women in the general population (Fargo et al., 2012; Gamache, Rosenheck, & Tessler, 2003). However, when female veterans who have experienced in-service sexual violence are compared to female veterans who have not, they have even greater risk (Washington et al., 2010). One cohort study (Brignone et al., 2016) used VA administrative data from 601,892 male and female veterans who

had deployed to Iraq or Afghanistan and separated from the military between 2001 and 2011 to assess relationships between MST and homelessness. The researchers found MST to be independently associated with homelessness at 30-day, 1-year, and 5-year time-points even after controlling for demographic factors, mental health conditions, and alcohol and substance use disorders. For women, demographic-adjusted analyses showed odds ratios of 1.89 for 30-day homelessness, 2.27 for 1-year homelessness, and 2.63 for 5-year homelessness. Even after fully controlling for all relevant demographics, mental health conditions, and alcohol and substance use disorders, the association between MST and homelessness remained significant, with MST conferring an almost one-and-a-half greater odds of homelessness than no MST at each time-point (30-day OR=1.62; 1-year OR=1.49; 5-year OR=1.39). In other words, sexual trauma was an independent pathway to homelessness even after controlling for all other noteworthy pathways.

Other studies have shown rates of MSA among homeless veterans ranging from 41% to 53% (Benda, 2005; Washington et al., 2010) and indicated that homeless women veterans with MST histories are more likely to be members of traditionally disenfranchised groups (Pavao et al., 2013). In one case-control study comparing risk factors for homelessness among 30 homeless female veterans and 165 housed female veterans, Washington and colleagues (2010) found that homeless female veterans had twice the rates of MST as those who were housed (53.3% vs. 26.8%) and almost two times worse overall health, diagnosed depression, anxiety disorders, and PTSD. They were three times more likely to smoke, to be unemployed, and to have disabilities. In another study of homeless female veterans utilizing VA homeless veterans services, those with MSA showed more severe PTSD and mental health profiles than homeless female veterans without MSA and expressed greater desire for treatment targeting safety (Decker, Rosenheck,
Tsai, Hoff, & Harpaz-Rotem, 2013). Moreover, data indicates that many homeless female veterans have dependent children (GAO, 2011; Washington et al., 2010).

In one qualitative focus-group study (Hamilton et al., 2011) with 29 homeless female veterans, 23 had experienced sexual trauma, stigmatization, or ostracism by a colleague or superior during service (the authors did not break these adverse experiences down further). Many endorsed the idea that “homelessness and trauma go hand-in-hand” (p. S203). The authors noted that many women had seen the military as a chance to escape from adverse circumstances, but experiencing trauma and barriers to care contributed to their developing mental health conditions and coping through substance or alcohol abuse. After separation, many women experienced further trauma, barriers to employment, and exacerbated health conditions.28

**Societal Costs**

**Military productivity, retention, and separation.** DoD set intentions to have servicewomen represent 20% of its total force by 2020, and the recent opening of combat positions has offered new opportunities for growth and advancement to women historically barred from achieving the high status and prestige associated with combat-affiliated positions. But each year, sexual assault crimes cause significant numbers of survivors to consider leaving the force and lead many to actually separate from service—or to be separated without their consent.

Military sexual violence creates significant disruption in the workplace, compromising productivity, relationships, and mission effectiveness and making it more likely women will

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28 The researchers described how these women had internalized a pressure to be independent, and how this pressure, along with a fear of reporting abuse, very likely magnified feelings of isolation. Without help or support—and often under conditions of heightened stigmatization and/or continual victimization—some turned to drugs or alcohol to cope with their emotional pain before, during, and/or after military service …. One participant described extensive harassment in the military that was ignored by the authorities. These experiences contributed to mental illness and medical problems…and to isolation, lack of social support, and eventual homelessness. (p. S206)
leave their jobs if given the choice (Sims, Drasgow, & Fitzgerald, 2005). Indeed, when female MSA survivors were asked about the impact of the assault incident(s) on their lives in the RMWS, almost half (49.64%) indicated that the assault made it hard to perform job duties or to complete work, 18.57% took sick day or other leave due to event, and 48.02% reported it damaged personal relationships. Over one-third (36.27%) of those assaulted in 2014 reported that the event made them want to leave the military (Morral et al., 2015b). Moreover, even higher rates of female servicemembers who experienced sexual harassment or gender discrimination indicated that these events made them want to leave the military (42.94%), with the most visibly accomplished and powerful among these women—senior female officers—endorsing wanting to leave the military at the highest rates (48.08%). In comparison to servicewomen who had not experienced these Military Equal Opportunity (MEO) workplace violations, those who experienced sexual harassment or gender discrimination were over twice as likely to indicate that it was “very unlikely” that they would choose to stay on active duty (Morral et al., 2015a; pp. xxii; 49).

These data are borne out by social scientific research demonstrating the deleterious effects of military workplace sexual violence. In one research program investigating sexual assault among over 500 Vietnam, post-Vietnam, and Persian Gulf era veterans (Sadler et al., 2003; Sadler et al., 2005), MSA was associated with earlier attrition from military service, with 11.8% of survivors requesting to be discharged and many survivors reporting they had left the

29 There were similar patterns for sexual harassment and gender discrimination, with 56.81% of servicewomen reporting that these military equal opportunity violations (MEO violations) damaged relationships with coworkers, 52.50% indicating they caused workplace arguments or damaged unit cohesion, and 46.43% indicating they made the workplace less productive or compromised their unit’s mission. Sexual harassment and gender discrimination also impacted servicewomen’s wellbeing and workplace efficiency and productivity, with 54.85% indicating difficulties doing jobs or completing work, 15.43% taking a sick day or other type of leave, and 15.14% requesting a transfer or change of assignment as a result of such violations. Service women also reported negative personal impacts of sexual harassment and gender discrimination, with 26.71% indicating negative effects on evaluations, fitness reports, or promotions and 26.56% indicating damaged personal relationships (e.g., with spouse or friend).
military earlier than they had planned. Women who had been gang raped served the least amount of time compared to once-raped military victims and non-rape victims. In a qualitative study exploring 35 female veterans’ early attrition from military service, Dichter and True (2014) found that reasons for early attrition often included cumulative stress from harassment and interpersonal violence, noting:

Women in our study shared stories that demonstrated a direct connection between experiencing such an assault and developing mental health problems that contributed to their separation from service; many saw these events as robbing them of opportunities they had hoped to gain through enlisting in the military. Additionally, some women observed that it was the military’s handling of their sexual assault cases—and in particular the sense of betrayal and risk of being assaulted again when women were put in the position of continuing to serve with or under the perpetrator—that played a primary role in their decision to separate from service. (p. 195)

Female MSA survivors are also more likely to be discharged even if it is not their preference to leave the military. A recent DoD Inspector General (DoDIG, 2016) review mandated by Congresswoman Jackie Speier found that between June 2009 and June 30, 2015, 33.5% of female survivors of MSA who filed unrestricted reports of sexual assault were administratively separated from the military, most commonly within seven months of filing their reports and just over 9 months following being assaulted (DoDIG, 2016; p. 4; 37-38). These Non-Disability Medical Condition (NDMC) discharges denied survivors compensation for service-connected traumas that would have been provided by a more appropriate and humane forms of separation (i.e., medical retirement). Moreover, while public outrage was generated by the 15.2% of servicemembers discharged under less than fully honorably conditions for mental
health issues, the national advocacy group Protect Our Defenders estimates that MSA survivors are given such discharges about 24% of the time (Veterans Legal Clinic, 2016; POD, 2016). As such “bad paper” discharges create a host of negative consequences for survivors, depriving them of benefits, compensation, employability, and dignity (HRW, 2016) and those who are discharged with bad paper are at greater risk for completed suicide (Reger et al., 2015), such potentially retaliatory discharges are cause for serious concern. While survivors who file unrestricted reports and are processed for administrative separation within one year of case closure are entitled to review of their case by general or flag officer, DoD stated that it has not tracked this data and therefore cannot ascertain to what extent this is actually being done (HRW, 2016; p. 50, ft. 105). Moreover, an in-depth study of these discharges by the advocacy group Human Rights Watch (2016) found that the oversight bodies tasked with reviewing and potentially reversing such retaliatory discharges are notoriously ineffective. Once survivors are given these discharges, it is nearly impossible to change them (HRW, 2016).

**Economic costs.** While the costs incurred by survivors and their families are incalculable, MSA brings enormous costs to society as well. In an all-volunteer force, recruiting and retaining well-qualified individuals is critical for ensuring a sufficient force capable of meeting multiple defense priorities (Lancaster et al., 2013). Since 2000, military recruiting costs have increased substantially, with DoD in 2008 spending an estimated $18,632 per new recruit and investing considerably more in ongoing training, development, and retention (Bicksler & Nolan, 2009).30 Not only does MSA decrease retention of well-qualified servicemembers, it may also impact recruitment by damaging public trust in the integrity of our military. In 2013, Pew conducted a survey of American households assessing attitudes and opinions on a variety of

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30 Bicksler and Nolan (2009) note that the Army spent up to $24,323 per new recruit in 2008 (p. 17).
issues related to military sexual assault. Compared to a similar survey conducted in 1997 following the Tailhook (1991) and Aberdeen (1996) scandals, respondents in 2013 were more likely to indicate that they would dissuade their daughters from joining the military given its problems with sexual misconduct (38% in 2013 vs. 31% in 1997; Pew, 2013).

Further, the U.S. Department of Justice has reported that, of all non-fatal assaults, rape is the crime associated with the greatest economic costs to society (Miller, Cohen, & Wiersema, 1996). As the DoD and VA are organizations funded by American taxpayers, these costs may be even greater. Researchers at RAND (Farris, Schell, & Tanielian, 2013a; Farris, Schell, & Tanielian, 2013b) conducted analyses of the burden of illness created by these crimes in relation to estimates of MSA provided in DoD’s 2010 WGRA and 2012 WGRA (DMDC, 2013). Calculating costs typically associated with sexual assault, such as lost work productivity as well as medical and mental health care, these preventable crimes cost American society $2.9 and $3.6 billion dollars in 2010 and 2012 alone. The VA was further estimated to have spent over $872 million in 2010 on treating victims of these crimes (Francis, 2013). Thus the military’s failure to provide a workplace free of sexual violence in these two years alone cost American taxpayers at least $7.37 billion dollars—money that could have provided support for addressing veteran homelessness or supporting the Iraq and Afghanistan veterans whose care was estimated at $1.9 billion in 2010 and will rise to over $5.5 billion dollars by 2020 (Dao, 2011).31

31 But these costs do not begin to account for the total cost to our military and civilian society. These figures do not account for the intangible costs of lowered morale, reduced trust, and fragmented unit cohesion, which lower mission readiness and may jeopardize military functioning. Nor do they account for the financial costs related to reporting of the assault (e.g., SAPR services, expedited transfers, absenteeism for judicial proceedings, costs of investigation and prosecution). Moreover, given the rates of serial predation among undetected civilian and military perpetrators, the military’s failure to prevent and appropriately adjudicate these crimes may mean that these societal costs increase in cyclical fashion.
Part III: Leadership Behaviors and Influence

Command Climate

Per DoD, leaders at all levels are responsible for setting unit climates that do not tolerate sexual assault (DoD, 2014b). But while DoD avers a formal zero tolerance agenda for sexual assault, whether or not that agenda is lived out in military units depends upon the leaders who command those units. The most significant prevention tool available to those leaders is their influence, supported by a range of disciplinary measures available to them under the Uniform Code of Military Justice (UCMJ), which they may use to create environments that deter such crime in the first place and to communicate consequences for problematic behavior that occurs on their watch (Pryor, Giedd, & Williams, 1995; Pryor, LaVite, & Stoller, 1993; Sadler et al., 2003; Sadler et al., 2017).

The models set by NCOs and unit COs communicate important messages about acceptable behavior to their subordinates. While leaders at all levels are critical for establishing climates of respect, some research has found that norms communicated by immediate supervisors may carry unique influence (Murdoch, Pryor, Griffin, Ripley, & Gackstetter, 2009). Murdoch and colleagues (Murdoch et al., 2009) found that harassment-tolerant local norms communicated by immediate supervisors were more powerful on subordinates’ own beliefs than those communicated by senior commissioned officers, likely due to the daily interface between supervisors and their subordinates and few opportunities for senior officers to influence those subordinates’ norms. They also asserted that unit cohesion and strong pressures to conform could exert pressure to maintain norms contrary to official harassment-intolerant agendas—and that such cohesion and conformity may intensify with instability and transitions in the military environment (see pp. 1100-1101). But while troops may internalize norms about acceptable
behavior from observing their immediate leaders’ interactions with others, they also internalize injunctive norms by observing the sanctions delivered for perpetrators of sexual violence (Pryor et al., 1995; Pryor et al., 1993).

Leadership tolerance for sexual harassment and assault is unequivocally associated with risk for sexual harassment and assault (Williams, Fitzgerald, & Drasgow, 1999). In units in which leadership communicate tolerance for sexual harassment or themselves engage in such behaviors, women’s risk for sexual assault increases. In Sadler and colleagues’ (Sadler et al., 2003) study of 558 veterans, women whose officers or supervisors made sexually degrading comments directly to them or in their presence had a three-and-a-half to four times greater odds of experiencing rape than those whose leaders did not (OR=3.54 and 3.94, respectively). Those whose leaders offered them career benefits or promotions in exchange for sexual assault were at over five times greater odds of being raped (OR=5.38).

Sadler and colleagues (2017) found even more striking relationships between negative leader behaviors and risk for sexual assault among a recent sample of 1337 OEF/OIF servicewomen assessed via computer-assisted telephone interviews. Sixteen percent of the sample had been sexually assaulted. The researchers assessed associations between the total sample’s experiences of a variety of negative leadership behaviors and women’s assault experiences. They found that although most leaders did not engage in negative behaviors, when they did, servicewomen’s risk for assault increased, sometimes exponentially. Among NCOs, every negative behavior was associated with significantly increased odds of servicewomen’s

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32 Among this sample, the majority of women (84%) had not experienced sexual assault and indicated that their NCOs and COs modeled appropriate behavior. For example, the majority of active component women indicated that their COs and NCOs, respectively, took sexual assault reports seriously (89.9% and 78.1%), demonstrated zero tolerance in the unit (86.7% and 73.5%), and supported troops’ seeking needed mental health care (84.5% and 71%). Almost all active component women indicated that their COs and NCOs did not engage in quid pro quo behaviors (i.e., offering work benefits in exchange for sexual favors; 98.7% and 96.2%) or make sexually degrading comments to servicewomen (93.2% and 81.4%). These numbers do suggest need for improvement among NCO corps, however, especially given their direct contact with female subordinates.
experiencing in-service sexual assault, regardless of the frequency at which NCOs engaged in that behavior. *Quid pro quo* behaviors conferred the highest odds of assault; women whose NCOs engaged in such behaviors frequently (i.e., “often or always”) had over twelve-and-a-half times greater odds for sexual assault. But even when NCOs engaged in these behaviors infrequently (i.e., “seldom or sometimes”), women’s odds of assault increased three-fold. Other behaviors related to sexual assault and harassment also dramatically increased risk. For example, NCOs who made sexually degrading comments toward female subordinates increased those women’s odds of being assaulted between three and seven times (i.e., infrequently; OR=2.8; frequently; OR=7.1). When NCOs allowed others to make such comments, women were also at greater odds of being assaulted (infrequently: OR=2.4; frequently: OR=3.8). Moreover, when NCOs did not abide by zero tolerance policies, female troops had between twice- and thrice-greater odds of being assaulted (SS-2.4; OA-3.0). Finally, NCOs who did not take sexual assault reports seriously increased servicewomen’s odds of being sexually assaulted by over two times (infrequently: OR=2.2; frequently: OR=2.7).

Such strong associations between negative sexually-toned behaviors by leaders and environmental risk for sexual assault make intuitive sense. But even more striking were associations between more general negative behaviors and greater risk for assault. For example, NCOs showing favoritism in their units was associated with a one-and-a-half times greater odds of women being sexually assaulted when it occurred infrequently, and thrice-greater odds when it occurred frequently. NCOs not showing support for servicemembers’ use of mental health care was connected to a twice-greater odds of sexual assault when it occurred infrequently, and an almost four-times greater odds of sexual assault when it occurred frequently (OR=3.9). When NCOs were not as invested in ethical behavior as in mission or task achievement, servicewomen
had between twice- and thrice-greater odds of being assaulted, respectively, when that behavior occurred infrequently and frequently. NCOs who publically embarrassed servicemembers contributed to between one-and-a-half (OR=1.7) and over two-and-a-half (OR=2.6) greater odds of sexual assault among their female troops. Such findings indicate that leaders who humiliate and engage in non-sexualized forms of maltreatment toward their subordinates create negative climates that increase risk for sexual violence. However, findings also suggest that even leaders whose priorities lie solely with mission accomplishment or who fail to support subordinates’ use of services supporting mental well-being may create general climates that are associated with increased risk for sexual assault. This cross-over between general unit climate and sexual assault-specific risk factors is cause for concern, as data showed that these general negative behaviors were also the ones that were most common among the total sample of interviewed women. For example, among behaviors that occurred infrequently among active duty servicewomen’s leaders, 55.4% of COs and 61.2% of NCOs showed favoritism, 21.5% of COs and 34.4% of NCOs prioritized task accomplishment over ethical behavior, and 45% of COs and 58.2% of NCOs publically embarrassed servicemembers.

In terms of negative CO behaviors, the strongest association was between *quid pro quo* behaviors and sexual assault: though it only occurred infrequently, it conferred an 8-times increased odds of sexual assault. Among COs who did not take sexual assault reports seriously often or always, there was almost five-times greater odds of sexual assault among female troops (OR=4.8; 2.3 when it occurred infrequently). When COs failed to communicate zero tolerance agendas, women’s odds of being assaulted were over two (infrequent: OR=2.3) to five times (frequent: OR=5.1) that of women whose COs did demonstrate zero tolerance. Moreover,

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33 Put differently, only 1.5% of the total sample experienced this negative CO behavior, but fully 49.5% of assaulted women experienced this behavior seldom or sometimes.
servicewomen whose COs did not support servicemembers’ use of mental health services were at almost twice-greater odds of assault when that occurred infrequently (OR: 1.8) and five times greater odds of sexual assault when it occurred frequently (OR: 4.7). Moreover, even COs who infrequently made sexually demeaning comments to female troops or allowed others to do so conferred about three-and-a-half times greater odds that their female troops would be assaulted (self: OR=3.6; others: OR=3.4). COs who publically embarrassed servicemembers and those who were more concerned with task accomplishment than ethical conduct also conferred about twice greater risk, regardless of the frequency with which these behaviors were engaged (i.e., publicly embarrassing servicemembers: ORs: 1.8 and 1.9; task accomplishment: OR: 1.7 and 1.8).34

The authors found a high correlation between NCO and CO behaviors, but negative CO behavior conferred the greatest risk for MSA:

Relative to the same NCO behaviors, negative CO behaviors were found to be associated with even higher odds of SAIM [Sexual Assault In-Military]. This suggests that norms promulgated from COs can diffuse to all levels of the military, even when there is limited interface between COs and enlisted ranks. The high correlation between NCO and CO behaviors found in our data illustrates this and affirms the top-down influence of CO leadership on NCOs. (p. 153)

As unit COs are typically responsible for response to sexual assault reports and may have decision-making authority as it pertains to cases against subjects, the models they set deeply

34 In the 2010 Center for Army Leadership Annual Survey Of Army Leadership (CASAL; Steele, 2011a), the author acknowledges that toxic leaders’ focus on goal accomplishment at any cost does correlate with military success, such that some subordinates may actually emulate their styles: “In fact, toxic leaders accomplish their goals (66%) to a greater extent than constructive leaders (64%). Additionally, half (50%) of subordinates of a leader who does things and behaves in a way that is positive for the organization and individually, but negative for subordinates (i.e., toxic leader) expect that leader to achieve a higher level of leadership responsibility, and 18% say they emulate that (toxic) superior. This may create a self-perpetuating cycle with harmful and long-lasting effects on morale, productivity and retention of quality personnel” (p. 9).
influence their staffs’ and subordinates’ behavior toward women. When COs’ typical responses to sexually toned behaviors are incompatible with DoD expectations of commanders to provide appropriate care and support to victims who file reports, women are at increased risk for assault.

Other studies of leadership response to sexual harassment indicate that military leadership’s failing to act upon harassment occurring on their watch may communicate implicit approval that may cause troops to take anti-harassment agendas less seriously. For example, Offermann and Malamut (2002) found that when military leaders demonstrated tolerance for sexual harassment, women who experienced such harassment reported at lower rates, and those who did felt less satisfied and less likely to want to remain in the military in comparison to women whose leaders took sexual harassment seriously (see also Firestone, Miller, & Harris, 2011). Leaders who communicate tolerance for sexual harassment are also less likely to take victims’ reports seriously (Sadler et al., 2017).

These findings are disconcerting in light of RMWS data (Morral et al., 2015a; Morral et al., 2015b), which as noted above showed that one-third of women were assaulted by supervisors and over one-tenth were assaulted by officers. Moreover, this same survey found that among servicewomen who had experienced past-year sexual harassment or gender discrimination, 58% reported that their unit leader or supervisor was one of those involved in the MEO workplace violation. Unsurprisingly, 54% of female servicemembers did not report these issues to a leader or MEO official. Of the 46% who did report the MEO violation, many were encouraged to drop the issue or reported that no action was taken about their report (Morral et al., 2015a).

In addition to increasing risk for sexual assault, the negative leadership factors described above may allow for a climate of intimidation to develop where victims are less likely to report their assaults and less likely to trust leaders to respond appropriately. Leadership’s approach to
problematic behavior may influence the response of unit peers to victims who report as well, although this has not been empirically studied. While quantifying leadership risk factors is important, so is qualitative understanding of the how those processes play out in survivors’ reporting decision-making, reporting experiences, and their aftermath.

**Impact of Leadership Support on Servicewomen and in the Aftermath of Trauma**

Research demonstrates that social support is a critical interpersonal resource in the aftermath of trauma and in protection against and recovery from PTSD. In one meta-analysis of 11 studies assessing social support and PTSD in civilian and military populations (Brewin, Andrews, & Valentine, 2000), lack of social support conferred a significant risk for PTSD, with a moderate effect size, and this effect was even greater in military samples. Moreover, out of a total of 14 risk factors for PTSD assessed via separate meta-analyses (77 total articles), lack of social support was second only to trauma severity in predicting PTSD. Another meta-analysis (Ozer, Best, Lipsey, & Weiss, 2003) similarly found that post-trauma social support showed an inverse relationship with PTSD, whereby those with higher levels of social support demonstrated lower levels of PTSD or less likelihood of PTSD diagnosis, with a small-to-medium effect size. This effect was stronger when more time had elapsed between the stressor and PTSD assessment, suggesting that while continued support may be less likely, it may have the most robust effects.

In military samples, unit cohesion is often taken as a proxy for support from military leaders and peers, with increasing levels of unit cohesion indicating greater sense of trust in and ability to rely upon one’s leaders and peers, and a sense those unit leaders and peers care about

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35 Other measured variables included gender (female), younger age, low SES, lack of education, low intelligence, race (minority status), psychiatric history, childhood abuse, other previous trauma, other adverse childhood experiences, family psychiatric history, and life stress.
one’s well-being. Unit cohesion is associated with a series of positive outcomes, ranging from better unit performance to better well-being (Oliver, Harman, Hoover, Hayes, & Pandhi, 1999). In one meta-analysis of seven studies that examined relationships between PTSD and unit cohesion among military samples (Wright, Kelsall, Sim, Clarke, & Creamer, 2013), unit cohesion was found to exert significant protective effects against the development of PTSD after deployment, and lower postdeployment social support was associated with meeting the diagnostic threshold for PTSD. Martin and colleagues (Martin et al., 2000) examined relationships between support and psychological distress in a convenience sample of 573 active duty female soldiers and 555 active duty male soldiers in combat and combat support units across 6 active duty Army posts. Assessing for lifetime exposure to 14 types of sexual and non-sexual traumas in soldiers, the authors found that unit cohesion had a direct effect on the impact of accumulated trauma exposure on mental health outcomes, with lower unit cohesion associated with higher distress for both genders. They also found a significant interaction between leadership support and the impact of trauma on mental health, with lower leadership support associated with higher levels of distress as traumatic exposures increased for both men and women. Another study (Brailey, Vasterling, Proctor, Constans, & Friedman, 2007) assessed the impact of past potentially traumatic exposures (e.g., sexual assault, injury, or accidents) and unit cohesion on PTSD symptoms among 1,422 male and 157 female active duty OIF/OEF-era soldiers. Unit cohesion was found to be inversely associated with PTSD levels independent of prior life events (i.e., higher levels of unit cohesion meant fewer PTSD symptoms regardless of past trauma exposure). Unit cohesion also decreased the negative impact of prior traumatic stressors on PTSD levels. These findings suggest that positive unit relationships and support
from leaders can be protective against the effects of traumatic exposures and help to ameliorate trauma when it is sustained.

Perhaps unsurprisingly, the quality of leadership support and unit cohesion can also impact women’s risk for MSA. For example, in a longitudinal study of 160 Gulf War I female soldiers, Wolfe and colleagues (1998) found that women who reported lower levels of leadership support and poorer unit cohesion experienced more severe levels of sexual harassment (i.e., verbal sexual harassment, unwanted sexual contact, and attempted or completed rape). In a study of previously deployed Ohio Army National Guard servicemembers (170 women; 1504 men), Walsh and colleagues (Walsh et al., 2014) found that unit cohesion conferred protective effects against sexual harassment and assault while servicemembers were deployed. For women, older age and higher levels of support from unit leaders and peers conferred decreased odds of sexual harassment, while unit support alone was associated with lower odds of sexual assault. Such findings suggest that improving unit and leadership support may reduce risk of sexual violence.

But research also indicates that servicewomen in general and MSA survivors in particular experience lower unit cohesion and less social support during service than their male counterparts and may be more strongly affected by its absence. In one sample of 856 male and 169 female soldiers in combat and combat support units who had deployed in support of Operation Desert Storm, Rosen and colleagues (Rosen, 1999) found that women experienced significantly less vertical cohesion (bonding between leaders and subordinates) and horizontal cohesion (bonding at the small unit level between peers) than their male peers. In a recent

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36 The directionality of this association was unclear, however, as during-deployment leadership and unit cohesion were assessed retrospectively at follow-up 2 (e.g., lower leadership support may have been a risk factor for sexual aggression; sexual aggression may have occurred and been associated with lower leadership support).

37 Other studies also have found that women veterans have less post-military social support than their male counterparts. For example, Lehavot and colleagues (Lehavot, Der-Martirosian, Simpson, Shiperd, & Washington, 2013) examined the impact of
random sample of 1,207 female and 1,137 male OEF/OIF veterans, Street and colleagues (2013) found that deployed female servicewomen not only experienced higher levels of sexual violence during deployment, but they also had lower levels of social support when compared to men. Sixty percent (60.1%) of women and 52.6% of men experienced any lack of support as defined by a common assessment instrument assessing deployment stressors; 18.3% of women and 8.2% of men experienced a conservatively defined lack of support.38

Among a sample of 412 male and 83 female Persian Gulf War I veterans, Vogt and colleagues (Vogt, Pless, King, & King, 2005) found that deployed servicewomen faced more interpersonal stressors, including low support from unit leaders and peers during deployment and more sexual harassment, than their male counterparts. Lack of social support was associated with negative health outcomes for both genders, but this association was stronger for women, who suffered higher levels of depression and anxiety with lower levels of support. In one representative sample of 3,632 outpatient women veterans, Skinner and colleagues (2000) found that those who had experienced in-service sexual assault had less peri- and post-service social support. Specifically, the authors found that in comparison to women who had not experienced in-service rape, those who had been raped were more likely to endorse a sense of personal isolation (25.6% versus 7.7%), feeling left out (60.3% versus 40.1%), and feeling lonely during military service (28.9% versus 11.4%) “all or most of the time” (see pp. 304-305). They were also more likely than women who had not experienced MSA to feel that supports at home did not

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38 This conservative estimate was based on scores that exceeded one-third of the total possible score on the Unit Support scale of the Deployment Risk and Resiliency Inventory [DDRI]. The liberal estimate was based on respondents endorsing any item indicating lack of support on that scale.
understand their experiences (74.1% versus 47%). The same patterns obtained for sexual harassment.

A final study (Laws, Mazure, McKee, Park, & Hoff, 2016) examined the relationship between unit relationship quality, MST, and posttraumatic stress symptomatology in a convenience sample of 818 OEF/OIF veterans (328 female; 490 male). Consistent with other research, women in this study reported higher rates of MST and poorer relationships with unit leaders and peers than men, and MST was strongly associated with the development of posttraumatic stress symptoms. The authors conducted a mediational analysis to statistically assess whether lower unit relationship quality could partially or fully account for the strong observed relationship between MST and posttraumatic stress symptoms among both genders and found that it accounted for 20.4% of the association between these variables. This finding suggests that although additional processes are at work in the pathway from MST to posttraumatic stress symptomatology, relationships with unit leaders and peers nevertheless exert important effects. The authors hypothesize that unexamined factors, such as whether a report was filed, could help to explain these mediational effects. They also suggest that the mediating role played by lower unit relationship quality may indicate social retaliation from survivors’ leaders and peers in the aftermath of the actual assault event. In addition, they propose that poor leadership response to reports, leadership perpetration, or a feeling of betrayal at leadership’s failures to protect victims may account for their findings. The authors note, “It is not only the sexual trauma, then, but also the social context in the military unit following the trauma that may potenti ate PTSD” (p. 650).

39 The directionality of these relationships could not be established. As Laws and colleagues note, “It is possible that poor unit relationship quality is a risk factor for MST, which in turn is associated with PTSS and a host of other negative outcomes. If this were the case, it is possible that a secure base of trust with unit members and leadership was never formed, and that MST represented an assault but not a disruption of prior trust. Reports of unit relationship quality in this study likely reflect both MST’s impact on unit relationships as well as possible prior low quality that may have been a risk factor for MST” (p. 655).
Discussion. Support by leadership is a protective factor against MSA and other forms of gender-based violence, and it can also act as a buffer against the deleterious effects of traumatic exposures. Conversely, lack of support by leadership and peers itself can represent an important interpersonal stressor for women in addition to sexual trauma. Lack of support can decrease women’s emotional wellbeing as well as their safety in the military environment, and it may create additional distress in the aftermath of sexual violence, especially if survivors feel abandoned or retaliated against.

Relatedly, although some research has explored the role that leadership and unit cohesion and/or support play in servicemembers’ coping with in-service traumatic stressors like combat, few studies directly examine leadership influence as it relates to MSA. This is a significant gap in the literature, as combat and sexual trauma represent qualitatively different stressors that are associated with different interpersonal reactions and contexts (Katz, 2016b). For example, unit leaders and peers must unite to accomplish shared goals or against a common enemy in combat. However, units may not unite in the same way to prevent sexual violence, and they may actually unite against victims who report it (Burns, Grindlay, Holt, Manski, & Grossman, 2014; DoD, 2016b). In other words, shared missions and combat-related experiences can bring units together, but MSA can fragment them, especially when the perpetrator and victim are in the same unit (Katz, 2016b). More research on leadership’s role in the aftermath of MSA is needed.

Part IV: Reporting of Military Sexual Assault

Importance of Reporting

While survivors in a civilian setting are able to access care without formally reporting their assaults, in the military context they must report to do so. 40 Although it is notoriously

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40 Of course, servicewomen may elect to access non-military care, but many logistical (e.g., difficulty finding time, transportation obstacles) and cultural barriers exist to doing so (e.g., believing a civilian practitioner may not understand). Moreover, access to
difficult, reporting MSA in the military performs many functions. In the immediate aftermath of assault, it can help to ensure safety (e.g., by enabling the arrest of the perpetrator or providing access to a protective order). Reporting also provides access to critical medical services, thus allowing treatment of injuries sustained during the assault, testing for sexually transmitted infections, prevention of unwanted pregnancy, and provision of forensic exams that may aid in prosecution. Reporting also enables survivors to receive mental health care, which can provide initial stabilization and support, support longer-term recovery, and mitigate risk for suicide (Kimerling, 2017; Mengeling, Booth, Torner, & Sadler, 2015; Rosellini et al., 2017). Reporting provides access to Sexual Assault Prevention and Response (SAPR) resources, such as victim advocacy and survivor-supportive legal counsel who can help victims understand their reporting options and the justice process.

Reporting is also vital for perpetrator accountability and prevention, especially given the risk for repeat undetected perpetration discussed earlier. Although convictions are still unlikely in the military context (DoD, 2017a), even when perpetrators are not convicted, subject data for all unrestricted reports are now entered into the Defense Department’s Sexual Assault Incident Database (DSAID), such that there is a record should the perpetrator attempt again and be reported in the future. In the longer term, reporting provides critical documentation for survivors’ compensation claims and access to disability benefits from the Veterans’ Benefits Administration should they separate for the military for mental health or physical injuries resulting from the assault/s (and for review board documentation should they be wrongfully separated).

such services is far more limited (and, in most deployment environments, unavailable), making military reporting even more essential for many survivors’ post-assault care. Although survivors could see a military doctor or mental health professional without reporting the assault events, doing so would impede their treating professionals’ ability to help them.
The Reporting Process in the Military Social Ecology

In June 2005, the DoD initiated the Sexual Assault Prevention and Response Office (SAPRO) as a single point of authority to deal with cases of sexual assault in the military. As a result of important changes to the system in 2006, service members now have two reporting options for sexual assault: restricted and unrestricted reporting. Filing a restricted report enables survivors to confidentially disclose the crime to a Sexual Assault Response Coordinator (SARC), Uniformed Victims’ Advocate (UVA; a servicemember volunteer) or installation-level Victims’ Advocate (VA; most often a DoD civilian), or health services provider (i.e., mental/behavioral health or medical provider) in order to receive confidential care, counseling, and medical services without triggering an official investigation. Since 2014, survivors are also provided designated legal counsel called Special Victims’ Counsel or Victims’ Legal Counsel (SVC/VLC) who provide support and legal guidance. When a restricted report is made, the SARC or designated UVA/VA alerts the victim’s commander and may provide very limited demographic details about the assault. Of note, victims wishing to maintain a restricted report cannot speak with any member of leadership or law enforcement about the assault incident, as these parties are legally required to initiate investigations into sexual assault crimes of which they become aware. Survivors who file restricted reports may at any time convert those reports to unrestricted.

41 The DoD states, “The Department recognizes the legal process for a sexual assault can be difficult for any survivor, military or civilian. In 2013, after approving an Air Force pilot program that assigned special counsel to victims who reported a sexual assault, the Secretary of Defense directed the Secretaries of the Military Departments to implement the program in their respective Services (Secretary of Defense, 2013). Special Victims’ Counsel/Victims’ Legal Counsel (SVC/VLC), act as legal counsel for the survivor to provide advocacy, support, and act as the intermediary between the prosecutors and the survivor” (Van Winkle, Rock, Coffey, & Hurley, 2014, p. 51).

42 DoD states that data from restricted reports are required to be entered into the Department of Defense’s Sexual Assault Incident Database (DSAID). When a restricted report is filed, the SARC enters very limited demographic data about the victim and the offense but not the subject (DoD, 2015b).

43 The addition of the restricted reporting system is meant to protect survivors’ confidentiality and to safeguard them against possible retaliation and reprisals. However, one evaluation of DoD reporting systems by the GAO (GAO, 2013) found that, in the absence of explicit department-wide guidelines for dealing with sexual assault, providers are uncertain about both the services available to survivors of sexual assault as well as their responsibilities as providers dealing with sexual assault survivors—both of which may lead to inadequate service provision as well as confidentiality breaches. In addition, there are formal “exceptions” and informal processes which destroy survivors’ confidentiality. While the SARC or VA is required to report a sexual assault to
Unrestricted reporting allows survivors to receive the same services as above, but their report is not anonymous and triggers an official investigation meant to hold the assailant appropriately accountable based on available evidence. Unrestricted reports can be made to the above parties, to leaders, or to law enforcement. Regardless of the receiving party, the report will always be shared with the victim’s commander, who is required to ensure every case is referred to a Military Criminal Investigation Organization (MCIO) for investigation. Survivors who file unrestricted reports may request a military protective order (MPO) against perpetrators, which prohibits those individuals from contacting or being in close proximity to survivors and thereby helps to facilitate survivors’ safety from revictimization, direct retaliation, and other harm in the aftermath of an unrestricted report. Victims who report MSA may also request an expedited transfer to another unit or duty station, although approval of such a request is dependent upon their commander. A transfer can be especially important when both survivor and perpetrator are in the same unit. Although protocol provides for commanders’ ability to transfer perpetrators rather than victims, it is unclear how often this actually occurs.

Unrestricted reports represent the beginning of a protracted, often difficult process in a command-directed system of justice. The offender’s service branch has control over this process and high-ranking officers in the offender’s chain of command have decision-making authority over the case, although those decisions are subject to review. This investigation and justice process has three major stages. In the first, investigation stage, cases are referred for commanders within 24 hours in order to ensure command safety and responsibility, unless the survivor is in imminent danger, no identifying information about the survivor or assailant is included. However, given the close quarters in which service members work, commanders may quite easily ascertain survivor and perpetrator identity, and survivors often detail how, despite filing a restricted report, their commander, perpetrator, and even unit found out about their filing a restricted report. In addition, although survivors may seek out informal support from peers to help them cope with sexual assault, if information about the assault reaches a commander via such informal channels, that commander is required to report the matter to law enforcement, beginning an official investigation. Such processes can quickly destroy the confidentiality the restricted report was meant to provide. As one female servicemember said, “You have [confidentiality] in theory, but in practice it is not working right” (DACOWITS, 2011, p. 22).
investigation to the appropriate service MCIO once the perpetrator (subject) is identified (i.e., if the subject is a Soldier and the victim is a Marine, the case will be handled by Army Criminal Investigation Command [CID] rather than Naval Criminal Investigative Service [NCIS]).

Survivors are typically interviewed on the same day that they file the report and may have repeated contact with case agents while the investigation is open. These trained investigators also gather evidence, interview witnesses, and consult with prosecutors. The investigation process itself can take a few months to over two years (Namrow et al., 2017; Namrow et al., 2016).

When the respective MCIO concludes its investigation, it provides a report of its findings with recommendations to the commander in charge of determining the case disposition, called the the Initial Disposition Authority (IDA). This IDA is an officer with the rank of O6 or higher (colonel or Navy captain with special court-martial convening authority [SCMCA]) who, in consultation with his Staff Judge Advocate (SJA; a military attorney), decides whether to move a case forward to an Article 32 preliminary hearing, which is the second stage.

At the Article 32 hearing, a presiding or investigating officer (often an SJA designated by the IDA), listens to evidence presented by the defense and prosecution, and witnesses are able to be cross-examined by both sides and questioned by the presiding officer. Due to recent victim protections, the victim may now choose whether or not to be present for and interviewed at the hearing. When the hearing is concluded, the presiding officer provides written

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44 The Military Criminal Investigative Organizations are equipped with trained investigators to investigate serious crimes. The service branch MCIOs include the Air Force Office of Special Investigations (OSI or AFOSI), the Naval Criminal Investigative Service (NCIS, which investigates criminal allegations in both Marine Corps and Navy), and the Army Criminal Investigation Command (CID).

45 The Article 32 hearing is not bound by normal military rules of evidence, and prior to reforms made by the 2014 National Defense Authorization Act (NDAA), both victim and accused were present and able to be cross-examined. Defense counsel often used these “Article 32 preliminary investigations” as “discovery tool[s]” to destroy a victim’s credibility (Stimson, 2014, p. 3). Changes were made following considerable outrage over an Article 32 hearing in which a victim who had been gang-raped was subjected to over 20 hours of relentless cross-examination by defense attorneys, including questions “about whether she was wearing underwear on the night of the alleged assaults, how she danced, her technique for oral sex and other matters not relevant to the claim of rape,” as well as whether she “felt like a ho” the morning following the rapes. One previous prosecutor noted that the brutal inquisition that could occur during these hearings resulted in cases that “die[d] there” (Henneberger & Shin, 2013).

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recommendations regarding disposition to the IDA, which the IDA, again in consultation with his SJA, must take into account in deciding whether or not to recommend the case be tried at general court-martial, the highest and only appropriate level of trial for sexual assault crimes.\footnote{Due to policy changes, all sexual assault cases must now be tried at general court-martial.}

If the IDA decides to move the case forward, he forwards the report and his recommendations to a general court-martial convening authority (GCMCA),\footnote{If an IDA and SJA disagree about appropriate case disposition (e.g., the IDA does not want the case to move forward when the SJA recommends it go to trial), the case is referred to the next-highest level for review. The IDA also cannot move a case forward without her/his SJA’s recommendation: “The convening authority must also receive written advice from his or her staff judge advocate concerning the charges. Referral to a general court-martial is not allowed unless the staff judge advocate advises that the specification alleges an offense under the [end 8] UCMJ, that the specification is warranted by the evidence presented at the Article 32 proceeding, and that a court-martial would have jurisdiction over the accused and the offense” (DoD, 2014a, pp. 8-9).} who is often a general or admiral in command of a large unit (DoD, 2014a). This CA also takes his SJA’s recommendations into consideration before deciding whether or not to refer a case to general court-martial. If charges are preferred, the case moves to the third stage, general court-martial (trial). Here, the defense may choose whether the case will be tried by a military judge or a members panel (i.e., a jury of five service members, which can be a combination of NCOs and officers, or solely officers). At the court-martial, defense and military trial counsel (MTC; also from the offender’s service branch) present evidence and cross-examine witnesses. As government witnesses, victims are cross-examined, sometimes repeatedly, but depending on defense strategy, the defendant may or may not be called upon to testify. For a case tried by a panel of members—the most common choice—a conviction requires a two-thirds majority and the panel decides the sentencing, which is performed immediately after a conviction. If the accused is convicted for a sexual offense, he is required to be registered as a sex offender and to be dishonorably discharged (for enlisted servicemembers) or dismissed (for officers). The CA finalizes the case and may no longer overturn guilty convictions.\footnote{CAS’ ability to provide clemency has been greatly restricted and is now subject to serious scrutiny after past high-profile abuses of such decisions generated considerable outrage and legislative reform (DoD, 2014a, p. 24).} Importantly, while procedural
and disposition decision-making authority rests with high-ranking officers in the offender’s chain of command, lower-level NCOs and COs in that chain may also submit their disposition recommendations to those decision-making authorities.

**Research on Reporting**

Over time, DoD has made efforts to understand what stands in the way of survivors coming forward to report sexual assault crimes. A large proportion of the literature on these reporting barriers comes from congressionally mandated annual and biennial surveys of service members. More limited data comes from social scientific investigations.

The largest source of institutional data is the Defense Manpower Data Center’s *Workplace Gender Relations Survey of Active Duty Service Members*. Initially fielded every four years, in 2010, it was determined that this survey would be fielded biennially. This completely voluntary survey was administered to active duty service members in the Army, Air Force, Navy, and Marine Corps in 2006, 2010, 2012. The *WGRA* survey is intended to enhance understanding of military sexual assault and assess service-wide DoD prevention efforts. As the WGRA survey is intended to be representative of the make-up of the Armed Forces, a stratified random sampling technique is used, and findings are weighted according to service, gender, and pay-grade. In addition to questions assessing other aspects of military culture, this behaviorally-based, single measure survey asks about “unwanted sexual contact” by asking service member respondents whether someone “without their consent or against their will, sexually touched them, had (attempted or completed) sexual intercourse with them, oral sex with them, anal sex with them, or penetrated them with a finger or object” (p. iv). If service members respond affirmatively, they are then asked questions regarding the “one situation” over the past twelve months that affected them the most. The report includes questions about whether the assault was
reported (and if not, why not), and, if it was, whether it was reported to a civilian and/or DoD authority as well as whether the survivor experienced repercussions from reporting (p. 9).

The DoD-affiliated Defense Manpower Data Center (DMDC) traditionally conducted these surveys. However, due to concerns over transparency, Congress mandated that DoD task an independent body with conducting this important assessment in fiscal year 2014, and to improve the assessment where necessary. The RAND Corporation was tasked with this objective and in 2014 fielded the *RAND Military Workplace Study* (*RMWS*; Morral, Gore, & Schell, 2015). This survey assessed multiple aspects of sexual assault crimes, reporting barriers, and DoD responses to survivors’ reports. It also fielded the unwanted sexual contact portion of the *WGRA* to facilitate comparison of sexual assault trends over time.

**Military reporting rates.** Military reporting rates among servicewomen survivors have varied with time, though not as dramatically as one might expect, given the numerous service-wide policy changes that have been implemented over the past decade. With the introduction of the Sexual Assault Response and Prevention Office (SAPRO) in 2005, reporting rates increased by 30% from the prior year. Since that time, reporting rates among servicewomen survivors have ranged from 21% (Lipari et al., 2008) to 33% (DMDC, 2013), although the rates of unrestricted or converted reports have decreased slightly, from 71% in 2010 and 72% in 2012 (DMDC, 2013; Rock et al., 2011) to 64.45% in 2014 (Morral et al., 2015a).49

The *RMWS* (Morral et al., 2015a),50 showed that while 4.9% of all servicewomen experienced at least one sexual assault in 2014, only 22.05% filed an official report. Women’s reporting rates varied across the services, with 27.56% of Army, 24.12% of Marine Corps,

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49 *WGRA 2006* data cannot be compared, as the majority of servicewomen who filed reports did not know which type of report was filed (Lipari et al., 2008).

50 The *RMWS* provides greater precision in both definitions of sexual assault as well as more in-depth understanding of reporting barriers and experiences.
20.88% of Air Force, and 17.09% of Navy survivors reporting. The highest number of reports came from junior enlisted service women (E1-E4), who represented 26.13% of all female survivors’ reports. Unrestricted reports were filed by 46.13% of servicewomen survivors. Restricted reports that remained restricted were made by 27.32%, while 18.32% filed initially restricted reports that were later converted to unrestricted reports and 8.23% were unsure (Morral et al., 2015b).

*WGRA* surveys (DMDC, 2013; Lipari et al., 2008; Rock et al., 2011) show that reporting rates among servicewomen have varied since the inception of SAPRO but have tended to trend upward over time. In 2012, 6.1% of servicewomen had been assaulted, and 33% reported, with 50% of those reports unrestricted, 27% restricted, and 21% later converted (DMDC, 2013). In 2010, 28% of women who survived in-service assault reported to a DoD authority. Of these, half made an unrestricted report; 30% made a restricted report, and 21% made an initial restricted report that was later changed to an unrestricted report (Rock et al., 2011). This same report for 2006 (Lipari et al., 2008) indicated that 6.8% of women experienced unwanted sexual contact, and 21% reported (7% unrestricted, 3% restricted, 11% unknown).

**Reporting barriers.** As we can see from the rates above, while reporting of MSA seems to be improving gradually over time, a significant proportion of female survivors continue to remain silent about the assaults they experience. Institutional and social science research has attempted to understand the barriers that prevent survivors from coming forward to report these crimes. We will review institutional research prior to examining social scientific research on these issues. Unless otherwise specified, all data provided is specific to female survivors.

Institutional research offers good quantitative insight into the in-service reporting barriers faced by servicewomen survivors. The largest population-based survey of active duty
servicewomen, the RMWS (Morral et al., 2015a; Morral et al., 2015b), provided the 77.95% of survivors who did not report a list of common barriers and asked them to select as many of these options as pertained to their own case. The most frequently endorsed barrier among these women was wanting “to forget about it and move on” (73.46%) followed by not wanting “more people to know” (62.63%) and thinking the incident “was not serious enough to report” (46.45%). An additional 43.78% indicated that they “felt partially to blame” and 38.14% worried that they would be blamed by others. Moreover, 36.07% “did not think anything would be done” and 36.04% dealt with the situation in other ways. Not wanting to be seen as weak was endorsed by 34.36% of survivor-respondents, 29.97% “did not trust the process would be fair,” and 27.97% did not believe the confidentiality of their report would have been maintained. Retaliation concerns also figured prominently, with 30.62% worried about retaliation by the person/s who did it, 30.03% worrying they would “be labeled a troublemaker,” 26.01% worried about retaliation from military coworkers or peers, and 17.44% “worried about retaliation by supervisor or someone in [their chain of command].” An additional 25.17% feared they would not be believed. Some survivors also feared reporting might damage their careers (36.08%), hurt their performance or fitness reviews (20.81%), or lead to their being charged with collateral misconduct (17.63%). Others felt conflicted about hurting the perpetrator. In 2% of cases, survivors did not choose to report because someone else had already done so.

Endorsement rates by service branch are interesting: 45.17% of survivors in the USMC endorsed this barrier, while only 36.29%, 34.39%, 24.52% of survivor-respondents in the Army, Navy, and Air Force did, respectively.

Collateral misconduct is misconduct engaged in by survivors at the time of the assault (e.g., underage drinking, fraternization). As commanders have wide disciplinary latitude under the Uniform Code of Military Justice (UCMJ), they may charge survivors for this misconduct if they come forward to report a crime. Commanders are granted leeway as it pertains to such charges, but they may still choose to discipline survivors—in some cases, as a form of retaliation against them.

Servicewomen’s motivations for reporting varied. Many indicated that their reasons for reporting were related to perpetrator accountability, general safety, and a sense of duty: to stop the offender from hurting others (53.94%) or oneself again (40.54%), to punish the offender (22.95%), to deter other potential offenders (19.08%), or to fulfill one’s civic or military duty (28.95%) (RAND, 2015, Annex to Vol 2, p. 121). Many women indicated they reported so they could receive mental health care (38.40%) or medical care (27.57%). Over half (53.65%) of all female survivors and a substantially great number of junior enlisted service women indicated that someone had encouraged them to report it. Disconcertingly, 29.83% indicated that someone else forced them to report the incident or that this person reported it themselves. This type of third-party report occurred frequently among
Other important institutional data and trends come from WGRA surveys of active duty servicemembers fielded in 2006, 2010, and 2012, which also provided survivors who did not report opportunity to indicate what stood in the way. Remarkably, rates at which barriers were endorsed remained largely consistent over the first three deployments of this survey, but not wanting anyone to know, discomfort with reporting, fearing punishment for other infractions, fearing career interference, and fearing reprisals from the perpetrator or the perpetrator’s friends actually increased from 2006 to 2010 (Rock et al., 2011, p. 44).

In the WGRA 2012 (DMDC, 2013), 67% of female military survivors did not report the assault experience. The most frequently indicated barrier was that they “did not want anyone to know” (70%), followed by feeling uncomfortable making a report (66%), and concern that their report would not be kept confidential (51%). Fifty percent did not trust anything would be done, 48% did not think the event was important enough (48%) to warrant reporting. Fears of retaliation also figured prominently, with 47% afraid or retaliation from the offender(s) or their friends, 47% fearing they would be designated a “troublemaker,” and 43% having heard about other victims’ negative reporting experiences (DMDC, 2013, p. 106). Forty-three percent worried they would not be believed, 35% were concerned reporting would require too much time and effort, 28% worried their performance reviews or or promotion opportunities would be negatively affected, 23% worried they would be charged for collateral misconduct, and 23% were afraid of revictimization by the offender(s). Fifteen percent worried their security clearance or certification would be revoked, and 14% “did not know how to report” (DMDC, 2013, p.

junior enlisted women (i.e., 32.80% of E1-E4, vs. 17.63% of E5-E9; higher paygrades were not reportable). Some women also indicated that they reported to stop rumors (12.26%) that had spread about them.
Sixteen percent indicated they did not report for “another reason,” but the survey note does not indicate what those other reasons might have been.\textsuperscript{54}

In the \textit{WGRA 2010} (Rock et al., 2011), 71\% of servicewomen who had survived in-service assault did not report to a DoD authority. Among this group, the most commonly endorsed reasons for not reporting included not wanting anyone to know (67\%), feeling uncomfortable reporting (65\%), fearing confidentiality breaches (60\%), fearing retaliation (54\%), not wanting to be labeled a troublemaker (52\%), hearing about others’ negative experiences reporting (47\%), fearing nothing would be done (47\%), feeling it was not important enough (46\%), fearing they would not be believed (41\%), fearing negative performance evaluations (40\%), believing it would take too much time and effort (36\%), fearing being charged for other violations (24\%), and not knowing how to report (15\%) (p. 43).\textsuperscript{55}

The \textit{WGRA 2006} (Lipari et al., 2008) indicated that of the 79\% of women who did not report, the most commonly endorsed reasons included feeling too uncomfortable to report (58\%), concern that they would be “labeled a troublemaker” (56\%), and not wanting anyone to know (56\%). These survivors also feared retaliation by the perpetrator or his friends (50\%), did not believe anything would be done (53\%), did not view the assault as important enough to report (48\%), and feared they would not be believed (41\%). Some survivors indicated concern that reporting would require “too much time and effort” (36\%), 32\% feared performance evaluations or promotions would be impacted, 18\% did not know how to report, and 17\% indicated fears of

\textsuperscript{54} Major motivations for reporting included it being “the right thing to do” (72\%), protecting others (67\%) or oneself (63\%) by stopping the offender (67\%) and “seek[ing] closure” on the assault event (67\%). Some survivors reported to deter other offenders (61\%), to identify a servicemember acting problematically (53\%) to get justice (51\%) or to punish the offender (43\%). Some survivors reported to get assistance “dealing with an emotional incident” (58\%), mental health or medical services (43\% and 35\%, respectively). Thirty-six percent reported to stop rumors. Twenty-eight percent indicated they reported “for another reason” that is not included in the report (p. 102).

\textsuperscript{55} No option was given to indicate why those who reported came forward.
being punished for collateral misconduct. Twelve percent indicated “other” reasons that were not included in the survey (pp. 59-60).56

Social scientific research on reporting barriers is sparse. While some reviews (e.g., Turchik & Wilson, 2010)57 briefly discuss prominent barriers, direct empirical examination of reporting barriers is rare. Three quantitative studies and two qualitative studies address reporting barriers. In Sadler and colleagues' (Sadler et al., 2003) study of 558 predominantly white (74%) female Vietnam, post-Vietnam, and Persian Gulf era veterans, the authors found that although 28% of respondents were raped, 73.7% of survivors did not report their rape to a commander. Multiple barriers to reporting were endorsed by single respondents. Almost 80% of survivors did not report because of embarrassment or shame (76.9%), fear of career repercussions (78.7%), and fear that doing so would worsen their circumstances (78.7%). Over two-thirds (69.1%) did not report because they believed nothing would be done, while two-thirds did not report because of possible blame from peers (60.2%). One-third (32.9%) did not report because they did not know how to report. Significantly, 33.4% did not report because the person to report to was a friend of the rapist, and 24.7% did not report because the person to whom they had to report was the rapist. Notably, there was no significant difference in prevalence rates of rape according to service era. However, Vietnam era veterans were more likely to say they did not report “because they believed that rape was to be expected in the military” (p. 266).

When reporting is examined as a peripheral issue to larger study aims, interesting reporting barriers are found. Campbell and Raja (2005) investigated reporting and secondary victimization among a sample of 268 predominantly African American veterans and reservists

56 No option was given to indicate why those who reported came forward.
57 These authors discussed barriers of shame, not understanding how to report, fear of confidentiality breaches, fear of retaliation and revictimization, not wanting to betray one's group, concerns about career punishments, and having to continue to live and work with the perpetrator. The authors also noted that conflicts of interest inherent in the chain of command reporting process may detract from survivors' willingness to report. They also discussed collateral misconduct as a prominent concern.
who as adults had experienced completed rape (vaginal, oral, or anal intercourse through threat or use of force) either as civilians or during military service. Out of 104 rape survivors, 38% had been raped while in the military. Notably, 59% of these women had attempted to report to military officials or legal personnel. However, 70% were actively discouraged from reporting, 70% were told by such officials that the assault “was not serious enough to report,” and 65% said that officials actually refused to take their report. Not surprisingly, 83% of survivors who contacted military officials said that their experience made them “reluctant to seek further help” (p. 102).

Reporting barriers have also been studied as they relate to MSA-related medical and mental health help-seeking (i.e., in reality, they overlap in the military context, as reporting is the pathway to accessing mental health and medical resources related to the trauma). Mengeling, Booth, Torner, and Sadler (2015) examined reporting and post-assault healthcare use among a sample of 207 active duty and reserve or national guard servicewomen who had served in Operation Enduring Freedom or Operation Iraqi Freedom and who had experienced attempted or completed in-service rape. The authors found that only 25% of the total sample had officially reported their assaults; only 16% had received medical and 25% had received mental health care within the year following their assault. Strikingly, only 27% of those who sustained physical or vaginal injuries during the assault (32.85% of total sample) received care.

When asked to indicate why they had not sought post-assault medical or mental health care, survivors endorsed a range of concerns, including interpersonal and career reprisals, confidentiality issues, being seen as weak or to blame, and embarrassment as leading reasons (p. S140). Major reasons endorsed for not seeking medical care included not thinking it was needed (86.6%), feeling “too embarrassed” (45.0%), worrying about confidentiality (44.4%), and fearing
one would be blamed (43.4%). Almost 40% (39.2%) indicated concern that seeking medical care might harm their careers and over one-quarter (26.9%) feared retaliation from the perpetrator or peers (26.3%). A final 25.2% were concerned about disrespectful treatment, and 16.4% said that care was not offered, and 4.1% indicated leadership discouraged them from getting medical care.

Barriers to seeking post-assault mental health care endorsed by survivors included it being “too embarrassing” (50.0%), fearing they would be “seen as weak” (38.8%), privacy/confidentiality concerns (37.5%), fearing it would harm their careers (36.2%), and fearing unit members would “lose confidence” in them (32.9%) or that leadership would blame them (31.6%). Notably, 19.7% did not seek help because they feared it would harm their military security clearance, and 10.5% did not seek help because leadership discouraged them from getting help after an attempted or completed rape. Nineteen percent indicated they did not know where to get mental health assistance and 10.5% indicated it would have been “too difficult” to get to mental health. The authors noted that major barriers to seeking mental health and medical care following MSA were similar to those for reporting in general. Such similarities are disconcerting when one considers that the confidentiality and career concerns endorsed by survivors in this study are not tied to the stigma of officially reporting their assailants, but to seeking help to handle posttraumatic injuries sustained as a result of those assailants’ behaviors.

More recently, some qualitative data has begun to emerge examining reporting barriers. Burns, Grindlay, Holt, Manski, and Grossman (2014) examined barriers to reporting during deployment. They conducted in-depth telephone interviews with 22 US servicewomen who had been deployed overseas between 2002 and 2011 about their reproductive health while
deployed.\textsuperscript{58} Seven (31.8\%) had personally experienced MST while deployed, and 6 (27\%) had not experienced MST themselves but were well-acquainted with the experiences of deployed MST survivors. Most participants noted numerous barriers inhibiting servicewomen’s reporting MST while deployed, such as negative reactions from peers or leadership (e.g., not being believed, being blamed, having one’s character criticized, not being supported). One service woman, who had not experienced MST while deployed to Kuwait in 2010, explained, “Honestly, if I was assaulted while in the military, I can pretty much guarantee I would probably not report it, just because the first thing they do—it’s like the ’50s in the military all over again: ’she was asking for it.’ Yeah, she walked outside whoooo” (p. 347).

Confidentiality concerns were also noted, with women describing how living in closer quarters with unit members could facilitate gossip and interfere with privacy, regardless of the type of report filed. One survivor who had deployed to Afghanistan from 2006-2007 said, “If there’s 1 female or 2 females in the unit and it comes down that ‘there’s 1 female raped or sexually assaulted in this unit. Oh, there’s only 2 of ’em!’ Hmmmmm, not too hard to figure out” (p. 347).

While some women noted unit cohesion as a protective factor against MST and one that could increase reporting, other women cited pressure to protect unit cohesion as a barrier to reporting. One servicewoman explained, “When you’re in a team environment, you report something bad that happened to you, you’re the one responsible for breaking up the team. Even if something bad happened to you, you’re still gonna be the ‘bad person’” (p. 347). Another service member who had experienced 5 separate incidents while deployed to Djibouti from

\textsuperscript{58} Fifty-nine percent were most recently deployed in 2005, prior to the full deployment of SAPRO, meaning that participants did not have access to these services. However, the authors state that there were “no systematic differences in responses between women deployed before and after 2005” (p. 349).
2003-2004 delayed seeking treatment until she was home and could see a civilian provider, for fear of career harm: “Some things in the military records are career-enders…. It doesn’t matter what it’s for, they see that you’ve been in there for mental health and they’ll re-evaluate you—are you really stable enough to be a soldier?” (p. 347).

Other women noted barriers such as less availability and low awareness of services during deployment, as well as stigma or confidentiality concerns. One survivor who served in Afghanistan from 2006-2007 noted:

I really had no idea who to go to if I even wanted to report certain things. You don’t know who the SARC's [Sexual Assault Response Coordinators] are, you don’t know who the Victim Advocates are, you really don’t have an understanding a lot of times of what your options are if you’re a victim of assault. (p. 348)

Another Army officer whose soldier was assaulted while deployed stated:

There was a combat stress unit on our base, but I don’t believe that [my soldier] would’ve gone for the—nah, she wouldn’t have gone. I mean, nobody went. There was a stigma associated with that. And even given what happened to her, I think in most circumstances, people would understand, but because it was deployment and because our OPTEMPO [i.e., pace of military operations] was so hard, and we saw some pretty nasty combat at that time, so I think there was not a lot of sympathy for—anything [Iraq 2004-2005, no personal MST experience]. (p. 347)

Many women pointed to military cultural factors as contributing to an environmental tolerance of sexual violence. They viewed military providers as more likely to judge survivors than civilian providers, with one woman characterizing the Victim’s Advocate (VA) for her unit
as “not friendly to women” (p. 348). Others noted that addressing informal norms of silence is important to increase reporting, with one servicewoman noting,

I think by making it okay to report, that would be a huge change. I know the military’s trying not to sweep this under the rug, but they’ve made it seem like you’re “bad” to report it…. It very much seems to be the victim’s fault, which is absurd. I can’t even tell you how many letters I’ve seen labeled “I have zero tolerance of sexual assault in my squadron.” And you know what that says to me? You may have “zero tolerance”; that means you want “zero reporting.” (p. 348)

Some servicewomen also noted that lack of consequences for perpetrators could contribute to higher rates of sexual assault; by implication, survivors may be under the impression that reporting will not serve a purpose. One service woman who had served 22 years in the Navy but had not experienced MST while deployed said, “They just turn a blind eye to it. I’ve seen it all my life. They just look the other way and they pretend it didn’t happen” (p. 346). Survivors also noted that improved investigation and prosecution would facilitate reporting; one MST survivor who had served in Cuba from 2004-2005 stated, “Really punishing people who do this stuff would help, probably. Not treating rape victims like they’re on trial would probably help” (p. 348).

Wolff and Mill’s (2016) mixed methods study of 52 female veterans provides some interesting data on the experiences of MST survivors since WWII. The researchers used semi-structured interviews and anonymous surveys to assess for MST experiences, reporting barriers, and reporting experiences. Only 15% of the 46 survivors who experienced MST reported their perpetrators. The authors found that the status differential between survivors and perpetrators played a role in survivors choosing to remain silent: more than half of perpetrators outranked
survivors; of these, 48% were survivors’ own supervisors and 31% were in some leadership role (p. 844). As one MST survivor (1979-1992 era) explained, “He was in my chain of command, and I thought everyone would believe him and turn against me.” Fully 70% of participants (n=36) across time periods also indicated that accountability for perpetrators was absent.

Fear of retaliation and not having options to report were additional barriers. Thirty-three percent were discouraged from reporting or did not report because they feared for their safety or careers. Twenty-nine percent doubted they would be helped and that the perpetrator would be punished. One veteran (1979-1992) put it this way: “To whom [would I have reported]? And what good would it have done? The lesson learned is to keep your mouth shut. There were consequences to reporting” (p. 845). Another Vietnam era veteran stated, ”The attitude back then was that you were a woman trying to do a man’s job, you might as well take the lumps ... I was afraid to report it because I pretty much knew it would not be taken seriously and would probably result in retaliation ... Report it? Unthinkable.”

**Reporting experiences.** Given the barriers survivors must overcome to report, the response of the military system and social ecology to those reports matters. Although military survivors have on-base resources, they do not have access to the range of post-assault choices civilian survivors do, making them dependent upon the quality of the resources offered in the military response system. Thus survivors’ level of satisfaction with those resources can provide important proxy for perceived quality or more positive experiences, while dissatisfaction may be a proxy for more negative experiences. Level of instrumental support (i.e., tangible aid or resource provision) can be assessed by whether or not resources were offered to survivors. Negative experiences are further assessed through measuring a variety of retaliation experiences or other career harms, which also implicates the wider military social ecology (e.g., peers).
Disconcertingly, *RMWS* (Morral et al., 2015b) findings suggest that a substantial portion of the 22.05% of survivors who filed any type of report were not offered services that should accompany filing an unrestricted or restricted report. For example, 27.67% of survivors who reported were not offered sexual assault advocacy services, 23.49% were not offered counseling services, 34.11% were not offered medical services, 31.31% were not offered legal services, and 31.46% were not offered chaplain services (Morral et al., 2015b, p. 174). The *RMWS* assessed survivors’ levels of satisfaction with various sources with whom they had interacted in the reporting process (i.e., SARC, VA, SVC/VLC, mental health, medical services, legal services, chaplains, law enforcement, and leadership). In general, survivors expressed satisfaction with mental health and medical providers and survivor-supportive resources (e.g., SARCs, VAs, and SVCs/VLCs), while satisfaction with leadership (i.e., someone in their chain of command; a leader outside that chain of command) and military law enforcement was more mixed. Indeed, survivors’ own supervisors or individuals in their chain of command earned the lowest satisfaction (51.44%) and highest active dissatisfaction (31.69%) scores across every response system category. For comparison, the resource with the highest satisfaction ranks (survivor-supportive legal counsel [SVC/VLC]) received satisfaction scores of 80.45% and 5.74% for dissatisfaction. Scores earned by survivors’ chain of command were lower than those earned by military law enforcement, with whom just over half (51.17%) of survivors were satisfied, and 26.94% were dissatisfied. Interestingly, 59.63% of survivors who interacted with officers or NCOs outside their own chains of command were satisfied, whereas 15.69% were very dissatisfied or dissatisfied.59 The increased satisfaction and lower dissatisfaction with with

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59 The percentage of survivors who indicated dissatisfaction with their supervisors or someone in their chain of command’s response to their report (31.69%) is roughly equivalent to the percentage of offenders indicated as someone in victims’ chains of command (33.59%; Morral et al., 2015b, p. 49). This may be one potential explanation for why survivors were more satisfied after talking with an officer or NCO outside their own chains—and why doing so was necessary.
outside-chain leaders—as well as survivors’ overall low rankings for members of their own chains—suggests that survivors’ own commands are an area for improvement in the reporting process (Morral et al., 2015b).

Beyond resource provision and satisfaction, the RMWS also assessed negative repercussions of reporting, including various forms of retaliation. This survey found that among women who reported, 54.5% experienced some form of retaliation or negative career action. Of these women, 44.4% experienced social retaliation (e.g., being blamed or ignored), 27.5% experienced professional retaliation (e.g., losing privileges, being denied job opportunities, being transferred to a lesser job), 25.1% experienced some form of adverse administrative action taken against them (e.g., put on legal or medical holds, transferred assignments, denied deployment), and 10.4% were punished for infractions (e.g., underage drinking or fraternization; Morral et al., 2015a, p. 28). Equally important is assessing who was retaliating against survivors following their reports. While professional retaliation and punishments can only be undertaken by leaders, the RMWS was the first survey allowing survivors to indicate who was engaging in social retaliation as well. Among the 26.24% of female survivors who experienced social retaliation such as being blamed or ignored by other military personnel, over half (56.25%) indicated that this retaliation came from servicemembers who outranked them (Morral et al., 2015b). Although RMWS did not allow assessment of the source of the adverse administrative actions (e.g., mental health evaluations), leaders most often play roles in these actions as well.

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60 Survivors’ satisfaction with other resource systems varied. Among those who interacted with a SARC, 73% were satisfied with the care they received, while 26.66% were dissatisfied. Survivors who had VAs assigned to them were generally satisfied (74.13%), while a smaller portion (10.42%) were dissatisfied. Survivors who received mental health assistance were generally satisfied with the services they received (69.95%), while 14.36% were dissatisfied. Among women who interacted with medical providers, 64.35% were satisfied, while 15.01% were dissatisfied (the remainders in each category indicated that they were “neither satisfied nor dissatisfied”).

61 The RMWS also measured these experienced among the total population of female MSA survivors and found that fewer experienced professional retaliation (11.49%), social retaliation (26.24%), administrative action (8.13%), and punishments for infractions (2.78%), reinforcing that this retaliation is specific to the act of making a report of MSA (see Morral et al., 2015b, p. 159).
As the RMWS modified the original WGRA survey, RAND also fielded a portion of the WGRA to enable trend comparisons with previous WGRA data. In this survey, 62% of women who reported an incident of unwanted sexual contact experienced some form of retaliation or adverse action. Of these, 53% experienced social retaliation, 35% experienced adverse administrative action, and 32% suffered professional retaliation. Eleven percent were punished for infractions. This number is identical to the 62% of percent of women who in 2012 experienced some form of adverse consequences for reporting (DMDC, 2013, 2012 WGRA Overview Report, p. 42). While neither survey could ascertain the level or severity of retaliation experienced by these women, survivors who experienced retaliation were much less likely to indicate they would make the same reporting decision again (55%), compared to those 80% who did not experience retaliation (there was no gender break-down available for this).

In the 2012 WGRA, 33% of survivors filed unrestricted or restricted reports. Again, despite reporting, many survivors were not offered resources that should be provided when a report is made. For example, 18% were not offered mental health counseling, 25% were not offered SAPR resources, 35% were not offered resources, and 40% were not offered medical services. Among the 72% of survivors who filed unrestricted or converted reports and were offered resources, satisfaction varied from a high of 69% and 68% for VAs and SARCs, to 52% for chaplains, to a low of 27% for non-prosecutorial legal assistance. Once again, leadership (in this survey, defined as the commander handling the report) and law enforcement were rated low for satisfaction (44% and 45%, respectively), although satisfaction with prosecution (35%), defense counsel (28%), and other legal assistance were lower. However, when only dissatisfaction was taken into account, commanders and law enforcement were ranked lower (33% dissatisfied) than every other response system—including defense counsel (32%
dissatisfied), who are known to be frankly hostile to victims. Roughly equal proportions of survivors were satisfied with the reporting process as a whole (35% satisfied; 34% dissatisfied) and with the investigation length (33% satisfied; 35% dissatisfied). Only 26% of survivors felt well-informed about the status of their case, while 48% were dissatisfied (DMDC, 2013). Of the 33% of female survivors who reported MSA, 62% experienced some form of retaliation. While 26% experienced combined social, professional, administrative action, and/or punishments for infraction, 31% experienced social retaliation alone, 3% experienced professional retaliation alone, and 2% experienced administrative action alone (DMDC, 2013). The report does not allow for assessment of whom was socially retaliating against survivors.

In the previous 2010 WGRA (Rock et al., 2011), of the 28% of female survivors who reported to a DoD authority, half made an unrestricted report; 30% made a restricted report, and 21% made an initial restricted report that was later changed to an unrestricted report. Less than half (41%) of these women were satisfied with the reporting process overall; just over a quarter (28%) felt satisfied with the time span of the investigation and being kept abreast of their cases’ progress (27%; p. 40). Further, while about half of those who made restricted or converted reports were satisfied with the VA and SARC assigned to them, 27% indicated dissatisfaction with the SARC and 19% with the VA assigned to them. Only half of those who reported were given medical (46%) or legal (50%) services, just over half (57%) were offered sexual assault advocacy services, and two-thirds were offered counseling services (65%), and of those, only about half were happy with the care they received (p. 40). Notably, although the survey itself asked survivors to rate how satisfied they were with their treatment by the “commander handling [their] report” (as well as for criminal investigators, trial defense counsel, and prosecution),

62 Satisfaction among all women who reported ranged from 61% for sexual assault advocacy assistance (16% dissatisfied), to 52% for mental health care (15% dissatisfied), to 49% for medical care (13% dissatisfied; p. 95).
survivors’ responses to this question are not included in the analysis (see Rock et al., 2011, pp., survey p. 11, question #60).

The report acknowledges various types of retaliation survivors suffered after reporting. Of those who made an unrestricted or converted report, 62% experienced some form of retaliation. Almost one-quarter (23%) experienced combined administrative, professional, and social retaliation. Over one-quarter (27%) experienced social retaliation alone, while 9% experienced only administrative retaliation, and less than 3% experienced professional retaliation alone. Again, the report did not allow for assessment of whom was socially retaliating against survivors, and it did not ask survivors who filed unrestricted reports about retaliation.

Although subsequent WGRA surveys offered better data, the WGRA 2006 (Lipari et al., 2008) offers the first glimpse into reporting experiences following SAPRO reforms and is important in its own right. Although data are limited, this survey indicated that of the 21% of female survivors who reported, 73% did so to their immediate supervisor, 79% to another individual in their chain of command, 44% to a SARC or VA, 38% to a chaplain or mental health provider, 32% to police, and 29% to a healthcare professional (p. 52). Only 41-58% of women of those who reported were provided sexual assault advocacy, mental health, medical, or legal assistance. Those who interacted with these systems or their leaders had no opportunity to indicate their level of satisfaction with those response systems. Another 30% were encouraged to drop the complaint or withdraw their report, and negative action was taken against 17% because they had made a report. When retaliation was assessed, the survey found that 34% of what others have described as social retaliation, including being ignored by coworkers, being blamed for the situation, and receiving negative action from the military. It is interesting that social retaliation does not include the kind of intentional humiliation so often described by survivors. Indeed, the only opportunity provided to indicate satisfaction conflated disclosures to family, friends, and professional resources, rendering satisfaction with military-specific services largely uninterpretable.
female survivors experienced professional retaliation and 51% experienced social retaliation (33% experienced both; p. 57). One percent of women who reported were put on a medical or legal hold and 8% were involuntarily moved to another assignment or location (p. 58). Out of all unrestricted or unknown report types, only 52% of reports were investigated, action was taken against the offender in only 30% of cases (there is no indication what type); and only 22% of victims who reported were kept abreast of the investigation’s status (p. 54). Clearly, SAPRO’s inception did not run smoothly. However, these early data provide an important benchmark from which to judge more recent WGRA or RMWS data. When viewed together, it is clear that the DoD has indeed done critical work, provided increased survivor-supportive services, and improved the quality of resources over time. It is also clear that they have much further to go, especially as it relates to leadership response.

The Military Investigation and Justice Experience Survey (Namrow et al., 2017; Namrow et al., 2016) is the only formal DoD-wide survey of military survivors who have completed the military investigation and justice process. This survey was created following a 2014 Secretary of Defense directive requiring that the Services create and regularly field a “standardized and voluntary survey” of victims’ experiences with the investigation and justice process in order to “provide the sexual assault victim/survivor the opportunity to assess and provide feedback on their experiences with SAPR victim assistance, the military health system, the military justice process, and other areas of support” (Secretary of Defense, 2014, quoted in Namrow et al., 2016, p. iii). This voluntary, anonymous, non-representative survey gathers primarily quantitative data on experiences of active duty survivors who filed an unrestricted report of MSA and completed the investigation and justice process, and it allows survivors to provide some qualitative comments. The MIJES is a useful supplement to the above institutional data, as it provides more
detailed assessment of survivors’ experiences with many facets of the reporting process, including experiences of retaliation and interaction with leadership during the justice process. The survey was fielded for the first time in late 2015 and for the second time in late 2016. In 2015, 323 eligible servicemember survivors voluntarily participated (284 women; 39 men), and 225 participated in 2016 (201 women; 22 men; results are not broken down by gender). The 2016 MIJES will be discussed here predominantly in order to reduce redundancy, as trends are quite similar and the 2016 MIJES offers more qualitative data. 2015 MIJES findings will be discussed where relevant.

2016 MIJES (Namrow et al., 2017) findings largely mirror those of large-scale institutional surveys with regards to victims’ levels of satisfaction with the services provided following their reports: victims were generally satisfied with survivor-supportive resources, like SARCs, VAs, and SVCs/VLCs, while leadership and justice process personnel were rated lower. Satisfaction with leadership was broken down into three categories in the 2016 MIJES: unit commanding officers (COs), senior enlisted advisors (SEA; e.g., master sergeant/first sergeant or chief petty officer), and immediate supervisors. Regarding overall interactions with unit COs, 57% of survivors were satisfied and 34% were dissatisfied. When support by unit COs was assessed, 60% indicated satisfaction, while 32% were actively dissatisfied. When overall interactions with SEAs was assessed, 58% indicated satisfaction and 31% dissatisfaction. Sixty-three percent of survivors felt supported by their SEA, while 28% did not. Survivors’ immediate supervisors received the lowest rankings: 50% were satisfied with their treatment by that person and 36% were dissatisfied. Just under two-thirds (61%) were satisfied with support they received from their supervisor, while 32% were dissatisfied. In comparison, rates of satisfaction with SAPR resources trended highly (i.e., 73%-79% for SARCs, VA, UVA, and SVC/VLC,
respectively) while dissatisfaction was under 20%. Military trial counsel received moderately high satisfaction ratings (64%), while criminal investigators received average ones (53%). Dissatisfaction rates for these personnel were 23% and 28%, respectively. The 2016 MIJES report offered the following perspective on survivors’ higher levels of satisfaction with SAPR resources over command:

Higher marks of dissatisfaction might reflect the dissimilarities between the expectations for [leaders] to provide specific amounts of support compared to SAPR-specific resources. For example, the amount of knowledge the [leader] had about handling sexual assault cases, their comfort about handling sexual assault cases, and their overall involvement in the military justice process are comparatively different to other resources. (p. v).

While a disparity in training and sensitivity toward sexual trauma may be part of the issue (i.e., command members are not advocates or therapists), these high levels of dissatisfaction may also indicate other issues, such as retaliation.

Retaliation is a broad term that has been taken to mean professional reprisals or adverse career actions, social ostracism, bullying, and other cruel behaviors (as in the WGRA and RMWS surveys). Recently (i.e., DoD, 2016b; Namrow et al., 2017; Namrow et al., 2016), DoD has begun to distinguish between what they term “potential” and “perceived” retaliatory behaviors. The latter designate a narrow range of behaviors that represent legally actionable retaliation,

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65 These patterns were apparent in the previous year’s survey (Namrow et al., 2016), with leaders ranking lower than other response system personnel. Among survivors who had some interaction with their unit CO, 55% were satisfied and 33% were dissatisfied with that commander’s response throughout the justice process (Namrow et al., 2016, p. 66). Breaking this down, 64% felt supported throughout the process, while 29% did not. Fifty-three percent felt their unit CO had taken their perspectives into account regarding case disposition, while 35% did not feel they did so (Namrow et al., 2016, p. 65). The SEA and immediate supervisor categories were combined in this 2015 survey, and 47% of survivors reported that they were satisfied with their overall interactions and response with their SEA and/or immediate supervisor, while 37% were dissatisfied. Sixty-two percent felt supported by their SEA and/or immediate supervisor throughout the process, while 29% did not (p. 73).
while the former category includes a wider range of behaviors that do not fit such narrowly defined criteria. Notably, to meet legal criteria, the retaliator’s behaviors must establish clear intent related to survivors’ filing of a sexual assault report. In the case of professional reprisal, behaviors are legitimated as professional reprisal only if leadership took the actions in order to “get back at the respondent for making a formal report,” “discourage the respondent from moving forward with the report” or because they “were mad at the respondent for causing a problem for them” (Namrow et al., 2016, p. 79). Notably, the retaliating party being friends with the perpetrator does not qualify as sufficient intent under these narrow definitions.

In 2016, 68% of survivors experienced some form of retaliation, and most experienced multiple forms (i.e., professional reprisal, ostracism, and/or maltreatment). Of the 68% who experienced any retaliation, 31% experienced behavior that did not fully align with DoD definitions of retaliation, while 38% did. Professional reprisal, ostracism, and maltreatment are discussed in turns in what follows. First, just under half (44%) experienced at least one professional reprisal behavior; of these, only 28% were determined to have met legal criteria (the other 16% were only designated “potential;” Namrow et al., 2017, p. 61). Among the narrowly defined sample who experienced professional reprisal, 76% (and 30% of the total sample) endorsed experiencing some negative career action that was not listed in the behaviors provided by DoD in the survey, and were therefore asked to provide qualitative descriptions of the behaviors. Examples clustered into intentional confidentiality breaches, involuntary separations or transfers, and undeserved discipline.

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66 In the case of ostracism, survivors must believe at least one person who took the ostracizing action knew about their report and that they intended the action as a way of discouraging survivors from moving forward with reporting or “trying to make [them] feel excluded” (2016, p. 81). In the case of maltreatment, survivors must believe the person suspected they had made a report or knew they had done so and that the actions the person took were intended to “discourage the respondent from moving forward with the report, discourage others from reporting, or was trying to abuse or humiliate the respondent” (Namrow et al., 2016, pp. 82-83).
Survivors’ responses demonstrated how leadership’s lack of discretion and respecting confidentiality created hostile climates. For example, one survivor indicated that her/his leadership “made it a point to put my information out for everyone to know about,” and another indicated that her/his leadership failing to keep her/his report confidential created fertile ground for gossip (p. 63). Another survivor described how her/his leadership’s “talking about the case outside a need to know basis created a hostile work environment” that “encouraged the spread of rumors and made it difficult for [her/him] to work with males” in the unit where the assault occurred and after s/he had moved to another location (p. 63). One survivor wrote, “My flight leadership made a point of contacting my future leadership to ‘warn’ them about me when I received a new assignment. Other members of my flight also made a point of contacting members of my new flight to ensure that everyone knew about my case and that I had ‘gotten someone kicked out’” (Namrow et al., 2017, p. 63). Other survivors indicated that they were transferred to locations or involuntarily separated from the military. One survivor wrote, “[I] was labeled a trouble maker and hurried through an administrative separation for an [medical] disorder... [I’m] still facing repercussions and was transferred from my previous duty station” (p. 63). Another indicated being moved without notice, while another survivor was barred from reenlistment and kept in the same brigade despite a request to move elsewhere. Survivors also indicated being inappropriately disciplined. One survivor stated that her/his leadership “tried charging me for malingering[,] trying to deny me time to speak with therapists[,] forcing me to be in similar places with assaulter” (p. 64). Another survivor was threatened with a demotion and her/his roommates were threatened with severe punishment if s/he went through with the report. Another was deprived of opportunities and treated as less than her/his peers (p. 64).
Other common professional reprisal behaviors included being given a poor performance evaluation (56%; 19% of the total sample), being reassigned to work that did not match their grade (39%; 14% of the total sample); being denied a training opportunity necessary for work or promotion (39%; 13% of the total sample), being denied an award (35%; 13% of the total sample), being disciplined or receiving corrective action (34%; 12% of the total sample), being demoted or denied a promotion (27%; 8% of the total sample), being assigned extra duty (21%; 8% of the total sample), being moved without their consent (21%; 8% of the total sample), being ordered to undergo at least one command-directed mental health evaluation (16%; 7% of the total sample), and having their pay or benefits reduced (5%; 2% of the total sample). Alarmingly, 23% (and 8% of the total sample) noted that their leadership had attempted to interfere with their communications with an Inspector General or Congressperson—resources set up for accountability and oversight and to which every servicemembers is entitled access (Namrow et al., 2017).

Two-thirds (66%) of those who experienced DoD-defined actionable professional reprisal were reprised against by someone in their chain of command who was not their unit CO. Another 56% indicated that their SEA reprised against them, while 50% stated that their unit CO did so. Forty percent attributed these behaviors to someone of higher rank who was not in their chain of command and 6% indicated that a deputy commander (XO) engaged in these behaviors (Namrow et al., 2017, p. 66). Seventy-three percent believed command reprised against them for “causing a problem” for them (73%), were “trying to discourage” them from continuing with the report (39%), and/or were trying to retaliate against them for reporting (39%). Notably, the majority of this group who experienced actionable retaliation also indicated motivating factors unaccounted for in legal definitions of intent: the majority believed that leaders took such actions
because they disbelieved them (63%), did not understand (52%), and/or were friends with the perpetrator (49%). An additional 27% indicated “some other reason” (Namrow et al., 2017, p. 66). Ninety-five percent indicated that the strictly defined professional reprisal was harmful to some extent (very; 56%; moderately: 23%; somewhat: 16%; Namrow et al., 2017, p. 67).

Critically, 21% stated that due to the professional reprisal they faced, they withdrew from the investigation or justice process.

But survivors also experienced ostracism from their leaders and peers. While 56% of all survivor respondents experienced some behavior in line with potential ostracism, only 17% met legal criteria. Of the 17% of survivors whose experiences met such criteria, 78% were ostracized by similar ranked peers, 73% by higher ranked individuals within their chains of command, 65% by individuals of higher rank but outside their chains of command, and 51% by lower-ranking servicemembers (Namrow et al., 2017). The ostracizing actions included ignoring survivors (89% but 47% of total sample), making public insulting remarks (86% but 39% of total sample), and excluding them from social interaction or gatherings (81% but 35% of total sample). When given opportunity to elaborate, survivors stated, “Everyone in my office stopped talking to me;” “people unfriend[ed] and exclude[ed] me because they know about my past;” and “I was shunned by everyone except for a couple of females I socialized with” (Namrow et al., 2017, p. 78). Another indicated, “People treated me like I was invisible to them... I felt very excluded from the unit I belong[ed] to and that [resulted in me getting a Permanent Change of Station]... I could not take that place anymore” (Namrow et al., 2017, p. 78). Survivors indicated that those ostracizing them did so to deter them from continuing with their reports (33%). Of those reasons that did not meet legal criteria, 84% indicated the person was a friend of the perpetrator(s), 68% disbelieved them, and 49% wanted to exclude them. Twenty-seven percent indicated “some other
reason” (Namrow et al., 2017, p. 73). Again, one-fifth (19%) of those who experienced strictly defined ostracism decided not to continue with their report due to that form of retaliation (Namrow et al., 2017, p. 74).

Other survivors experienced maltreatment by leaders or peers. Fully 44% experienced maltreatment, but only 24% had experiences that were legitimated by DoD definitions. Of those who experienced perceived maltreatment, the following experiences were most common: being the target of private jokes or disrespectful comments (72%; 30% of the total sample), being bullied or intimidated (66%; 22% of the total sample); being threatened or shown private images or videos (15%; 5% of the total sample); experiencing physical violence or threats of physical violence (13%; 4% of the total sample); experiencing property damage or threats to damage (4% of the total sample for each). Additionally, 62% indicated some other negative action that was taken (24% of the total sample). When given an opportunity to describe these behaviors, survivors indicated that they were subject to negative rumors and were threatened, intimidated, or degraded by others. One survivor wrote, “Rumors spread like wildfire around the [LOCATION] and no one wanted to interact with me, they would call me a ‘liar’ and say I was seeking attention.” Another echoed such thoughts, stating,

They spread vicious rumors about me both at the location where the event occurred and when we PCS’d to my new unit. A Senior NCO told my peers at a new unit to be cautious working with me because I would ‘call SHARP’ on them. I left the country [when] the event occurred, but I couldn’t stop the rumor mill from continuing at my new location. (Namrow et al., 2017, p. 78)

Others recounted how they were directly threatened or intimidated by the perpetrator or his friends. One survivor wrote, “The perpetrator sent his friend to my personal property to
intimidate me from reporting. That same person also threatened me verbally not to report” (p. 78). Another wrote that the perpetrator “said he was going to come after [the survivor] for making the report” (p. 78). One officer indicated that s/he “was approached in front of over 100 senior [officers]…and was threatened to the point of tears by a fellow [officer]” (Namrow et al., 2017, p. 78).

Alarmingly, fully 74% of those who took these legally defined maltreating actions against victims were individual(s) of higher rank within the victims’ chains of command and 49% were higher-ranking individuals from outside their chains of command. Another 68% were of similar rank and 42% were lower ranked. For survivors who experienced maltreatment that fell in line with legal definitions, 49% stated that the individuals were trying to abuse or humiliate them and 42% indicated that they were trying to deter from continuing with their report or to deter others from reporting (p. 80). Intentions that did not fall under legal definitions included being friends with the perpetrator(s) (78%), disbelieving victims (60%), and “some other reason” (16%). Again, 17% of those who experienced this form of retaliation chose not to continue with their reports.

Across these three retaliation categories, the relationship between retaliators and perpetrators is illuminating: fully 65% of those retaliating were friends with the perpetrator, 61% were in the same chain of command as the perpetrator, 22% were the perpetrators themselves, and 19% did not have a known relationship to the perpetrator (Namrow et al., 2017, p. 92). So a large number of those who retaliated against victims for filing unrestricted reports were themselves in leadership positions and/or friends with the perpetrator.

When asked about the actions they took in relation to the legally actionable professional reprisal, ostracism, and/or maltreatment they were experiencing at the hands of their leadership
and others in the military environment, almost two-thirds (61%) of survivors indicated that they spoke with someone in their chain of command expecting that something would be done about their complaint (Namrow et al., 2017, p. 87). However, fully 71% received no help after discussing the retaliation they were experiencing with leadership (p. 89). For 44%, the situation continued or worsened after they spoke with leadership, and 42% indicated that their leadership told them to drop the issue (Namrow et al., 2017, p. 89). An account from a survivor who responded to the 2015 MIJES provides an example of such a response:

> I definitely found that some of my leadership was the least helpful. It became extremely difficult dealing with rumors and exclusion from my coworkers. When I brought specific issues of being rumored and talked down from my coworkers, I was told by a member of my leadership, “It is something [you] have to get over.” These problems were never solved nor really dealt with by leadership, they were simply ignored. (Namrow et al., 2016, p. 117)

About one-quarter (23%) of survivors filed a formal complaint with an Inspector General (IG) or Military Equal Opportunity Officer (MEOO), but 33% indicated that the legally actionable retaliation issues “continued or got worse” for them, they were “told/encouraged to drop the issue,” and/or they did not know of any action taken by the party with which they filed a complaint (Namrow et al., 2017, p. 91). Only 28% got help dealing with the retaliation and 17% had leadership step up to address the situation (Namrow et al., 2017). Data from the 2015 MIJES echo such findings but provide additional insight: While 42% of those who spoke with command, IG, or MEOO about any category of legally actionable retaliation were told to drop the issue and 63% indicated that the situation continued or worsened, in cases of professional
reprisal (i.e., by leadership), the retaliation continued or worsened for fully 77% (Namrow et al., 2016, p. 105; 140).

When survivors who did not file a complaint with leadership or recourse systems were asked why they did not do so, they indicated multiple barriers related to leadership and system distrust that echo fears about reporting in general:

They were worried that reporting would cause more harm to them than good (67%), they did not trust that the process would be fair (66%), they did not think anything would be done or anyone would believe them (59%), they did not want more people to know and/or judge them (48%), they did not know how to report it (34%), they were told/encouraged not to file a complaint (24%), some other reason (17%), and very few respondents indicated that they chose not to file a complaint because the person(s) stopped their behavior (3%). (Namrow et al., 2017, p. 91)

Moreover, regardless of the type of retaliation or whether or not help was sought, retaliatory behavior rarely stopped on its own (between 1% and 6% of any form of retaliation stopped on its own in 2015 or 2016). While such data highlight the critical necessity for strong, immediate intervention in retaliation, they also demonstrate the lack of recourse survivors have when their own leaders are doing the retaliating.

When victims were given a chance to indicate which resources were most helpful and to submit qualitative data, leadership (and MCIOs) were rated as the least helpful resources with whom victims interacted throughout the reporting and justice process.\(^67\) When given a chance to

\(^67\) In 2015, some survivors indicated that their leadership were helpful. For example, one survivor noted, “My [rank redacted] was very helpful and judgment free. [They] helped me feel okay with the process, when I felt discouraged and alone” (Namrow et al., 2016, p. 116). Another survivor stated, “The support of the chain of command was 100%” (p. 116). One survivor noted that as a result of her expedited transfer, she was able to be in a place with supportive command; “The unit I was in made it unbearable to survive in day to day operations. Once transferred I was able to get the help I needed and communicate with leaders who cared about me about my case” (p. 116). Others, however, indicated that their command was the least helpful resource. For example, one victim stated that her/his leadership “brought attention to a crappy situation” (PAGE), and another wrote, “My immediate
comment about what was unhelpful, one survivor wrote that “being told to ‘get over it’, ‘it could be a lot worse,’ and to ‘stop using sexual assault as a crutch’ by command” was not helpful (p. 107). Another survivor stated, “My chain of command handled everything so poorly. The way they intimidated me shortly after the incident really messed up all the events following” (Namrow et al., 2017, p. 107). Another victim wrote that her/his “squadron leadership was so uneducated and inexperienced in the SA realm that it damaged the entire squadron” (p. 107).

Others reported that “nothing” helped them get through the reporting process. For example, one survivor wrote that s/he “felt like the person in the wrong,” while another stated, “Nothing [was helpful]. There was no update on the case and I was told months later that the case was closed without updating on the result” (p. 107). Another wrote, “I was treated terrible throughout the process, and moved to a new unit where they were instructed to continue the terrible treatment. There was no justice for me and I fear that I am not the only one who had an experience like that or will be the only one in the future”68 (Namrow et al., 2017).

Despite often-negative experiences, seventy-seven percent of survivors in both 2015 and 2016 stated that they would recommend others report, while 23% said they would not do so. DoD takes victims’ willingness to recommend reporting to others as a barometer for the success of the military reporting process.69 They conducted a series of analyses on data from all 548

supervision was the least helpful. With the exception of my [rank redacted], everyone treated me like an outcast and alienated me” (p. 117). Another survivor recommended that “leaders who know and understand what sexual assault is and how to handle it professionally” (p. 120) would be a positive change for the reporting process.

68 The MIJES also highlighted areas for improvement with other resources available to survivors. For example, while the majority of survivors who received expedited transfers indicated that their situation improved, another contingent reported that their careers suffered as a result (29%) and almost one-fifth indicated that their treatment by leadership, social support, and medical and mental health care worsened following their transfer (18%; 18%, and 19%, respectively). Another 15% indicated that peers treated them worse than prior to their transfer (MIJES, 2016, p. 129).

69 DoD (Namrow et al., 2016) claims that this high percentage of survivors who would recommend reporting is significant as the process can be very difficult. They note that the rate “not only speaks to the potential benefit of reporting within the military, but also to the benefit of many of the SAPR resources provided to military members who bring forward a report of sexual assault” (p. viii). While the SAPR resources, such as SARCs, VAs, and SVCs/VLCs, are inarguably beneficial, it is less likely that survivors’ willingness to recommend reporting to others “speaks[s] to the potential benefit of reporting within the military,” so much as it speaks to their courage, justice ideals, and desire to protect others. In other words, they may be likely to recommend reporting regardless of negative consequences.
respondents in 2015 and 2016 to allow for assessment of associations between survivors’ likelihood of recommending reporting to others and their experiences with selected investigation and justice process variables. In Chi-square analyses, satisfaction with perpetrator punishment, use of discretion by leadership regarding survivors’ cases, and level of preparedness for the military justice process influenced survivors’ likelihood of recommending reporting MSA to others. Notably, only 21% of survivors were satisfied or very satisfied with the justice actions given to the perpetrator, while 55% were dissatisfied or very dissatisfied (Namrow et al., 2017, p. 122). Of those survivors who were very satisfied or satisfied with the actions taken against their assailant, 92% to 96% were likely to recommend reporting to others, whereas 64% of those who were very dissatisfied and 71% of those who were dissatisfied were likely to do so. Discretion (i.e., maintaining privacy of reports) employed by leaders at all levels was also associated with likelihood of reporting, ranging from a low of 56% who would recommend reporting to others when their unit commanders did not use discretion regarding their case, to a high of 87% who would recommend others report when their immediate supervisor used discretion regarding their case. Further, 85% percent of those who were well-prepared or very well-prepared for the justice process would recommend reporting, whereas only 52% who were very poorly prepared and 67% who were poorly prepared would do so. Notably, 2016 MIJES did not assess the strength of the relationship between other factors known to influence satisfaction with the

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70 As seen in the discussion of barriers in the WGRA and RMWS above, survivors consistently endorse “not wanting [everyone/more people] at high rates as the reason they did not report. Such concerns are well-founded given the close-knit nature of the military environment. Thus leadership’s use of discretion to protect survivors’ privacy is critical even when unrestricted reports are filed; non-judicious sharing of information by leadership can compromise an already difficult process and compound trauma by increasing gossip and rumors. In 2016, almost one-quarter (24%) disagreed that unit CO used discretion; 28% disagreed that senior enlisted advisor used discretion, and 30% disagreed that their immediate supervisor used discretion. Two-thirds (64%) agreed that their unit CO used discretion, as did 57% concerning their SEA and 55% concerning their immediate supervisor. Some survivors wrote in responses concerning their experiences with command sharing details freely. As one victim said, “I think that the process could be kept more confidential. I am not sure what happened but everyone knew my business after my assault. It made it all worse because that’s when the harassment and rumors started” (Namrow et al., 2017, p. 119). Another victim stated, “The chain of command did not help[,] by week one of the reporting the entire brigade knew what was going on. The victim ends up becoming twice a victim because of the judging and humiliation that comes along with reporting and no one believing you” (p. 119).
reporting process, such as level of command support or retaliation, which may have influenced
their likelihood of recommending to others.

The range of and negative character of experiences with leadership indicated in the
MIJES is especially noteworthy when considering that, like all DoD MSA-related surveys, this
survey samples only women who remained in the military after reporting, whose experiences
may be better than or different from those who chose to leave or were forced to do so.\(^7\) DoD
acknowledges that this survey is a non-representative sample of active duty survivors (Namrow
et al., 2017; Namrow et al., 2016), but findings also do not represent the full experiences of
survivors, for example, who were forced out of the military or given less-than-honorable
discharges.

Social scientific research provides additional insight into victims’ experiences with
leadership and response systems in the military social ecology. Campbell and Raja (2005)
recruited a sample of 298 female primary care patients at a Veterans Health Administration
hospital to assess sexual assault history and secondary victimization in contact with civilian and
military social systems. In this study, sexual assault was defined as completed oral, anal, or
vaginal intercourse by use of force or the threat of force. Of this group of predominantly low-
income African American women, 252 were veterans, 16 were reservists, and the rest were
military spouses. One-hundred and four women in the veteran/reservist group had been sexually
assaulted since age 18; of these, 38% were assaulted during military service. Although
secondary victimization was equally common among groups who had sought civilian or military

\(^7\) Indeed, the data provided on eligibility criteria is illuminating when considering associations between the filing of an
unrestricted report and survivors’ separations from the military. Based on the initial sample sizes of survivors whose cases had
closed and were entered into DSAID prior to the fielding of the surveys, a large contingent of survivors from each year (37%
[1,189] in 2016 and 27% [805] in 2015) were excluded because they were no longer current servicemembers (i.e., they had
already separated from the military; see also DoD IG, 2016, for information on separations associated with filing unrestricted
reports).
social services, the type of secondary victimization differed as a function of civilian versus military help-seeking. Those who sought help from civilian services were more likely to be asked what they were wearing before the assault and about their sexual histories. Among those who sought help from military systems, being discouraged from reporting was far more common, with fully 70% being dissuaded from reporting the assault. The authors note:

Over half (59%) of the military sexual assault incidents were reported to military legal officials, but most survivors indicated that they were actively discouraged from reporting the assault. In other words, when women came forward to report incidents of completed sexual penetration committed by the use of force or the threat of force, they were told they should not report the incident. In many cases military officials refused to take the report or directly told the victim that what had happened to her was not serious enough to pursue further. Not surprisingly, 83% of victims who tried to report their assaults to military officials stated that this experience made them reluctant to seek further help. (p. 104)

While other literature has demonstrated that military officials responsible for taking reports were often friends with perpetrators or themselves perpetrators (Sadler et al., 2003; see also Namrow et al., 2017; Namrow et al., 2016), Campbell and Raja (2005) also show that military officials (including leaders) may discourage reporting because they feel pressure to maintain a positive unit image (p. 104). This important finding highlights the deep tension inherent in the reporting process between leaders’ needs to maintain a positive unit image to protect their own careers and their duty to care for their subordinates’ well-being.

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72 It is significant that institutional surveys allowed for the possibility that response system personnel shut down other reports (e.g., of retaliation or harassment) at rates of about 40% but until 2016 did not include this as an option in their formal MSA assessments of barriers or negative experiences (DMDC, 2013; Morral et al., 2015a; Morral et al., 2015b)
Nelson’s (2002) *For Love of Country: Confronting Rape and Sexual Harassment in the U.S. Military*, discusses sexual assault in the military prior to SAPRO reforms. Drawing on data from over 200 survivors, Nelson describes how survivors were discouraged from reporting sexual assault by peers and even commanders, and how witnessing other survivors’ attempts to report resulted in negative repercussions and an unwillingness to take the risk. Nelson also detailed the crucial impact of leadership on the unit climate and ability to report:

The climate of the unit as set by the commander has a tremendous impact on how the troops respond. If victims sense hostility or insensitivity to these issues in the unit, they are much less likely to report the crime. In fact, based on the feedback from service members who were in such units, victims rarely take the risk to report sexual assault in these commands. The decision to remain silent is often made to protect oneself from further harassment, humiliation, shame, or degradation. (p. 123)

When survivors did report, some described positive responses to their disclosure, such as social support from peers or commanders, access to counseling, and options to transfer from their unit. Yet survivors who reported sexual assault were too often disbelieved and blamed. They were also met with intentional acts of intimidation and retaliation in the form of verbal harassment and physical threats, career interference, disciplinary action or charges for collateral misconduct, forced transfers, and/or discharges. Survivors also recounted how psychiatric labels and command-ordered psychiatric referrals were used as weapons to silence and punish those who reported (see p. 130).

Hunter’s (2007) *Honor Betrayed: Sexual Abuse in America’s Military* also draws from survivor accounts to construct an understanding of multiple individual, institutional, and cultural factors leading to sexual assault in the ranks. Hunter does not deal at length with reporting, but
confirms that when the perpetrator is someone the survivor knows, as is most often the case, many survivors feel conflicted about reporting him. In addition to fearing retaliation by the perpetrator or those he knows, survivors also fear further sexual victimization, not being believed, being retraumatized by criminal investigation, and feeling ashamed. Hunter details how rape myths play into treatment of those who report: “Victims of sex crimes commonly are told, overtly or covertly, they are lying, wanted what happened, or are responsible for what happened” (p. 168). Hunter recounts the experience of an Army veteran who was orally, anally, and vaginally raped by two fellow service members. When she reported these events to her NCO and CO, they ridiculed her, telling her she was not really hurt, that she “should be grateful for a hot night of sex with two guys at once,” and that she should “expect more of the same since she was a lady-in-the-military… [and had] signed on for a tour of duty to satisfy the men of the Army” (pp. 190-191).

Hunter (2007) observes that, already in 1997 and shortly after the Tailhook and Aberdeen Proving Ground scandals, a report written by the National Summit on Women Veterans Issues recommended that the DoD provide better services for victims of sexual assault and enable survivors to come forward in safety by removing the reporting and justice process from the chain of command and thus eliminating this profound conflict of interest (see p. 191). Since that time, numerous advocacy groups and congressional representatives have argued that the command-directed system of justice carries severe conflicts of interest and have recommended that responsibility for severe crimes be removed from military leadership’s hands and given to impartial civilian or military prosecutors. But such recommendations have been vociferously opposed by military leadership, and as of 2017, military leaders maintain control of delivering justice against military perpetrators, who are often leaders themselves.
In Wolff and Mills’ (2016) study of 52 female veterans across service eras, 8 out of 46 MST survivors reported (or attempted to report), and their reporting experiences were mixed. Two women received help; notably, one of these women was of equal rank to her perpetrator and was in another unit, which facilitated a more positive experience (p. 845). Others, however, described more difficult experiences. Many women described how leadership themselves were hostile toward women and encouraged a victim-blaming culture that denied their experiences and cut off recourse. For example, one rape survivor reported to her leadership, and the following day, her unit commander called the company together to tell them, “Rape is incidental to your whole experience here” (p. 845). Another survivor noted that “command seemed to support the belief if there was a rape or assault the woman was accused of being in the wrong place at the wrong time or being too provocative” (p. 845). Others discussed a “good ol’ boys network” where leaders were themselves perpetrators of these assaults and protected each other.

The authors note that the survivors’ accounts express a “loss of faith in the military as a safe institution” in its failure to protect them (p. 845). They described how one pre-1973 veteran’s commander told her she was lying when she reported the sexual violence she faced, forcing her to recognize that the “cards are stacked against you and you are voiceless” (p. 845). As the authors note, “Veterans throughout all time periods were accused of fabricating incidents, told to be mindful of their status, were blamed for wrongdoing, and/or faced misconduct charges, and therefore stopped seeking help” (p. 845). Wolff and Mills’ (2016) study provides important insight into the history of military survivors’ experiences, which is useful for exploring the extent to which military culture has changed with SAPRO reforms and increased Congressional oversight. While some things have changed, many of these themes echo through the experiences of the survivors who participated in the MIJES. Qualitatively exploring the experiences of more
recent survivors and the advocates who work for social change may help to provide additional insight.

**Reporting and health outcomes.** Negative reporting experiences are almost certainly traumatogenic, though these associations remain underexplored in the literature on military sexual assault. However, an increasingly robust literature documenting civilian victim-system interactions has demonstrated that negative social reactions, such as retaliation (Ullman, 2010), secondary victimization (Campbell & Raja, 2005) by formal supports, or institutional betrayal (Smith & Freyd, 2013, 2014) by organizations upon which survivors trust or depend may themselves create, sustain, and compound trauma. Prior research has found that experiencing secondary victimization is associated with increased posttraumatic stress (PTS) symptomatology, physical health distress, and sexual health risk taking behaviors (Campbell & Raja, 1999; Campbell, Sefl, & Ahrens, 2004; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). Conflicts between the needs and priorities of response systems and victims may reinforce a distanced, unresponsive, or victim-blaming approach to victims that only intensifies their isolation, self-blame, and suffering (Campbell & Raja, 2005). Moreover, betrayal trauma and institutional betrayal have been associated in civilian populations with worse health outcomes, and these same mechanisms have been hypothesized to be at work in military settings. These findings suggest that when victims place their trust in social systems for help after a sexual assault, they risk the possibility of additional harm (Campbell & Raja, 2005).

Such traumatogenic mechanisms are likely present and intensified in the military arena, where dependency is high and cultural norms and structures may conflict with help-seeking (Campbell & Raja, 2005; Smith & Freyd, 2013, 2014). Despite such likely associations, and their potential to inform practice and policy, few studies have examined health outcomes specifically
as they relate to in-service reporting barriers and help-seeking experiences. One study (Holland, Rabelo, & Cortina, 2016) used 2010 WGRA data to determine whether specific barriers73 to sexual assault disclosure and mental health help-seeking had unique consequences for mental health among a sample of men and women who had either experienced MST (n=542; 430 women) or felt unsafe from sexual assault (n=1016; 844 women). The authors focused analyses on two categories of barriers that are particularly salient to the military context: logistical barriers (e.g., not knowing where to get help, transportation difficulties, scheduling difficulties, and difficulty getting time off work) and public stigma barriers (e.g., fearing career harm, different treatment from leadership, fearing being blamed by leadership, concerns about coworkers losing confidence, not wanting to be seen as weak). Both logistical and stigma-related barriers were associated with increased depressive and posttraumatic stress symptomatology, but stigma-related barriers for accessing MH care were both more frequent and predictive of such symptoms than logistical barriers among both survivors and non-victims who felt unsafe from sexual assault. The authors noted that these findings are consistent with previous literature indicating greater stigma against military members who are viewed as “responsible” or to blame for their difficulties, such as sexual assault victims, over those whose difficulties are seen as outside their control (e.g., amputees).

In another analysis of data gathered between 2002-2003 from 1,562 former reservists (1,213 women; 349 men) who had experienced in-service sexual harassment, Bell, Street, and Stafford (2014) investigated relationships between official reporting of sexual harassment (which included both sexual harassment and assault), authorities’ responsiveness to that report (i.e.,

73 Logistical barriers included not knowing where to get help, transportation difficulties, scheduling difficulties, and difficulty getting time off work. Public stigma barriers included feeling too embarrassed, fearing career harm, concerns about coworkers losing confidence, different treatment from leadership, being blamed by leadership, or being seen as weak.
having that harassment addressed), and satisfaction with the reporting process as they related to victims’ post-harassment functioning and PTSD and depression symptoms. Nineteen percent of the total sample reported harassment (22% of women and 10% of men). Thirty-seven percent were very dissatisfied, 14% were dissatisfied, 9% were neutral, 18% were satisfied, and 22% were very satisfied (p. 141). On its own, the act of reporting was not associated with health outcomes, but the quality of those experiences was: survivors’ satisfaction with the reporting process mediated relationships between having the harassment addressed by authorities and post-harassment well-being and PTSD symptoms, with higher satisfaction accounting for better post-assault functioning, less PTSD symptomatology, and less depressive symptomatology. The authors explained:

Level of satisfaction with the reporting process showed the strongest association with psychosocial well-being, accounting for 13% of the variance in post-harassment functioning (a medium-to-large effect) and 11% of the variance in symptoms of PTSD (a medium effect). More positive experiences were associated with better functioning and fewer symptoms of PTSD. There were also small but meaningful associations between higher satisfaction and fewer symptoms of depression in the past week. (p. 140)

The authors note that having officials address the report was associated with survivors’ satisfaction with the reporting process but on its own did not guarantee it. In other words, it was not simply whether the report was addressed, but how it was addressed that contributed or detracted from satisfaction and thereby had implications for survivors’ health. The authors indicate that assessing retaliation experiences would be important in better understanding the relationships between these variables and what is at work in these interpersonal processes (p. 149).
**Discussion.** While DoD and civilian leaders have initiated important reforms and expanded resources available for survivors, MSA remains underreported. Moreover, as a pivotal part of the military response system, leaders’ responses to reports and throughout the reporting process remains an area for continued improvement. Survivors consistently rate unit leaders and unit commanding officers as responding unsupportively in the aftermath of their reports or even, at times, themselves attempting to intimidate survivors who report. Moreover, data suggests that perpetrators themselves frequently occupy leadership positions, rendering a system predicated on the assumption of positive-constructive leadership problematic and often ineffective.

Despite reforms, barriers and negative reporting experiences persist. Clearly, reporting barriers are multiply determined and array across the military social ecology, making individual-level barriers potentially interpretable from multiple angles. For example, victims may have internalized military cultural and American societal values that may inhibit reporting and reinforce shame and self-blame (Campbell, Dworkin, et al., 2009). Socialization into military cultural norms of invulnerability and loyalty may also increase survivors’ desire to forget and move on or attempts to address the assault in ways that do not invoke formal system responses, or may lead them to minimize the harm of the assault. Survivors’ concerns about procedural fairness and non-response to reports may also implicate system personnel issues, such as hostile MCIOs or inexperienced and/or uninvested MTC.

However, many barriers may simultaneously or exclusively implicate leadership, who are pivotal in survivors’ daily lives and careers and often play central roles in the military response system to sexual assault crimes. For example, general career concerns may be related to leadership, such as those related to security clearances or negative impacts on promotion opportunities or performance reviews. Confidentiality concerns may reflect distrust that
leadership would maintain their report’s privacy. System-related concerns, such as believing that nothing would be done or that the process would not be fair, may indicate distrust in leadership to respond appropriately to MSA reports and to hold perpetrators accountable in a command-directed justice system. Survivors may have observed leadership’s receptivity to others’ reports of sexual assault and may be reluctant to put time and emotional effort into reporting when they have witnessed little being done about others’ reports or leadership actively retaliating against those who report (Hunter, 2007; Nelson, 2002). Even more general interpersonal concerns, such as fearing blame or not being believed by others, may implicate leadership, as survivors’ relationships with those individuals are so central to their lives (Morral et al., 2015a; Morral et al., 2015b).

Other barriers more directly indicate distrust in leadership. Leaders are obviously implicated in survivors’ concerns about professional retaliation, which by definition involves career-destructive actions by one’s superiors. Moreover, leaders themselves perpetrate a significant proportion of MSA incidents each year (DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Rock et al., 2011), making reporting difficult when these perpetrators or their friends are in charge of survivors’ careers (Sadler et al., 2003; Wolff & Mills, 2016). In addition, leaders who play favorites, tolerate misconduct, and model both hostility toward women and indifference to MSA reports increase risk for MSA (Sadler et al., 2003; Sadler et al., 2017), and such command climates likely inhibit reporting and encourage retaliation against servicemembers who do report, although this relationship has not been extensively studied.

Leadership response in the aftermath of sexual trauma matters for survivors’ wellbeing and for their experience with the reporting process if they choose to file. While leadership support can mitigate trauma following trauma like sexual assault (Laws et al., 2016; Wolfe et al.,
1998), DoD data indicate that leadership response to sexual assault reports may often cause additional harm. Leadership appear to figure prominently in the negative outcomes that follow reporting, whether that includes dissatisfaction with the response system or active retaliation against survivors. Across all response system categories, from survivor-supportive legal counsel to leadership to military law enforcement personnel, leadership earn some of the lowest rankings for survivors’ satisfaction with response to their reports (Morral et al., 2015b) and highest rankings for active dissatisfaction (DMDC, 2013; Namrow et al., 2017; Namrow et al., 2016). Indeed, in the 2012 WGRA and 2016 MIJES, survivors’ dissatisfaction with leadership’s handling of their reports trended slightly higher than dissatisfaction with defense counsel—individuals known for hostility toward victims during the justice process. Moreover, survivors were more likely to be dissatisfied with the responses of their own chain of command than with the responses of leadership outside that chain (Morral et al., 2015b), suggesting that leaders in closest proximity to survivors are those most in need of oversight and reform. These findings indicate a need for serious improvement in the responses of leaders at all levels during the reporting process and deeper study of what leader-survivor interactions entail.

Moreover, two-thirds of female survivors experience social and/or professional retaliation—at rates that remain unchanged over time and despite substantial reform, including criminalizing retaliation against victims who report. Indeed, for at least one-third of survivors, this retaliation comes directly from leadership in the form of professional retaliation (DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Namrow et al., 2017; Namrow et al., 2016; Rock et al., 2011), and over half of the social retaliation faced by survivors comes from someone who outranks them (Morral et al., 2015b, p. 166). Indeed, the only formal evaluation of the experiences of survivors who filed unrestricted reports and participated in the investigation and
justice process (Namrow et al., 2017; Namrow et al., 2016) indicated that leaders played the predominant role in all forms of retaliation, including maltreatment, ostracism, and professional reprisal. Moreover, survivors indicated that many leaders engaged in such abusiveness because they were friends with the perpetrators who had assaulted them. Such retaliation had far-reaching implications for individual survivors and for DoD’s wider efforts to eradicate sexual assault from the ranks. For example, it deterred 1/5 of survivors who filed unrestricted reports from staying in the investigation and justice process, thereby reducing accountability for perpetrators and increasing risk for repeat perpetration. Moreover, over two-thirds of survivors who sought help to address retaliation experiences did not receive it, and almost half were shut down by the leaders or recourse systems tasked with ensuring their safety as military whistleblowers. Such findings are consistent with social scientific research indicating that military officials discourage or refuse to accept MSA reports (Campbell & Raja, 2005) and that leadership may discourage medical and mental health help-seeking (Mengeling et al., 2015).

These reporting experiences with leadership may have an impact on mental health and well-being. Stigma-related barriers to care, such as fearing being blamed by leadership, can themselves be detrimental to mental health and confer greater risk for PTSD and depressive symptomatology (Holland et al., 2016). Lack of leadership and unit support in the aftermath of MSA is associated with worse well-being and increased PTSD (Laws et al., 2016). While research assessing the quality of survivors’ MSA reporting experiences and their subsequent well-being is scarce, extant research indicates that military officials may engage in more secondary victimization behaviors than civilian officials and that secondary victimization is associated with greater PTSD among survivors who reported to military officials (Campbell & Raja, 2005). Conversely, survivors’ satisfaction with the reporting process has an important
impact on well-being, with lower rates of PTSD and depressive symptoms among those who feel satisfied. Importantly, this research suggests that while addressing survivors’ reports is critical, the greater effect may come from how those reports are addressed and survivors’ experiences in that process. While following protocol is necessary, there is more to the story.

In sum, leaders may play multiple roles in the aftermath of MSA and survivors’ reports, with varying consequences for survivors. Further research exploring the nature and quality of these responses is necessary.

**Rationale for the Current Study**

The preceding review of the extensive literature on MSA in the military demonstrates clearly that MSA is a frequent and destructive crime that has devastating and lasting impacts on survivors’ well-being. The trauma of rape carries the highest conditional risk for PTSD, and MSA survivors may suffer a host of other serious mental and physical health conditions, such as depression, anxiety, alcohol abuse, and chronic pain. Survivors of MSA are also at significantly increased risk of homelessness and suicidal ideation, attempts, and deaths than are servicewomen who have not experienced these crimes. MSA also carries serious consequences for military readiness and retention, as well as the wider American society.

Reporting is the critical link between these crimes, survivors’ safety and wellbeing, and perpetrator accountability. Survivors who do not report cannot access trauma-related services and are at increased risk for revictimization by their perpetrators. Individuals who perpetrate these crimes without being caught are likely to do so again, but very few perpetrators of MSA are held appropriately accountable. Moreover, research on the contingent of military perpetrators who occupy leadership positions does not exist, and the impact of military perpetrator status on case dispositions is currently unknown.
As the “center of gravity” for primary and secondary prevention of military sexual assault, leaders at all levels have extensive influence on wider military culture and play critical roles in system response to sexual assault crimes. The command climates they set may powerfully deter MSA or increase its frequency and intensity. Leadership support may protect against and ameliorate trauma-related mental health injuries, while lack of leadership support can decrease servicewomen’s wellbeing and cause additional distress in the aftermath of sexual violence. Leaders also may create climates of trust that facilitate MSA reporting and support following such disclosure or ones that reinforce reporting barriers and retaliation against those who do come forward.

**Study Purpose and Research Questions**

On its own, MSA represents a highly toxic traumatic exposure, but the interpersonal aftermath of that exposure can be equally or even more toxic, especially when survivors report these crimes to system personnel. As leaders are pivotal to the reporting process on multiple levels, their responses and impacts on victims, as well as on the wider military social ecology, must be studied in their own right. While research indicates that MSA may be more traumatic than civilian sexual assault or combat experiences (e.g., (Himmelfarb et al., 2006; Suris & Lind, 2008; Suris, Lind, Kashner, & Borman, 2007), few studies have empirically addressed how survivors’ experiences with leadership may contribute to this increased harmfulness. Indeed, extant research indicates that survivors not only fear retaliation and career reprisals from leadership, but also experience these harms at rates that have remained consistent over time and despite meaningful reform (Campbell & Raja, 2005; DMDC, 2013; Hunter, 2007; Lipari et al., 2008; Morral et al., 2015a; Morral et al., 2015b; Nelson, 2002). Exploring how leaders may
impact survivors’ well-being in the aftermath of MSA and following reporting is a pressing but currently neglected area for future research.

Moreover, leadership set climates that communicate priorities to subordinates and may increase or decrease risk for sexual assault (Murdoch et al., 2009; Sadler et al., 2003; Sadler et al., 2017), but whether and how these factors impact reporting of MSA remains largely unexplored. While some social scientific literature assessing the experiences of survivors who experienced MSA prior to SAPR reforms indicates that perpetrator status inhibits reporting (e.g., when one’s leader is a friend of the perpetrator or himself the perpetrator; Sadler et al., 2003; Wolff & Mills, 2016), it is necessary to assess these relationships among more recent survivors in order to ascertain whether SAPR reforms (e.g., offering additional channels for reporting beyond one’s chain of command) have made a difference for survivors who are assaulted by leaders.

We also lack recent, in-depth qualitative data on survivors’ interactions with leadership following reporting. Understanding leaders’ initial responses to reports is important in order to assess whether leaders at all levels are following protocol, meeting their responsibilities for connecting survivors with appropriate care, and engaging in other appropriate secondary prevention. Moreover, identifying conditions that contribute to certain types of leadership responses can highlight important areas for intervention (e.g., different relationships between leaders and perpetrators may lead to different initial responses toward victims, which necessitates different response structures). But equally necessary is understanding leadership’s response over time. Unrestricted reporting is the beginning of an often-difficult, triggering, or retraumatizing process, and leaders are responsible for the welfare of their subordinates throughout this process and beyond. Thus understanding the nature of support over time (i.e.,
how it remains stable or changes and what conditions may contribute to those results) can offer insight into areas that can be strengthened or where increased support or resource provision is needed. Such research may also assist in understanding the entrenched problem of retaliation, including potentially modifiable conditions and processes that contribute to this destructive interpersonal process. Such understanding can facilitate appropriate intervention and ensure that policy reflects survivors’ real experiences of this phenomenon (DoD, 2016b). Examining the roles played by leader-perpetrators in reporting and retaliation processes and the larger military social ecology is also critical for prevention and accountability purposes. Given that rank confers influence, that excellent service records bestow status, and that perpetrators who hold leadership positions are likely to have both, understanding how this contingent of toxic leaders may capitalize on these factors both prior to and in the aftermath of MSA and victims’ reports is important.

Moreover, although leaders represent only one level of the larger military social ecology, they may exert extensive effects across that social ecology. Leadership’s responses to survivors may thus have cascading but unrecognized effects related to that social ecology, including the efficacy of resource systems, perpetrator accountability, and general safety of all service members. While such extensive influence may be beneficial when positive-constructive leaders are at that “center of gravity” (DoD, 2014a, 2014b), it may pose serious problems when negative-destructive leaders occupy that center. Given leadership’s influence over the unit climate and conduct of their units, as well as the importance of unit cohesion and peer support in recovery from trauma, understanding how leaders impact survivors’ relationships with military peers is important. Similarly, understanding how victims’ experiences with the systems set up for support, protection, and accountability, such as SAPR (SARC s, VAs, SVCs/VLCs), mental
health, and IG, may be impacted by leadership is critical, as such resources are often central to survivors’ safety and recovery, as well as to their ongoing participation in the investigation and justice process. Further, given ongoing debates over the sufficiency of the current command-directed system of justice in the military, assessing leaders’ roles in and influence over the investigation and justice process, including how perpetrator status plays into case disposition, can contribute additional perspective to such debates. Although research has begun to examine MSA in greater context, to my knowledge no psychological studies have examined leadership’s impact on victims’ experiences with peers and designated supports in the military social ecology, or examined their impact on victims’ experiences in the military investigation and justice process.

In addition, a large contingent of survivors is separated from the military following MSA incidents and reporting (see DoDIG, 2016), rendering their experiences and insights invisible in DoD’s biennial assessments and other surveys. Assessing the reporting experiences of this group of survivors is critical in gaining a wider understanding of the reporting experiences of all military survivors, not simply those who remain on active duty. Research with this group of survivors also allows examination of otherwise-undocumented roles played by leaders in the nature and process of survivors’ separations, which some data suggest may occur in retaliatory fashion (see DoDIG, 2016; HRW, 2016). Understanding these women’s experiences can illuminate areas for improvement in response and support capabilities that might increase retention of this contingent of qualified and dedicated servicemembers. Moreover, assessing the experiences of survivors since the inception of SAPR is important, since these significant changes result in different experiences and challenges, and more recent survivors can offer insight into relevant current areas for policy reform.
Moreover, to my knowledge, no psychological research has examined the perspectives and insights of military advocacy group stakeholders as they pertain to MSA reporting and reforms, despite their considerable expertise. This unique group of subject matter experts aid survivors of all genders and service characterizations, help give voice to their experiences, and work for social change. This understudied group also has intimate knowledge of policy reform and military culture and can offer more targeted recommendations for social change. Military advocacy group stakeholders thus carry critical unique knowledge that can broaden and contextualize our understanding of individual survivors’ experiences, and their voices deserve inclusion in research on MSA.

Lastly, quantitative research has offered critical large-scale information on barriers to reporting these crimes as well as survivors’ levels of satisfaction with various aspects of the response system, including leadership. At the same time, quantitative approaches limit what can be known about data and constrain survivors’ experiences to predetermined categories that may not adequately capture the processes that occur when they consider reporting and do report. Quantitative surveys can also be constrained by organizational and institutional commitments and assumptions that may limit what types of questions can be asked and may disincentivize inquiry about potentially litigious issues such as leadership perpetration. Such limitations can have serious consequences for the sufficiency of the primary, secondary, and tertiary prevention strategies that are developed.

Qualitative research can supplement and offer new perspectives on quantitative findings by offering insights into the contexts, conditions, and processes that remain largely inaccessible in quantitative studies on interpersonal processes. For example, by asking women themselves what they fear when considering reporting and what they experience from leadership following
their reporting decisions, we can gain deeper understanding not only of the contexts in which barriers occur, but also the lived realities faced by survivors who do report and the conditions that sustain them. Qualitative data on survivors’ experiences has been steadily growing, as many researchers have recognized the power of survivors’ voices, the necessity of taking survivors seriously as experts on the crimes they endured, and the complementary nature of large-scale assessment of issues and smaller-scale, in-depth analysis of those issues. Even DoD has begun to integrate survivors’ voices into surveys (i.e., MIJES; see Namrow et al., 2017; Namrow et al., 2016), with powerful effects. But to my knowledge, in-depth qualitative research on victims’ experiences with leadership is unavailable.

This study seeks to fill the above gaps and to contribute to a larger conversation on the role of military leadership in responding to sexual assault crimes in the military context. This two-part qualitative mixed methods study aims to provide experientially grounded insights from victims and advocates concerning survivors’ interactions with military leaders and leadership’s influence on victims’ experiences in the larger military social ecology, including what happens when perpetrators are themselves leaders. This project was guided by the overarching research question: How do military leadership influence military survivors’ reporting of MSA and impact the military social ecology in the aftermath of critical incidents, and what can be done to improve experiences with leadership and encourage more survivors to come forward? More detailed research questions were as follows:

1. What happens in the aftermath of reporting (and what happens if survivors remain silent)?

   How do leadership respond, and how enduring is this response over time? What occurs when leaders are themselves perpetrators? What does retaliation by leadership entail, and what is the process by which it occurs?
2. What ripple effects do leadership responses have on important parties with whom victims interact in the wider military social ecology, including survivors’ military peers, resource systems, and recourse structures?

3. How do leadership impact two important processes: the investigation and justice process, and victims’ separations from the military? How do each of these processes impact survivors’ well-being?

4. What needs to change? How can leaders at all levels better support survivors in the aftermath of critical incidents? What policy reforms need to occur? What recommendations do advocates and survivors have?
CHAPTER 3: METHODOLOGICAL FRAMEWORK AND RESEARCH PROCEDURES

All research is action that works for or against power.
—Ian Parker, *Qualitative Psychology: Introducing Radical Research*

In keeping with DoD’s commitment to hold leaders more accountable in the fight against MSA and to leverage those leaders’ abilities to increase reporting and care for victims who report (DoD, 2014b, 2014c, 2016b), this project seeks to explore leadership’s impact on victims’ reporting experiences as they are situated in the wider military social ecology, and to illuminate areas for reform. The approach I take to accomplish this objective is a feminist standpoint and social ecological approach that examines leadership-victim interactions in the context of the larger power structures, military practices, and constitutive contexts that support them. This approach is also informed by a community-based participatory research orientation that sees partnership with community stakeholders—in this case, veteran survivors and Protect Our Defenders—as central to engaging in meaningful research that helps to drive policy reform.

In this chapter, I outline my orienting methodological framework, ethical considerations, and choice of qualitative mixed methods to suit the area of study. I then describe my research procedures for both stages of the project, including participant recruitment and the research processes and protocols developed for the focus group and interviews. In the data analysis and interpretation section, I discuss my use of constructivist grounded theory to analyze the qualitative data, as well as relevant adaptations I made to this method.

**Methodological Framework**

This project begins from the critical feminist standpoint that the approach we take toward researching sexual violence is itself a political act (Payton, 2016). Our approach carries consequences not simply for understanding these atrocities and the data produced but also for the people studied and the wider cultures in which they are embedded (Watkins & Shulman, 2008).
Our approach shapes what we define as legitimate knowledge, the methods we use to gain that knowledge, the kind of knowledge we produce, and the purposes and populations that knowledge serves. Our approach can describe a problem’s manifestations while leaving its roots intact or it can analyze those problematic roots and use that knowledge to work for change (Prilleltensky, 1997; Prilleltensky & Fox, 2007). This qualitative mixed methods project embraced the latter approach and the explicit political commitments it entailed. To do so, it was guided by three interlinked and mutually reinforcing methodological underpinnings: feminist standpoint theory, social ecological theory, and community-based participatory research. These components are described in more detail in what follows.

**Feminist Standpoint Methodology**

Living as we did—on the edge—we developed a particular way of seeing reality. We looked both from the outside in and from the inside out...we understood both.

—bell hooks, *From Margin to Center*

Feminist standpoint methodology holds that to address social issues impacting women’s lives, research must begin with women’s lives. As an epistemological approach, research method, and route to praxis, feminist standpoint methodology is founded on the insights that women’s lived experiences matter, that researching from women’s lives will generate knowledge to disrupt oppressive structures, and that the knowledge generated should be used for social change (Brooks, 2007; Crasnow, 2006; Intemann, 2010).

Feminist standpoint methodology revolves around three core tenets. First, it recognizes that all knowledge is situated within particular social-political-historical contexts and corresponding hierarchical power relations. Within these contexts and power relations, each of us

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74 Although there has been some debate over whether feminist standpoint is an epistemological (e.g., Hartsock) or practical approach (e.g., Smith), for this project, it is essential to see it both ways. It is a way of conceptualizing what counts as knowledge and also approaching research and community organizing for social change.
occupies a social location that shapes what we experience, how we relate to our world, and how we understand its workings. Importantly, this social location also shapes the level of privilege and power available to us, including what we take for granted about the world and our daily interactions therein. To members of groups occupying privileged social locations that insulate them from oppression, the world is taken as natural and unremarkable—“the way things are” or “the way things are done”—rather than as built upon oppressive, unequitable, and unjust socially constructed realities (Payton, 2016). Indeed, members of such groups often are disincentivized to question those realities and thus fail to see how oppression operates, is maintained, or affects those with less power. Some may even work to obscure or deny such injustice in order to preserve their own power and privilege (Wylie, 2003).

In contrast, members of groups that occupy less privileged social locations may see power relations more clearly, as they live their dark undersides every day. Termed “epistemic privilege” (Wylie, 2003), this second tenet of standpoint theory accounts for how marginalization may confer certain epistemic benefits—better ways of knowing or fuller access to knowledge—when it comes to understanding power relations. For example, a female servicemember, simply by dint of her gender, occupies a minority position within the dominant male military culture. As a servicemember, she comes to know that culture from the inside: she internalizes and operates within its worldviews, negotiates its tacit meanings, and conforms to expectations in order to survive and succeed (Wylie, 2003, pp. 34-35). Simultaneously, as a female, she is an “outsider within” that masculinized culture whose gendered material realities and lived experiences differ from and at times trouble the adequacy of the masculinized status quo. This “double vision”—intimate knowledge of the dominant culture and her own marginal gendered social location—is the basis of the epistemic advantage conferred by marginality. This lived, embodied, and
experiential knowledge is its own form of power and is the essential precondition for considering how oppressive processes and structures can be transformed.

But a feminist standpoint is not simply a point of view on the world automatically accorded to women or others who occupy liminal spaces—it is a communal-political achievement (Intemann, 2010). Women’s epistemic advantage offers a unique form of critical power that may be employed in the development and achievement of a feminist standpoint and related social change. But this advantage may also remain latent as women’s personal experiences of suffering are obscured by larger oppressive power relations and remain privatized, unexamined, and disconnected from other women’s experiences (Payton, 2016).

Being socially situated means that women’s thinking and consciousness are to some extent structured by the dominant culture’s individualist, sexist, racist, heteronormative, and ableist conceptual frameworks. These interlocking aspects of oppression can also separate women from each other when their differential levels of privilege and power result in very different experiences of oppression. Achieving a feminist standpoint requires that suffering becomes conscious struggle, and this happens collectively and across difference (Intemann, 2010). Community enables women to recognize how their personal struggles connect to others’ struggles and to wider oppressive forces. As women’s individual experiences become situated within the context of these oppressive forces, personal struggles are transformed into sociopolitical entities—experiences not simply suffered “in” and by women but produced by

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75 Occupying a particular social location within a system of power can catalyze individuals’ abilities to see and articulate how conditions that appear normal and unremarkable are themselves reflections of oppression, but it does not guarantee that a standpoint will be developed. A standpoint is the critical consciousness that emerges out of experiences of struggle against a dominant culture and oppressive power structures. In this way, it differs from a perspective, which every living person occupies as a result of their social location (Harding, 1991).

76 For example, White, middle-class, able-bodied, heterosexual women may remain insulated from the multilayered suffering of lesbian women of color or disabled women and may attempt to deny or erase difference in the interests of uncomplicated “solidarity.” This erasure of difference fractures intentional feminist community, which becomes a microcosm of the larger dominant culture, perpetuating the silencing and oppression that occurs there. Critical consciousness must be brought to bear on how this unjust social order affects all women.
destructive forces within society itself. When this shift occurs, these previously private experiences become sites for collective action.\textsuperscript{77}

A third and final core tenet of standpoint feminism is that lived, embodied experience should be the beginning of scientific inquiry and gendered experience a major lens through which analysis proceeds and knowledge is produced (Intemann, 2010; Wylie, 2003). In other words, knowledge production about women’s lives should begin from the lived experiences and material conditions of those gendered lives.\textsuperscript{78} As Brooks (2007) wrote, “Feminist standpoint scholars seek to give voice to members of oppressed groups—namely, women—and to uncover the hidden knowledge that women have cultivated from living life ‘on the margins’” (p. 77). This prioritization of women’s insights and experience can generate significant new questions and knowledge that may expand upon or contest the partial or insufficient understandings developed from dominant androcentric conceptual frameworks (Harding, 1993; Harding, 2004, p. 128).\textsuperscript{79}

\textsuperscript{77}As this occurs, women’s experiences are repoliticized and personal struggles become transformed into sociopolitical entities and sites for collective political action. Collective problematizing or “de-naturalizing” experiences that appear normal and unremarkable within the logic of the dominant conceptual framework, naming them publically, and organizing resistance or social change around them are key to developing a standpoint. As Brooks (2007) writes, “As women come together and share their stories and begin to understand that they are not suffering alone, they stop blaming themselves for their own suffering and are empowered to look outward, toward society, and challenge the societal norms and dominant ideologies that are oppressing them. In this way, women’s critical point of view—their position of political consciousness—their feminist standpoint—has to be achieved (Hartsock, 2004) through a process of consciousness-raising, as opposed to stemming directly and unproblematically from their pain and suffering” (p. 79, footnote 5). If feminist standpoints are achieved through political struggle and with communities, then advocacy groups are sites of feminist standpoint—loci for questioning the status quo and working to change it. This is certainly the case for Protect Our Defenders, an organization that works to prioritize survivors’ voices, illuminate injustice, and transform the military’s response to sexual assault crimes. Their mission statement provides such perspective: “Protect Our Defenders (POD) is the only national organization solely dedicated to ending the epidemic of rape and sexual assault in the military and to combating a culture of pervasive misogyny, sexual harassment, and retribution against victims. We honor, support, and give voice to survivors of military sexual assault and sexual harassment…. Protect Our Defenders has a deep understanding of military process and procedure. We work respectfully and collaboratively, engaging stakeholders who can speak from personal experience about the need for reform, to promote change from outside and from within the military” (http://www.protectourdefenders.com/about/).

\textsuperscript{78}In standpoint theory, women’s lived, embodied experiences become the starting point for theory construction and knowledge production. Standpoint theory is thus “empiricist” in the sense that it is the study of lived experience (Intemann, 2010).

\textsuperscript{79}Starting here is important for several reasons. First, it increases awareness and generates community. As Brooks (2007) points out, the very process of providing a space for women to speak about and name their own experiences of oppression increases awareness, empowers women and allies, and inspires social action: “Often the very process of enabling women to articulate their own experiences of oppression raises awareness, among women and others, about the particular difficulties diverse women face and inspires movement toward change” (p. 61). This is the case for survivors of sexual assault as well; truth-telling and sharing one’s story in community not only helps survivors feel less isolated, but it also increases their awareness of the “not-okay”-ness of their experiences and inspires a desires to change the material circumstances that enable such injustice and aggression to recur. It is no secret or surprise, then, that “telling one’s story” is not only a prerequisite for individual healing (Herman, 1997), but also a prerequisite for (motivating) social change.
Critically, although research begins from and seeks to understand women’s lives, it does not stop there. The goal of feminist standpoint research is to use women’s knowledge to “study up”—to illuminate power relations, oppressive policies, and structural conditions that perpetuate women’s oppression—in order to transform them (Harding, 2004, p. 31). As Crasnow (2006) wrote, “The projects for which this method is suitable take insights from the lives of women and use them to give an account of social structure that reveals the power relations that maintain the oppression of women” (p. 835). As Intemann (2010) wrote, “The aim here is to examine power relations, institutions, policies, and technologies that perpetuate oppression from the perspective of the oppressed, so that they may be changed, undermined, or abolished” (p. 786). In turn, the knowledge produced is used for social change.

Standpoint theory is central to advocacy work and social change. By illuminating aspects of culture and society that lead to denigration and oppression of women, it enables us to consider alternative options:

Further, and perhaps most important, because research that starts from women’s lives yields a more accurate picture of how a given society functions, it also uncovers the necessary ingredients for social change. Only by exposing the intraworkings of society as a whole do we learn about which elements require modification and reconstruction such that a more just, humane, and equitable society can be constructed. (Brooks, 2007, p. 69)

In sum, a feminist standpoint is an epistemological position, a normative commitment, and a path to praxis. It involves the achievement of a critical political consciousness that sees through everyday experience to the oppressive structures that sustain disempowerment and marginalization of women. It is a research position that begins by understanding women’s lived experiences with the ultimate goal of rendering oppressive processes, practices, and structures
more transparent. It is a normative commitment that uses knowledge for social justice and change.

**How does standpoint theory relate to my project?** Military sexual assault is the direct and systemic expression of power and dominance by one group over another, and it is sustained by indirect oppression that may remain invisible to dominant groups in that military social ecology. Illuminating military survivors’ experiences of such direct and indirect oppression is critical for institutional and social change and disrupting dominant narratives. Military survivors carry lived wisdom about the operation of power within the military’s formal and informal hierarchies, including how leadership and other military actors may use such power to either challenge or perpetuate survivors’ victimization and silencing. Likewise, advocates who work on military survivors’ behalves have first-hand knowledge of how larger policies and societal structures sustain sexual violence against servicemembers and constrain effective recourse and justice in the aftermath of reporting. As a feminist researcher, I also bring my own critical consciousness and analytic skill to my research endeavors. Taken together, the knowledge generated from veteran survivors’ experiences, advocates’ insights, and critical theorizing can be used to “map the practices of power” that harm MSA survivors—and also to change them through policy recommendations that emerge from such survivors’ lives (Harding, 2004, p. 31; cited in Intemann, 2010, p. 786).

**Feminist Social Ecological Approach**

An individual’s behavior can only be understood in the context of interaction with other human beings within socially created institutions. Psychologists who seek to understand

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80 As the group that quietly broke the last legal gender barrier, women veterans have lived as outsiders within a predominantly masculinized culture and carry transgressive knowledge about that culture.

81 Standpoint research generates emergent understandings, rather than working from preordained questions, theories, or insights generated by members of the dominant culture. Standpoint thinks beyond the truths and knowledge offered by the dominant culture and seeks to understand what is missing and how women’s experiences are misconstrued or misrepresented by such data. As a researcher operating from a feminist standpoint, I believe that women’s lived experiences hold truths and insights that can contribute to social change. This standpoint also sensitizes me to the ways in which power operates in the military system.
why an individual behaves in a certain manner inevitably confront the impact of other people on that individual…. Any effort to identify the sources of significant behavior entirely within the individual neglects interaction’s causal role. Equally important, it neglects the causal role of the larger social institutions in which those interactions are embedded.

—Dennis Prilleltensky & Isaac Fox, *Critical Psychology*

To recontextualize is to repoliticize (Payton, 2016; Ullman, 2010). This project is framed by an orienting feminist commitment to recontextualize MSA and reporting in its constitutive social context, including the interactions that occur there and the power dynamics they reflect. Central to this recontextualization and examination of these environmental etiologies of oppression is understanding the roles played by military leadership. For this project, a primary goal was to develop a contextually grounded understanding of leadership’s role in the aftermath of MSA and victims’ reporting experiences, including leadership’s ripple effects on the wider military social ecology as they pertained to victims’ experiences. A social ecological approach was central to accomplishing this objective (Campbell, Dworkin, et al., 2009; Payton, 2016; Ullman, 2010).

Feminists have used innovative strategies for illuminating the structural and political horizons of power and oppression that give rise to violence against women and victim-blaming responses to those who report. Social ecological (SE) approaches have been adopted by researchers on sexual violence because they provide a supradisciplinary framework for understanding the complex environmental conditions that allow such violence to occur (Campbell, Dworkin, et al., 2009; Ellsberg & Heise; Payton, 2016). Such approaches are endorsed by public health organizations such as the US Centers for Disease Control (CDC) and

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82 Within the realm of violence against women, social ecological models have been applied to violence against women more generally (Heise, 1998); to community violence from a feminist perspective (Meyer & Post, 2006); to sexual revictimization (Grauerholz, 2000); to understanding how sexual assault impacts women’s health (Campbell, Dworkin, et al., 2009); to developing a model of trauma and recovery (Harvey, 1996); to understanding cultural components of recovery from sexual assault (Neville & Heppner, 1999); to the primary prevention of sexual assault (Casey & Lindhorst, 2009), and even to disclosure in civilian samples (Ullman, 2010).
the World Health Organization (WHO) for understanding and preventing sexual violence, and
the Department of Defense (DoD) itself has adopted such a model in its ongoing prevention
efforts (DoD, 2014b). Originally developed in community psychology (Kelly, 1968) and
developmental psychology (Bronfenbrenner, 2008), SE approaches as applied to sexual violence
assume that, like any ecological phenomenon, sexual assault requires supportive social
environmental conditions to flourish and that effective responses to victims and these crimes
necessitate addressing the relationships, community, and larger society that sustain them.\textsuperscript{83}

In 2014, DoD adopted a social ecological model as a guiding influence in its prevention
efforts (DoD, 2014b, 2014c).\textsuperscript{84} For this project, I have adapted this military-specific model to
focus on secondary and tertiary prevention and to include the influence of individual rank and
time across levels.\textsuperscript{85} In this adapted model, the military social ecology can be imagined as a
series of five nested ovals symbolizing increasingly larger segments of the military social
ecology: \textit{individuals, relationships, leaders at all levels, military community, and society}. The
constant, cumulative impact of \textit{time} can be represented as an arrow running across these levels
(see Figure 1).\textsuperscript{86}

\textsuperscript{83} The term “social ecology” refers to what human science theorists have alternately termed the “life-world” (Husserl, 1970 ),
“horizon,” or “field” (Lewin, 1997)—the multiple environments, relationships, resources, institutions, and social processes that
comprise and encompass the social world, as well as the temporal-historical processes infusing them.

\textsuperscript{84} Other researchers have also employed social ecological models in theorizing military issues. Stockdale and Nadler (2012) used
Bronfenbrenner’s structural microsystem, mesosystem, and macrosystem model to examine relationships between sexual assault
and other types of interpersonal violence. More recently, Sadler and colleagues (2017) employed a social ecological model in
their investigation of the relationship between leadership behaviors and non-deployed servicewomen’s risk sexual assault.

\textsuperscript{85} Consistent with social ecological theory’s emphasis on dynamic systems of change, this temporal level represents the influence
of time on secondary and tertiary prevention issues.

\textsuperscript{86} When this project was originally conceived in 2013, I adopted a social ecological model as the framework to guide subsequent
data collection and analysis. I was interested in understanding victim-system interactions, which were central to the civilian
victimology literature but had drawn little empirical attention as they occurred in the military context. The social ecological
approach provided an orienting framework for deeper examination of these issues in the military cultural context, and it
encouraged thinking beyond survivors’ immediate relational contexts to include consideration of more distal impacts on those
experiences (e.g., societal-level norms, laws, and policies that exerted effects from afar). I have discussed this original adaptation
of the social ecological model to the military context elsewhere (Payton, 2016). The current model reflects an undated version
that includes modifications made by DoD, in order to streamline the discussion and develop more useful policy
recommendations.
At the *individual level* are individual servicemembers, including the modifiable “beliefs, values, and attitudes” that translate into behavior (DoD, 2014c, p. 44). Examples of such factors could include individual servicemembers’ differential labeling of assault events (i.e., by victims, perpetrators, unit members) or victims’ personal motivations for reporting MSA. At this level is also military rank, which shapes individual servicemembers’ beliefs and behaviors and impacts most interactions across the military social ecology. The *relational level* focuses on servicemembers’ immediate settings and includes relationships of sustained, often daily contact, such as with family or military peers, friends, or coworkers in small unit or working groups (DoD, 2014c, p. 44).

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87 In typical social ecological models, static factors such as personal history and demographics variables such as gender, age, race and ethnicity, sexual orientation, class, education, marital status, and ability status would be included in theorizing as although most are not modifiable, such social locations impact individual risk for experiencing or perpetrating sexual violence, as well as the likelihood it will be reported (Campbell, Dworkin, et al., 2009; Ullman, 2010).

88 Rank could be categorized as a “meta-variable” that exerts effects at every level and shapes the larger social ecology. I have included it here to emphasize it as an aspect of individual privilege and power that influences beliefs, values, attitudes, and behavior.
Leaders at all levels were added by DoD as an additional level to reflect the extensive impacts of leadership across the military social ecology. In DoD’s words, military leadership are the “center of gravity” for preventing and responding to sexual assault, responsible not only for the well-being of their troops but also for setting climates of trust that encourage reporting (DoD, 2014b, p. 10). DoD notes that effective leaders at all levels mentor and lead by example, set positive command climates and effective sexual assault messaging, intervene in gender discrimination and sexual harassment, set expectations for proper conduct and injunctive norms through appropriate discipline of misconduct, shape SAPR programs and sexual assault messaging, and look out for new servicemembers by ensuring they have a unit sponsor. DoD also stated that accountability was key to leaders’ success in preventing MSA and encouraging reporting: “When all personnel are held appropriately accountable for their behavior, the unit climate of trust and safety is enhanced and personnel may feel safer coming forward with issues or incident reports” (p. 10). Senior commanders play critical roles in holding subordinate commanders “appropriately accountable” for facilitating and upholding respectful command climates (p. 10).

The military community level includes large units, service branches, and DoD itself (DoD, 2014c, p. 44). The military community level includes formal and informal social structures and larger environmental characteristics that shape a service member’s life, such as the nature of the larger unit and installation environment, unit- and service-specific military training and education practices, and the wider military justice system. The local norms and gender dynamics embraced by leadership may be exemplified in military units or larger military

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89 DoD also stated, “The Department added an additional sphere – leaders – because they are the center of gravity in any prevention program. Leaders set the tone in word and deed, and their involvement is critical. Recognizing the essential role of leadership, DoD included leaders as a distinct sphere of influence to highlight the necessity that commanders and their staffs develop and execute tactics that target this “center of gravity” for prevention efforts” (DoD, 2014b, p. 8).
communities (e.g., installation). When applied to secondary and tertiary prevention, the military community level includes the military response systems set up for support and protection for survivors who report MSA, as well as for accountability for perpetrators. Such response systems include those tasked with Sexual Assault Prevention and Response duties (i.e., SARC and VA as well as SVC and VLC) and treating the often long-term trauma-related health injuries survivors suffer as a result of the perpetrator’s crimes (i.e., medical and mental/behavioral health services). At the military community level are also the response systems tasked with investigation, prosecution, and other judicial or legal responsibilities, such as MCIO, Staff Judge Advocate and prosecutors, defense counsel, and military police, as well as systems tasked with oversight, accountability, and protection of whistleblowers, such as Inspectors General.90

The societal level includes laws, policies, and larger cultural norms as modifiable risk and protective factors that may impact survivors’ reporting options and experiences (DoD, 2014c, p. 44). Larger assault-supportive issues such as gender inequality influence policy-making (i.e., barring women from combat until recently, thus preventing them from representation in positions of power that helps to change gendered ideology over time) and may also trickle down to lower levels of the social ecology (i.e., be internalized at all levels of the military social ecology). Factors at this level of analysis may also include economic factors that influence all levels of the military social ecology (e.g., lack of funding for SAPR programs). Extra-military societal resources such as advocacy groups, mass media, and other systems of recourse would also be found at this level.

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90 Inspectors General systems are actually divided into levels mirroring the social ecology: most installations have a base Inspector General, and each service has an Inspector General system, as does DoD as a whole. Servicemembers who file complaints with IG generally are encouraged to start with the lowest level and work their way up. For parsimony, these three IG levels are collapsed into one that is located at the community level with the other resource systems.
Time exerts a constant and cumulative impact on the preceding five layers of the military social ecology. Reporting is a dynamic process, not a one-off situation. For example, survivors who file unrestricted reports engage with military actors, social systems, and judicial processes that may change over time. Survivors’ own health and well-being may likewise change, as may the contexts in which their reports were initially made and the nature and range of supports to which they have access. Thus attending to how contextual conditions change over time and the consequences such changes can facilitate better understanding of victims’ post-assault experiences in the military social ecology. But importantly, time is not simply a linear process, as the bidirectional arrow representing time in Figure 1 attempts to show. While time and its impacts are progressive and cumulative (i.e., move forward and compound), it is also historical. Indeed, the military institution, including its systems and practices, is fundamentally grounded in tradition and history that inform present decision-making. The experiences, expectations, and behaviors of survivors and other military actors are likewise tethered to memory and past experience—and at times past and present may merge experientially (e.g., in survivors’ traumatic re-experiencing or hypervigilance to threat). This temporal complexity infuses survivors’ experiences in the military context.

This adapted social ecological framework provided an orienting heuristic to situate leader-victim interactions, but also to sensitize me to their impacts on phenomena beyond the individual and relational levels—to victims’ experiences in the wider military social ecology. Simultaneously, this conceptual framework helped me to identify some of the larger forces structuring these interactions.

91 Moreover, most reporting-related processes cut across levels (e.g., the investigation and justice process involves servicemembers at all levels, and the structure of that justice process is itself a societal-level phenomenon, ratified by legislation; medical retirement processes often involve military personnel at multiple levels).
Community-Based Participatory Research

I would suggest beginning any conversation with an open-heart. Assume you know nothing, and that Hollywood hasn’t helped. Veterans don’t need to be told what you think of Hurt Locker, or Zero Dark Thirty. Veterans don’t need to be asked if they’ve been raped or how many people they’ve killed. If you’re asking yourself, “why would she even want to join the military”, it’s time to re-set: “How can I help?” or “what can I do to better understand?” might be a good place to start. Better yet, organize panels, discussions, and workshops, in conjunction with and featuring actual experts in the field who have lived experiences, including cultural competency--in this case, how to speak "military" and "veteran". Knowledge organizing for change within that unique cultural context is something that can't be learned just by caring, or by watching a film. Let's learn to listen and pass the microphone to women and men whose voices are most silent, and most knowledgeable.

—Anu Bhagwati, “Women’s Movement By and For Whom?”

Consistent with the above feminist commitments and contextual framework, this study was also shaped by community-based participatory research (Israel, Schulz, Parker, & Becker, 1998; O'Fallon & Dearry, 2002; Olshansky & Zender, 2016). Endorsed by organizations such as the National Institutes of Health (NIH) and the Centers for Disease Control (CDC), CBPR is a form of action research that is based upon the understanding that the most effective, relevant, and fruitful health-related research with underserved communities results from active collaboration between researchers and community members (O'Fallon & Dearry, 2002; Olshansky & Zender, 2016). CBPR combines the expertise of both community and academy members to generate research foci and data of greater relevance and usefulness to all stakeholders. Research questions emerge from community needs rather than from exclusively academic interests. Research engages with community strengths and priorities and uses methods that are well-suited to community culture. CBPR generates better insight into local challenges; innovative future research directions; results with more direct, persuasive policy implications; and practical, socially-engaged action (Israel et al., 1998; Ritas, 2003).
While the requirements of academic dissertation research limited my full use of this approach,\(^2\) CBPR principles nevertheless informed the collaborative and iterative design of this study and its ultimate purpose. Central to this project was partnering with Protect Our Defenders (POD), a national advocacy group working on behalf of military survivors. Prior to reaching out to POD in early 2014, I had spent a year closely following POD’s efforts at policy reform and developing connections with survivors and other veterans’ groups by attending whatever meetings, events, and trainings I could. At one such weekend forum, I was privileged to join a powerful group of female servicemembers and veterans in lobbying for MSA-related reforms on Capitol Hill just prior to Senator Kirsten Gillibrand (D-NY) sponsoring the Military Justice Improvement Act. This experience reinforced for me the interlinked power of survivors’ truth-telling and targeted advocacy to effect social change, and I held this in mind when I emailed POD in early 2014.

I approached the email as a concerned civilian and graduate student researcher, emphasizing that I was interested in collaborating with POD to address barriers to reporting military sexual assault and to using that research in efforts for social change. I explained that the goal of this politically-engaged research would be to provide a forum in social science research for survivors’ real experiences to be told and heard, and to develop, with POD and based on their needs, socially-engaged research with political and practical relevance—research that could be used to advocate for real change. I provided references of veterans and others who could testify to my credibility and passion for these issues. POD expressed initial interest as the project targeted issues of relevance to their work, and they eventually agreed to partner with me.

\(^2\) CBPR is based on a power-sharing model of research where academy members and community stakeholder partners share equal responsibility for decisions, project development, analysis, and dissemination. Although this project was informed by CBPR principles, I was solely responsible for data analysis and write-up, rather than sharing those processes with community co-researchers. Thus this project retained some of the “top-down” characteristics of traditional research.
following conversations about the project’s structure, involvement, and timeline. Further conversations helped to refine the project, and POD was critical in helping me connect with participants for the project.

Partnering with POD accomplished multiple interlocking goals. As the only national advocacy group focusing on military sexual assault, POD has considerable expertise in advocacy, outreach, and policy reform. Working with this organization enabled me to learn from subject matter experts, to acculturate to military cultural priorities, and to consider relevant policy issues as research questions were developed and research progressed. At the same time, it also allowed me to develop relevant research on an understudied area, which could support their awareness-raising and policy reform efforts. Moreover, this community-based collaboration enabled me to establish contact with and to learn from military survivors, whose lived knowledge of military cultural barriers to reporting and experiences doing so carry critical insight for reform but who often rightly distrust academic researchers. Further, partnering with POD enabled me to give back to survivors by providing relevant research that prioritized their voices and sharing that knowledge with an organization dedicated to social change efforts and experienced in effective, vociferous advocacy for policy reform.

Ethical Considerations

Any research on trauma needs to take into account the question of risk to participants: whether research helps or hurts, and what can be done to minimize risk and maximize benefit (Legerski & Bunnell, 2010). In the last decade, increasing research attention has been devoted to

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93 The military itself tends to cultivate and embrace a perspective that positions civilians—even civilian leaders tasked with oversight of military operations—as meddling in military matters of which they have limited or inadequate understanding. This insider-outsider perspective is powerfully reinforced by many civilians’ distancing from, ignorance about, and unwillingness to engage with military stakeholders in real discussion and to learn about the challenges they face and successes they achieve. Working with civilian and veteran experts on military culture and policy reform was thus also designed as a way of learning from and increasing validity with military stakeholders.
the ethics of trauma research and to the effects of such research on actual participants (see Legerski & Bunnell, 2010, for a review). While sexual trauma in particular is a sensitive topic, research has shown that asking women about their sexual assault experiences is rarely harmful (Newman & Kaloupek, 2004); instead, many victims describe it as a positive and even beneficial experience (Campbell, Adams, Wasco, Ahrens, & Sefl, 2010; Newman, Risch, & Kassam-Adams, 2006). While participants engaged in talking about any sensitive issue are more likely to become emotional or to cry, it is important to remember that “emotional engagement does not mean ‘re-traumatization’” (Schwerdtfeger, 2009, p. 48). Although distress often arises in talking about sexual assault experiences, research shows that this distress is most often temporary and that survivors find participation helpful rather than harmful (Newman & Kaloupek, 2004). Other authors (Legerski & Bunnell, 2010) found that even among “participants who do experience some form of distress, the majority of individuals do not regret their participation, and many acknowledge the importance of the research, in addition to feelings of personal and/or societal gains from their experience” (p. 440; see also Carlson et al., 2003).

Increasing research suggests that research design may play a role in such outcomes. While survivors note benefit from both quantitative and qualitative research alike, in general, they feel more positive about and derive more benefit from face-to-face qualitative interview methods (Campbell et al., 2010; Carlson et al., 2003; Deprince & Chu, 2008; Schwerdtfeger, 2009). Ullman (2010) notes that when survivor participants are asked prior to being interviewed why they chose to participate in interview research on sexual assault, they respond that talking about the assault is a part of their recovery, that they trust that the interview would provide a secure place in which to be heard and validated, and that through telling their stories, they also wish to be able to help other survivors of sexual assault (see p. 123 ff; see also Campbell &
Adams, 2009). And, indeed, in Campbell and colleagues’ (2010) study of 92 sexual assault participants, researchers found that what participants found most helpful was “the opportunity to talk, ‘really talk,’ about the assault and their lives afterwards. The women appreciated that several sections of the interview were open-ended so that they could decide, construct, and control what they wanted to talk about with us. And equally important, they had a supportive, engaged listener” (p. 77). Researchers’ engagement and responsiveness goes a long way in helping participants feel safe enough to risk sharing their stories so that other survivors can benefit from the research findings.94

Sexual violence researchers have a responsibility to ensure that study design prioritizes survivors’ safety and enables them to make informed choices throughout the research process (Schwerdtfeger, 2009). I therefore based my research design on insights drawn from relevant literature concerning both qualitative and quantitative research with survivors of sexual assault. Survivors themselves recommend that researchers conducting face-to-face interviews with sexual assault survivors need to be warm and compassionate, allow survivors to exercise control over the interview process, and show respect for diversity (Campbell, Adams, Wasco, Ahrens, & Sefl, 2009). Schwerdtfeger (2009; see also Campbell et al., 2010; Ullman, 2010) counsels that participants’ right to stop participation or to not answer specific questions should be reinforced from the beginning of the research and that the researcher should facilitate trust and rapport with participants while remaining clear that the purpose of interview is research rather than therapy.

94 Responses to quantitative research are less well studied, despite the fact that trauma-related surveys have become one of the most frequently used methods for assessing responses to interpersonal violence and other traumatic events in the field of traumatic studies. Available research suggests that the majority of sexual assault survivors completing survey questionnaires see their participation as beneficial, because it contributes to greater knowledge about sexual assault that may help prevent it in the future or can help other survivors who are struggling (Newman et al., 2006). In addition, one study found that for some survivors, an anonymous, online survey format may be easier to complete than an in-depth personal interview, especially among those for whom confidentiality is a serious concern (DiLillo, DeGue, Kras, Di Loreto-Colgan, & Nash, 2006). Carefully designed quantitative research has an important role to play in assessing violence against women on a larger scale while simultaneously ensuring that potential distress is minimized and findings’ social impact is maximized (see Fontes, 2004).
She also notes that researchers should avoid imposing labels on participants’ experience (instead attending to participants’ own specific language regarding their traumatic experiences). Most fundamentally, Campbell and colleagues (2010) argue that communicating non-judgment, “warmth, compassion, and respect” as well as moment-to-moment emotional responsiveness are essential in interviewing survivors of sexual assault (p. 75).

Yet researcher responsibilities extend beyond careful study design. Survivors take risks to share their stories and participate in sexual violence research, trusting that findings will be used to benefit other sexual assault survivors (see Newman et al., 2006). Researchers must thus ensure that survivors’ investment is worthwhile, by ensuring findings are disseminated beyond the academic setting and used for social change (Fontes, 2004). As helping others is a major motivation for and benefit derived from participation, soliciting participants’ suggestions how to make in-service reporting safer for other survivors was an important component of both phases of this project, and can provide important feedback for policy-makers. Working with Protect Our Defenders ensured that results would be shared beyond the academic arena to advocate for survivors’ rights and to inform policy-making.

**Research Procedures**

This project was part of a larger two-stage study investigating survivors’ reporting decision-making and reporting experiences in the larger military social ecology, as well as corresponding health outcomes. Qualitative methods were chosen for both stages of the study in order to gain in-depth, contextual understandings of survivors’ reporting experiences. Data were gathered through partnership with Protect Our Defenders (POD), a national advocacy group working on behalf of MSA survivors. The first stage was an interdisciplinary focus group with civilian and veteran advocates; the second stage occurred through in-depth individual interviews.
with eight veteran women who reported at least one recent in-service sexual assault. Data analysis was performed with constructivist grounded theory.

This section describes the recruitment process, data collection procedures, and grounded theory analytic strategies I employed.

**Participant recruitment process**

In 2014, I partnered with Protect Our Defenders, the only national advocacy group focusing specifically on military sexual assault. Participants for both stages were recruited by this organization and through their network. Consistent with standpoint epistemology and practice, recruitment for this project was designed to capitalize on the unique expertise and standpoints of both advocates and women veteran survivors who have had reason to contact advocacy groups.\(^95\) Participants for both stages were selected to provide understanding of the environmental constraints to reporting military survivors face and what they experience when they report or remain silent, but at different degrees of specificity. Focus group participants were selected to provide an expert panel with broad, generalizable understanding of major issues; individual interview participants were selected to provide more in-depth, “thick descriptions” and experiential expertise. We used a purposive sampling method for both groups in order to locate participants who could illuminate these areas of survivors’ experiences (see Lincoln & Guba, 1985).

Survivors who responded had some contact with POD and were thus more likely to have some interest and investment in advocacy efforts and policy reform. The experiences of these women thus are based on their unique standpoint and provide critical understanding of areas for

\(^{95}\) As mentioned above, advocacy work is itself based on standpoint: advocates work against harmful status quo conditions that dominant cultures may be invested in not seeing or trying to maintain, in order to create more justice for marginalized groups.
improvement and policy reform. Moreover, while empirical generalizability was not an explicit goal of this project, focus group members brought considerable experience and expertise—working with thousands of military survivors, writing policy briefs, testifying before congressional panels, and advocating on behalf of survivors on issues related to MSA. Some survivors were themselves involved in advocacy work, which involved reaching out to and connecting other military survivors with support and resources. Moreover, constant comparative analytic processes (i.e., sampling extant quantitative research findings on in-service reporting barriers and experiences) indicate that emergent themes and codes are remarkably consistent with and also expand upon quantitative data, suggesting that findings may generalize well to a larger sample of military survivors, make an important contribution to the literature, and carry important policy relevance.

Focus group recruitment. My major goal for the focus group was to learn from advocacy community stakeholders who were subject-matter experts about the conflicts survivors experience when considering reporting sexual assault, as well as the difficulties survivors face when they do report. Recognizing the range of advocacy roles such experts could hold, my inclusion criteria were broad: having some knowledge of MSA and reporting barriers and some connection to POD. All genders were invited to participate in the focus group. Exclusion criteria included being pregnant and/or an active duty service member, which would have involved too much risk for participants.

Protect Our Defenders compiled a list of potential participants (all of whom were women) for the focus group prior to reaching out to the identified persons to invite them to participate. After gaining approval from their leadership for the list, they asked me to review it to see whether the expertise areas of these women would serve my needs for the group. The list
included members of their organization and advisory board, a retired Air Force Special Victims’ Counsel, a Navy civilian victim’s advocate, a member of an international human rights organization, as well as two veterans who had survived sexual assault and become noteworthy advocates themselves. I expressed satisfaction with the list and gratitude for their efforts, and they reached out to the women to invite them to participate. When they confirmed that each participant was interested, I emailed each participant to introduce myself, thank her for her interest, and ask her to submit dates to an online scheduling tool to help us coordinate a date that worked best for as many women as possible. We confirmed a date on which eight out of nine women were able to participate. I sent participants an email reminder the day before the call, with instructions for dialing into the conference call. I also attached the focus group consent form for participants’ review, as they would be asked to provide verbal informed consent before being able to participate in the interview the following day.

**Interview recruitment.** As a goal of this study was to gain in-depth understanding of the environmental constraints to reporting military survivors face and what they experience when they report or remain silent, recruitment for the individual interviews followed a purposive sampling method. General inclusion criteria included female gender, veteran status, and one or more experiences of sexual assault while in service. As this project sought to understand not only what constrains reporting, but also what happens when survivors do or do not report, both survivors who had reported and survivors who had remained silent were invited to participate.

The project used a two-tier recruitment strategy to recruit female veterans who met these criteria. The first recruitment phase targeted women veterans who had survived sexual assault since 2011/2012. This choice was policy-driven in that it would provide some insight into how recent policy reforms might have affected survivors’ reporting decisions and experiences. The
second recruitment phase targeted women veterans who had survived sexual assault since 2004. This choice was designed to gain understanding of how survivors’ experiences may have been impacted by the 2004 Task Force on Care for Victims of Military Sexual Assault, resulting creation of the Sexual Assault Prevention and Response Office, and deployment of survivor-focused resources, as well as whether reporting experiences had changed since that time. In both cases, the following definition of sexual assault was provided:

Sexual assault occurs when a person is forced or coerced to engage in unwanted sexual contact or otherwise subjected to contact of a sexual nature when that person does not or cannot consent (e.g., is intoxicated or incapacitated). Unwanted sexual contact includes things like someone else touching or grabbing a person, penetrating any part of that person’s body with a body part or object, or attempting these behaviors. (see Appendix I)

Exclusion criteria included being an active duty service member and/or pregnant, which would have involved too much risk to participants.

Recruitment occurred through POD’s survivor network. Members of POD’s team emailed survivors within their network, introducing them to the study, providing the official recruitment form (see Appendix I), and inviting interested survivors to reach out for further information. POD also followed up over the phone with women they thought might be interested.

In total, eleven women expressed interest in participating. Three women were lost to contact (two did not respond to email or phone after expressing interest to POD, and another declined due to work demands and a tight schedule). I also reached out to BriGette McCoy, an MST survivor and member of POD’s advisory board and founder of Women Veterans Social Justice. We spoke at length about the project, and she shared a Facebook invitation and the recruitment flyer I had prepared inviting interested women to contact me via phone or email, but
I did not hear from any interested parties. In the end, I interviewed eight women from POD’s network, and their experiences provided sufficient data to complete the study.

**Informational phone screening.** When participants expressed interest in participating, we scheduled an initial informational phone screening for them to learn more about the project. During these phone-calls, I thanked each potential participant for her interest in the study and provided an overview of the purpose and procedures of the in-person or phone interview, including confidentiality and anonymizing data. I explained study goals, such as understanding survivors’ decisions to report or remain silent in the military context, to document what really happens in the aftermath of those decisions, to understand how reporting experiences may impact recovery and well-being, and to understand what survivors felt needed to change to reduce reporting barriers and improve experiences. I also indicated that partnering with POD would enable findings to be used for social change, advocacy, and relevant policy reform. I emphasized that we would talk about the context of their assault(s) and military experiences, but that what they shared would be their decision, based on their own comfort level. I also let them know that the digitally-recorded interview would last anywhere from 1.5-3 hours, but that they would be in control of that and they were free to end or withdraw from the interview at any time.

I answered any questions the women had. During these phone calls, many women briefly shared their own story of being in the military and what their assault experiences had meant for their life. All women I spoke to on the phone chose to participate (seven decided during the initial phone call; one desired time to make this choice, and she contacted me one month later). If they expressed interest in participating, I conducted a brief phone screening. All met inclusion criteria.
We discussed time and place. I let them know that I preferred to do an in-person interview because it was easier to connect and to discuss difficult experiences in person, and that I had some funding and could travel to them. But I also offered them the option of doing a phone interview if they felt more comfortable with that. All chose an in-person interview. I asked each woman if she had a place that felt safe and private for her to speak with me and offered to help locate one if she did not. Six participants said that their homes would feel most comfortable and convenient. Two participants needed help finding a safe and private place, and we discussed different options (e.g., libraries or universities) in the area and agreed on one. We discussed scheduling and I followed up once travel plans were confirmed.

Data Collection

This two-stage research project was iterative, focusing on broader military contextual factors in the focus group and more specific lived experiences in the individual interviews. Focus group coding was performed prior to interviews and informed the questions asked in those interviews.

Focus group process.

Focus group setting. The focus group was conducted via telephone conference call.

Focus group participants. The formative focus group consisted of a mixture of female veteran and civilian community stakeholders. Each participant worked with or on behalf of military survivors in one or more advocacy, legal, and/or policy reform capacities. Such roles included but were not limited to:

- An Air Force veteran who formerly worked as Special Victim’s Counsel (SVC)
- A former Navy Civilian Victim’s Advocate (CVA), now a pro bono attorney working on behalf of military survivors
• A civilian legal professional working for an international human rights organization
• An Army veteran, herself a survivor, who worked at a civilian rape and abuse crisis line
• A Navy veteran survivor-advocate and POD stakeholder
• Three civilian POD staff members with diverse engagement, advocacy, and policy experiences

As suggested by such roles, focus group participants brought a wealth of experience, expertise, and perspectives on issues related to MSA, advocacy, and policy reform, all of which made for an exciting and informative discussion. As many of these women work in highly visible positions, demographic information was not taken in the interests of protecting confidentiality.

**Focus group procedures.** The focus group telephone conference call took place in July 2015 and lasted for 68 minutes. Before beginning the focus group discussion, I greeted and thanked participants, explained the nature of the research, and went over the consent form (see Appendix II). I summarized participants’ responsibilities and rights, risks and benefits, and measures I would take to ensure confidentiality. I also explained confidentiality limits as they related to focus group research (i.e., I would keep information confidential but could not control what other focus group members might share outside of the group). I informed participants that although they would be asked to discuss military sexual assault reporting in general and to provide their opinions on related issues, to maintain safety and comfort for all focus group members, they would not be asked to disclose any personal experiences of sexual assault. I then invited participants to express any questions or concerns, and then documented each participant’s voluntary verbal consent before beginning the audio-recorded focus group.

I briefly outlined the structure and parameters for the guided discussion, emphasizing that I had specific questions but wanted to encourage open conversation. I reiterated that members
were the experts on the topic and that my goal was to learn from them. I also indicated that it was each member’s decision to what extent she participated and that I respected and valued differences of opinion. Lastly, I let participants know that in the interests of time, I would move us along if I’d felt we had sufficiently covered a topic but that they were welcome to contact me with any additional insights or thoughts following the discussion.

For the focus group proper, I introduced participants to the goal of the focus group, which was to understand military institutional culture and how it impacted survivors’ reporting decisions and experiences as well as health outcomes. The primary instrument used for the focus group was a set of open-ended questions I designed to stimulate discussion. Focus group questions focused on five major areas: women in the military, survivors’ post-assault coping, reporting barriers and experiences, the military investigation and justice process, and policy reform. I followed up with additional or clarifying questions when indicated (e.g., about survivors’ disclosure experiences, quality of leadership’s responses to MSA reports, the impact of the SVC/VLC program on survivors’ reporting experiences, etc.).

At the conclusion of the focus group, I thanked participants for their time, participation, and insights, and I invited them to contact me after the focus group if they had further thoughts they wished to share (one did). The focus group was transcribed and coded. The insights were then summarized and helped to inform a semi-structured interview protocol for use in subsequent individual interviews with survivors. One month following, POD staff and I discussed initial thoughts about dissemination of results when both phases of research were completed. Advocacy efforts were key to this discussion.
Individual interview process.

Interview setting. The individual interviews were conducted in-person in eight separate locations across five states (Texas, Georgia, California, North Carolina, and Idaho) between December 2015 and May 2016. Each interview was conducted in a safe place of each survivor’s choosing in order to maximize safety and comfort while minimizing additional strain. Six participants chose to be interviewed in their homes, and two chose private study rooms in libraries as a place they felt comfortable. Interview lengths ranged from two hours to almost four hours, with the average length being 2 hours and 13 minutes. Breaks were taken as needed. In five cases, individual participants were accompanied by supportive others for all or part of the interview: mother (1), Civilian Victim’s Advocate (1; over secure video chat), friends or partners (3; retired Navy chief, Air Force officer, and Army NCO). These individuals provided support to survivors and often contributed remarkable insights into their own experiences, which supported and expanded upon survivors’ accounts. Due to IRB restrictions, their words cannot be included in this project, but their care for participants was profoundly moving. In three cases, pets also provided support, protection, and distraction for participants. In one case, children were present in a nearby room.

Participant demographics. Eight women participated in individual interviews. All branches of the active component were represented: Air Force (3), Army (3), Marine Corps (1), and Navy (1). All participants were enlisted servicemembers at the time of the assault or assaults, and rank ranged from E3 to E7. Participant ages at the time of interview ranged from 21 to 52. Race/ethnicity were Caucasian-American (5), African-American (1), Asian-American (1), and multiracial (black, Asian, and white (1). Self-identified sexual orientations were: heterosexual (7) and gay/lesbian (1). At the time of interview, three women were single and four were married,
and one was in a committed relationship. Five women were previously divorced. Four women had one or more children. Education level varied: Two were pursuing associates or 4-year college degrees; one had finished a graduate-level degree. All were separated or retired from the military at the time of interview (medically retired for PTSD or related service-connected issue [5]; discharged or administratively separated [2]; retired [1]).

**Individual interview procedures.** Individual interviews followed a semi-structured interview protocol organized around 5 major content areas: 1) general military experience; 2) assault context; 3) reporting experiences and aftermath; 4) recovery, health, and well-being, and 5) recommendations for reform. After the first interview, I incorporated questions about separation as well, as these were salient to the first interview. I modified questions somewhat as interviews progressed, but they followed the above trajectory.

Prior to the interview, I thanked each participant for taking the time to talk with me. I explained the nature of the research again. We carefully went through the consent form together, and I explained her responsibilities and rights, risks and benefits of the interview, the details of confidentiality, and measures I would take to ensure confidentiality. Participants were also informed that they could provide feedback on a draft of findings if they wished to do so. For the interview, I reminded each participant that we would go at her pace; that she should feel free to tell me if she was uncomfortable, preferred not to answer a question, or needed a break. I also reminded her that it was her choice what she disclosed and to what extent she disclosed; and that she could at any time fully withdraw from the interview without consequences. I invited the participant to express any questions or concerns, after which a written, voluntary, informed consent agreement was signed (see Appendix II). After consent was documented, we began the digitally recorded interview.
When beginning the interview, I outlined the five areas above. I let survivors know that these were areas that I hoped to cover but that our progression through the interview was in her control and I would follow her lead. While interviews tended to follow the above progression, a more flexible approach to interviewing allowed survivors to direct the flow of the interview and for me to follow up with clarifying questions, support and validation, and redirection to subsequent topics as needed. Although each interview progressed somewhat differently based on rapport and participant narratives, I always began by asking survivors to tell me about a little bit about their general military experiences—why they joined the military, what they liked, and what they did not like. I wanted to gain a sense of each participant’s good memories of and investment in the military. These questions not only provided a chance to connect and develop rapport, but also for me to appreciate the dedication and love these women had for their careers as well as the challenges they faced based on their respective social locations. We also discussed gender dynamics, participants’ sense of their own integration into their units or workgroups, and the kinds of leadership they experienced during their time in the military. Getting a sense of each woman’s overall military experience helped me to understand the similarities to and differences from the contexts in which the assault or assaults occurred (e.g., three women experienced excellent command and installation climates prior to moving to the location where the assault[s] occurred). Interviews often included some discussion of sexual assault trainings, unit climate, and leadership response to misconduct.

When we moved into the assault context(s), I emphasized that participants were in control of what they shared and to what extent they shared. Participants were open and some described ongoing sexual violence. We discussed how the survivor coped after the assault(s) or
during their trajectories and considerations that figured into her reporting decisions. For survivors who reported once or more (7 total survivors), we discussed the aftermath of reporting. We also discussed leadership and peer responses, as well as how survivors felt about their interactions with community resources with which they had contact (e.g., SARC/s/VAs, SVCs/VLCs, mental health, investigators). We discussed survivors’ experiences with the investigation and justice process as well, including survivors’ perspectives on case disposition. We also talked about separation experiences, recovery, and well-being and how they felt reporting may have impacted these. We concluded with each survivor’s insights from her personal experiences about what needs to change to reduce sexual assault and so that other survivors feel safer coming forward. At some point in the interview (most often the end), I asked each participant what motivated her to participate in the interview. Almost universally, these responses involved helping other survivors.

At the end of the interview, I thanked participants and we talked about what it was like to do the interview. We talked about next steps for the project. I invited each participant to be involved in reading and providing feedback on a draft of findings but emphasized that this was her choice. All participants indicated they were interested in doing so. I provided each survivor with a sexual assault resource packet (i.e., with information on sexual assault, toll-free telephone numbers of sexual assault hotlines, and names of local agencies dealing with sexual assault). I also encouraged each participant to feel free to contact me with any afterthoughts, additional information, questions, or concerns following the interview.96

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96 As this dissertation study formed the basis of a larger-scale quantitative survey study to be piloted to veteran survivors, individual interview participants were also given the choice whether to complete health-related scales after the interview and were provided stamped and addressed envelopes to return these to me (VR-36, PHQ, and PCL). Seven out of eight survivors completed these (1 participant did so after the interview and 6 did so later and mailed them back to me).
The digital recording from each interview were transcribed by myself and a professional medical transcriber. Each transcript was fully anonymized: all names were replaced with pseudonyms and identifying contextual information was changed or omitted from the transcripts.

The qualitative data collected during the focus group and individual interviews totaled 440 single-spaced pages of transcripts and over 24 hours of audio-recordings. The focus group lasted for 68 minutes. The individual interview length ranged from two hours to almost four hours, with the average length being 2 hours and 13 minutes. All data was coded according to procedures below.

**Data Analysis and Interpretation**

For this project, I needed a research method that allowed me to both examine female servicemembers’ lived experiences of MSA reporting in the military social ecology as well as to “study up” to the larger social processes and structures that supported their silencing and marginalization. I wanted to both describe and theorize—to do justice to survivors’ experiences and to analyze what those experiences disclosed about the military environment, the interactions that occurred there, and the challenges of reporting sexual victimization in that context.

Consistent with my feminist standpoint and CBPR-informed approach, I also needed a method that would allow me to embrace my positionality as a feminist researcher while generating findings with practical relevance that could be used in social change. Moreover, being able to adapt methodological strategies was important for this project, as there were unique challenges involved.

Constructivist grounded theory (CGT) fit well with these needs. Below, I describe grounded theory and the constructivist version I employed in data analysis. I then describe the adaptations I made, the analytic steps I took, and important modifications I made as the research
Grounded theory. Grounded theory (GT) is a method of research and data analysis that encourages the development of contextualized theories of social phenomena—theories that are “grounded” in the data themselves rather than in a priori hypotheses or constructs (Charmaz, 2000; Charmaz, 2006; Charmaz, 2011; Corbin & Strauss, 2015). The term “grounded theory” thus refers to both the research method itself as well as to the product of the method—the resultant emergent-constructed theory. GT research allows for the generation of fresh new theoretical insights on social phenomena that may have been largely unexplored or insufficiently theorized.

GT is a good fit for studies seeking to understand and interpret social processes; it encourages examination of the contexts and conditions that sustain particular social processes and lead to particular consequences. Instead of beginning with hypotheses which assume certain constructs or theoretical frameworks, GT research begins with broad research questions that become increasingly focused as data collection and analysis progresses and certain phenomena appear primary. Central to this method is an iterative process of constant comparison, by which data are compared to data, code to code, and case to case, as data are analyzed and further data is collected. As more is learned about the phenomenon in question, salient theoretical insights become the focus of subsequent data collection and coding. As coding proceeds to more formal levels, a central overarching concept often becomes apparent, and data are analyzed for relationships between this concept and contextual processes and conditions. In the course of this iterative process, a “grounded theory” of the social phenomena is produced.

Constructivist grounded theory. Although there are multiple iterations of GT, I chose Charmaz’ (2006; Charmaz, 2008a; Charmaz, 2008b; 2011) constructivist version for several
reasons. First, constructivist grounded theory (CGT) was consistent with my methodological needs and epistemological commitments. Central to CGT is the acknowledgement that research is always an interpretive-constructive process; findings are constructed, situated, and contingent. That is, from the development of early research questions, to interactions between researcher and participants, to the increasing analytic-interpretive understanding of data, researchers, participants, and their circumstances interact to produce contingent and situated knowledge that reflect the positions and perspectives of those actors—whether or not those actors acknowledge that positionality (Charmaz, 2006; Charmaz, 2008a; Charmaz, 2008b). The grounded theories produced through GT research are both emergent and constructed; they reflect co-constituted understandings that, though partial and contingent, offer important insight. This epistemological perspective is consistent with feminist standpoint theory, which argues that all knowledge is always already situated and partial, but that this partiality and positionality can offer important new perspectives on or insights into women’s marginalization, oppression, and disempowerment and the larger processes and structures supporting it. CGT offered a means of acknowledging the limitations and strengths conferred by such positionality and also accounting for them in the course of knowledge production. 97

97 Grounded theory (Strauss & Corbin, 1967) emerged out of sociological research in 1967 as a reaction to the confines of hypothesis-driven quantitative research methods, which constrained knowledge about social processes to preordained constructs. GT offered an inductive qualitative method that enabled researchers to explore social phenomena, ask new questions, and generate stimulating theoretical insights out of the data themselves. But while early GT offered steps toward a more progressive approach that encouraged analysis of participants’ social constructions, it simultaneously overlooked the ways in which research and theory production were themselves situated and constructed. In other words, GT remained beholden to the same positivist epistemological claims as the quantitative methods to which it was a reaction (Charmaz, 2008a). Moreover, as GT became increasingly popular, its methods were codified into prescriptive steps for knowledge production that would allow researchers to “discover” the “real” meaning in the data, allowing the GT to naturally “emerge” (Charmaz, 2008b). An unfortunate consequence of this codification was the assumption that if researchers deviated from the steps or let their own perspectives affect analysis, theoretical integrity would be compromised (Charmaz, 2006). Another consequence was that researchers’ own positions were absent from and unaccounted for in theorizing. Since its early iterations and popularization, multiple schools of GT have been developed, each with their own implicit or explicit epistemological commitments. In part thanks to postmodern and deconstructionist movements that have challenged easy equations between truth and reality, most current approaches acknowledge that knowledge produced by even the most rigorous GT research is to some extent contingent (Corbin & Strauss, 2015). Kathy Charmaz’ CGT goes beyond this recognition to embrace this positionality and incorporate it into the process of data collection and analysis.
Second, CGT was well-suited to my research goals, which involved understanding complex social phenomena in their constitutive context. CGT encourages examination of the contexts and conditions that sustain particular social processes and lead to particular consequences, thereby offering a pathway to understanding and analytically interpreting those social processes in grounded and situated way. As Charmaz (2006) writes,

The constructivist approach means learning how, when, and to what extent the studied experience is embedded in larger and, often, hidden positions, networks, situations, and relationships. Subsequently, differences and distinctions between people become visible as well as the hierarchies of power, communication, and opportunity that maintain and perpetuate such differences and distinctions. A constructivist approach means being alert to conditions under which such differences and distinctions arise and are maintained. (pp. 130-131)

This purposive background fit well with the larger study’s aim to understand how the military social ecology impacted military survivors’ reporting decision-making and subsequent experiences, as well as my goals for this specific project, which sought to understand how leadership responses to MSA reports affected survivors and their experiences in the wider military social ecology. Moreover, CGT allowed for exploration of female servicemembers’ reporting decisions and experiences as they were lived, rather than attempting to funnel them into preconceived categories that could limit the breadth and depth of data obtained or survivors’ descriptions of salient issues. This exploratory approach allowed for unexpected processes to emerge in the course of data collection and coding—processes that carried substantive weight for understanding survivors’ reporting experiences and the larger military social ecology.
Third, the constant comparison that is central to GT analysis provided important checks and balances in both early and later stages of coding. In this “self-correcting” and recursive analytic process of constant comparison, data is compared to data, and as theory emerges, data is compared to the emerging theory to evaluate its fit. This back-and-forth increases the likelihood that concepts included in the emerging theory have “earned” their way into that theory (Charmaz, 2006). In this project, constant comparison required that I remained situated in participants’ narratives while comparing emergent-constructed understandings to disconfirming evidence both within the data itself as well as through triangulation with other data. Constant comparative processes enabled me to honor the integrity of survivors’ individual stories while assessing commonalities and divergences between those stories and interpreting what those factors might mean. Constant comparison also enabled me to compare emerging understandings with extant social scientific and institutional data to confirm emerging understandings and identify new insights they contained.

Finally, CGT offered both structure and flexibility that were needed in this exploratory study. As Charmaz (2006) wrote, “Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories ‘grounded’ in the data themselves. The guidelines offer a set of general principles and heuristic devices rather than formulaic rules” (p. 2). Although I knew generally the areas I wished to explore, I did not know where my data would lead me. The guidelines (structured stages; described below) helped to direct the process of data collection and coding, which enabled me to feel less overwhelmed by the sheer amount of data I obtained and also to direct subsequent data gathering. However, the flexibility was important as well—I did not want to be locked in to a prescriptive method and needed to adapt methods to my unique project and the challenges I faced in coding.
**Important adaptations.** I made a few important adaptations to CGT as the project progressed. First, my overarching goals for the larger study impacted data collection, which typically narrows as GT analysis identifies salient areas for further inquiry. For the larger project, I wanted to understand the broader military context in which survivors’ reporting decisions and experiences occurred, while this specific project predominantly focused on one area of that context (victims’ experiences with leadership). Larger study goals meant that data gathering remained broad throughout the study. Although inquiry about experiences with leadership became more in-depth as interviews progressed, I did not narrow my inquiry to that area alone, as it was not the only area I was interested in understanding. Moreover, when I designed the study, I anticipated recruitment challenges, even with help from community partners, making theoretical sampling of new participants unfeasible. For this project, I theoretically sampled from other data sources (e.g., extant research literature, print or online media, institutional reports) rather than returning to the field to collect more qualitative data. This process included triangulation (see Carter, Bryant-Lukosius, DiCenzo, Blythe, & Neville, 2014) with quantitative DoD data, which I believe increased the validity and usefulness of findings produced.

Second, GT typically involves an iterative, increasingly focused process of data collection and coding that supports constant comparison. However, conducting in-person interviews meant practical travel considerations with limited financial resources, and this affected my ability to perform constant comparative processes immediately (e.g., I needed to conduct four interviews in the course of one week, while the remainder were conducted with more time between). Moreover, interviews were long and transcription was time-consuming. In-

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98 For example, survivors of sexual violence are often rightly suspicious of research endeavors, and military survivors may be rightly suspicious of civilian researchers who may not understand their military experiences.

99 GT is a research and analytic method designed to generate theory from data derived from the empirical world. While such data is typically qualitative, quantitative data can provide an important means of triangulation in theoretical sampling stages.
depth data coding and analysis occurred only after the majority of interviews were completed
and had been transcribed. However, I developed theoretical sensitivity as interviews progressed,
and I memoed about themes prior to transcription completion by listening to digital interview
recordings.

Moreover, a central aim of GT is to develop a grounded theory that can illuminate some
aspect of the social world. This means that coding becomes increasingly abstract as data analysis
progresses. However, in this project there was a constant tension between description and theory,
which only increased as data analysis continued. This tension was reinforced by feminist
commitments—to give voice to military survivors’ experiences and also to analyze the power
relations infusing and impacting those experiences—that were epistemologically consistent but
nevertheless carried practical challenges. This tension was also an ethical one: survivors took
risks to share their stories, and too many had experienced the violation that occurred when others
had appropriated those narratives for their own purposes. It was important for me to maintain
fidelity to participants’ descriptions. I thus strove for a balance between description and theory
generation: both to prioritize women’s voices and to analyze the larger power structures implicit
in their descriptions. Thus I developed a descriptive theory—a provisional “analytic handle”
(Charmaz, 2008a, p. 401) on survivors’ experiences with leadership and leadership’s impact on
the wider military social ecology. Survivors’ and advocates’ words are presented wherever
possible.

**Sensitizing concepts, conceptual framework, and orienting questions.** Traditional GT
has eschewed an in-depth literature review before a research project begins in order to facilitate

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100 On the one hand, I aimed to describe and understand female servicemember survivors’ lived experiences; on the other, I aimed
to illuminate how those experiences represented larger, consequential interpersonal processes and structural issues.
101 As Charmaz (2008a) noted, “In actuality, few grounded theory studies build theory, but many provide an analytic handle on a
specific experience” (p. 401).
researchers’ “unbiased” entrance into a research topic. In my view, this expectation is both impractical and naïve (see Charmaz, 2006, for further description of the importance of such pre-understandings). Moreover, for this project, establishing trust and research alliances with military women required that I was “sensitized” to aspects of military culture, challenges faced by survivors, and reporting issues. I therefore conducted a literature review prior to beginning the project, and certain themes from this review informed the questions I asked in both stages of data collection, as did my position as a civilian woman, psychologist-in-training, and feminist researcher. This tension between foreknowledge and emergent knowledge is unavoidable and characteristic of any real research enterprise; the challenge involves holding assumptions and foreknowledge lightly and remaining open to surprise and the unknown.

As a result of this initial literature review, I developed a number of orienting ideas that helped me enter into the research topic with some sense of direction. In CGT, such orienting ideas have been termed “sensitizing concepts,”—interpretive devices that may both direct early data collection and inform early analysis and are often refined, subsumed, or discarded as data gathering and analysis proceeds (Bowen, 2006; Charmaz, 2006). I employed a few such orienting concepts and questions, but most were modified or backgrounded as analysis proceeded.

A primary sensitizing device was the social ecological conceptual framework itself, which provided the contextual research orientation for the larger (see Payton, 2016). In the larger study, this framework was modified to include personal/individual, relational, leadership, community, and systemic/societal levels as data analysis progressed. For this smaller project, the adapted social ecological framework discussed above provided an orienting approach to leadership that encouraged looking beyond direct interactions between victims and leaders to the
ripple effects of such interactions on the wider military social ecology. For example, this approach sensitized me to how leaders’ responses to survivors impacted the level of peer support available to survivors, as well as the availability and behavior of witnesses in the investigation and justice process. The social ecological model was a flexible heuristic that sensitized me to leadership’s effects across the military social ecology, rather than being a rigid framework to which I adhered in data analysis.

The second concept was secondary victimization, which provided a victim-centered understanding of a range of harmful victim-system interactions that may occur when victims report sexual assault to authorities. Secondary victimization was subsumed by the category of forming ranks, which included but went beyond that one particular type of victim-system interaction to include intentional workplace harm perpetrated by negative-destructive leaders and leader-bystanders in the aftermath of workplace disruption like reporting.

Another important sensitizing concept was “complex trauma” or “complex PTSD,” a term that remains unrecognized by current diagnostic systems but provides clinically relevant, humane understanding of the often-severe trauma-related mental and physical health outcomes that emerge as a result of repeated, cumulative trauma in environments characterized by dependency and/or lack of escape (Herman, 1997; Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). This concept was useful in that it pushed beyond intrapsychic understandings of mental health issues such as PTSD to highlight the role of the traumatogenic environments that sustain and compound trauma. As analysis proceeded, complex trauma remained an important tool for theorizing the maltreatment victims experienced from some leadership and the cumulative biopsychosocial effects of multiple and inescapable traumatic exposures over time.
A final sensitizing device related to perpetrators. I was acutely aware that perpetrators—who they are and how they operate—too often disappear in literature on victims’ experiences and health outcomes. Given this project’s goal to “study up” to understand the larger structures that perpetuate survivors’ victimization and oppression in the military context, I remained vigilant for this tendency in my analysis by frequently asking a single question, “Where is the perpetrator in this?” This question enabled me to foreground perpetrators’ identities, actions, and impacts, as well as the interpersonal and military contextual factors that supported their behavior. This sensitizing question led to the necessary inclusion of leader-perpetrators in the overall analysis, which substantially benefitted the overall theory.

Lastly, my feminist standpoint provided an orienting background for research that substantially shaped theory development and the way I “read” the accounts victims provided. Feminist standpoint sensitized me to power dynamics: I observed and noted how the formal military power hierarchy and informal social hierarchies influenced victims’ experiences with leadership in the aftermath of difficult events like reporting. But I also attended to systemic and structural power, including legislative and policy issues and advocacy efforts, that supported or challenged such power dynamics. Sensitization to power dynamics influenced my interpretations of events and interactions as well, especially as it related to events and interactions where it was difficult to distinguish between human error and intentional harm. Social interactions were read with a graded “hermeneutics of suspicion,” whereby the intentionality embedded in actions taken by individual actors were graded based on the level of formal power available to those actors. In other words, an act of omission by an Air Force CO or Navy Captain was interpreted as more intentionally harmful than one by a Civilian Victim’s Advocate with little formal power. Likewise, leadership bystand ing in the face of escalating sexual violence or retaliation against
survivors was interpreted as more intentionally harmful than the same behaviors by military peers with less formal power. This reading is consistent with military leadership doctrine that notes that with increased rank comes increased responsibility for subordinates’ well-being. It is also consistent with DoD’s argument that “the best method of reducing the prevalence of sexual assault in the military is to engage commanders more, not less, and to hold them accountable” (DoD, 2014c, p. 32).

**Stages of data analysis.** To analyze data gathered in both stages of this project, I followed the general stages outlined in Charmaz’ (2006; 2008b; 2011) constructivist revision of GT: initial coding, focused coding, memo-writing, and theoretical sampling. Many of these stages overlap, with data collection, coding, and memo-writing occurring together from the outset of the research process. I also used axial coding and diagramming and a project journal to record “transgressive data” (St. Pierre, 1997). Member checking and saturation are also discussed.

**Initial coding by meaning units.** As the first stage of CGT analysis, initial coding involves identifying and categorizing units of obtained data into succinct labels that descriptively capture what is being named. Initial coding proceeds by “fracturing” the data into units of analysis, and for this portion, I coded by meaning units. I performed a careful line-by-line reading of the transcripts, asking what was being named or described in each unit, and developing codes for those processes or phenomena. Examples of some initial codes related to leadership responses to reports included feeling heard, being shut down/silenced, and feeling ambivalent/unprotected. When I became bogged down or was working with a multivalent or complex description, I shifted to line-by-line coding to ensure I was not missing important themes. This initial coding was important for identifying basic concepts. As Charmaz (2000)
explains, “coding starts the chain of theory development. Codes that account for our data take form together as nascent theory that, in turn, explains these data and directs further data gathering” (p. 515). Initial codes alerted me to significant themes across the data and were refined, replaced, or subsumed as analysis proceeded.

**Formal coding.** As CGT coding proceeds, data becomes increasingly analytically organized and synthesized. When I moved to formal coding, I drew upon the codes developed during the initial coding phase to establish “categories” that grouped concepts or processes (subcategories) relating to similar phenomena. These formal codes were based not only on frequency, but also on significance and fit to the data (Charmaz, 2006). For example, the in-vivo code of “forming ranks” was explicitly discussed by one participant (Diana) as the process by which her leadership formed a unified front to degrade and force her out of the military while protecting her high-status perpetrator and their own careers. However, this code fit well with other survivors’ experiences of retaliation and secondary victimization by leadership and meaningfully captured negative leader motivational and behavioral subcategories, like “it’s all who you know,” “protect your own,” “good ol’ boys’ club,” high status immunity, and so on. Thus although it was mentioned by only one survivor, it was implicit in others’ descriptions and became a category—and a primary concept for the study.

**Memo-writing.** Memo-writing occurs throughout the entire analytic process and is the pivotal step between data collection and writing (Charmaz, 2006). This ongoing exploratory process occurs whenever a researcher documents her insights, hunches, or questions about what is happening in data. As Charmaz (2000) writes, “Memo writing helps researchers (a) to grapple with ideas about the data, (b) to set an analytic course, (c) to refine categories, (d) to define the relationships among various categories, and (e) to gain a sense of confidence and competence in
their ability to analyze data” (pp. 517-518). Early memos stimulate thinking about data, and later memos provide means of theorizing relationships between important categories. Organized memos form the basis for the researcher’s final written analysis.

Memo-writing provided me with a means of documenting and wrestling with data as the project progressed. In early coding, memos helped me understand specific codes, determine the most useful or salient codes, and define the properties of codes. As formal coding progressed, memos provided an unrestrictive means of theorizing how categories were connected to other categories and how larger processes influenced victims’ experiences with leadership. But memos also provided a place for me to consider what was left unsaid in participants’ accounts or my own inquiry (see Charmaz, 2000, pp. 518-519). For example, race was mentioned by only one survivor in data collection (i.e., as a factor that resulted in favoritism by leaders). However, as I memoed about differences in intensity of retaliation against victims and possible contributing conditions, I was struck that the two women who experienced the most destructive direct responses to their reports were black or multiracial (and one was gay), and this led me to think more specifically about survivors’ specific social locations in theorizing.

Memos also helped me to pose questions about the data or about apparent contradictions between participants’ accounts. For example, most focus group and interview participants’ described variations of unsupportive or negative leadership responses, but one survivor described ongoing emotional and instrumental support from leadership. Memoing about this “negative case” was the critical link to identifying a spectrum of leadership support and encouraged the classification of different types of leadership.

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102 As a white woman, I failed to consider and directly inquire about how aspects of identity like race impacted victims’ experiences and leadership responses.
As such, memos allowed me to document my emerging theoretical and personal understanding throughout the analytic process. They provided a way of “playing” with data that allowed for interpretation and exploration, as well as identification of “gaps” in the data that required further investigation in constructing the emerging theory. Through memos, I established links and relationships between categories by examining at times-implicit processes and structural forces that undergirded codes and explored the possibilities they suggested. Later memos were sorted and formed the basis for the final written analysis.

**Project journaling.** Project journaling was something I developed as a means of personal reflexivity throughout the research process. Similar to memoing, project journaling offered a means of wrestling with the data analysis process, but on a personal level. This was critical for two interrelated reasons: to guard against vicarious traumatization and numbing (see Ullman, 2010) and to provide a safe place to process strong personal reactions that arose in the course of working with data on sexual violence as a feminist woman who has also survived assault (see Campbell, 2002).

First, being witness to survivors’ stories is a complicated honor, and writing about sexual violence is hard. As Herman (1997) acknowledged, there is a dialectic of trauma whereby the movement to speak and acknowledge is subsumed by an equally powerful urge to deny and forget. This movement between acknowledgement and amnesia characterized the research process. My project journal became a means of acknowledging numbing and silencing (“stuckness”) when it occurred, as well as reconnecting with project goals and investments in a personal way. Second, strong personal reactions naturally arose in the course of data analysis, necessitating a means of reflexivity about what was occurring. While my personal feminist standpoint framed my analysis and belief that neutrality in sexual violence research does not
exist (Payton, 2016), this did not condone an analytic “free-for-all” where anything went and my personal feelings overtook the analysis. Project journaling helped me make space for strong feelings and reactions while guarding against imposing them on survivors’ accounts.

Simultaneously, however, some entries in this project journal became pivotal in theorizing power dynamics as they illuminated aspects of oppression and silencing that could not be ignored.

**Axial coding and diagramming.** GT and CGT are founded on the assumption that human behavior and experience is always contextual, and that specific environments and conditions will predispose toward certain interpersonal interactions and actions taken by individuals within those contexts (i.e., symbolic interactionism). One way to illuminate these contextually embedded relationships is through axial coding. Developing connections in this way means identifying conditions contributing to a category (and its subcategories), actions and interactions between social actors which contribute to and affect that category, and the consequences of those interactions on that category (Charmaz, 2000; Charmaz, 2006). Axial coding allows the researcher to play with data by asking questions about the category such as: why, where, and when do conditions arise; by whom and how are social interactions enabled and influenced; and what occurs as a result of those actions and interactions (see Charmaz, 2006, p. 61). Such questions facilitate dynamic reasoning about structural relationships.

Axial coding and diagramming were pivotal in theory generation, as they enabled me to understand the context, process and content of interactions, as well as the consequences or outcomes of those interactions. Taking the example of the category of “forming ranks” described above, axial coding enabled me to identify socio-temporal conditions contributing to that pivotal

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103 Put differently, a central tension in this project was between embracing my position and perspective as a feminist researcher and allowing the data to speak for themselves without undue influence or politicization. My project journal provided a means for reflexivity and ongoing exploration of this constitutive positionality and what that might indicate about and mean for data analysis.
interpersonal process (category), such as frequent rotations of leadership across duty stations or other transitions. Axial coding also allowed me to examine when and how leadership influence impacted other actors in the military social ecology (e.g., peers, other leaders, resource providers, justice system personnel), which also provided for better understanding of how those actors mitigated, stalled, or strengthened that process of forming ranks. Axial coding often took the form of analytic diagrams that helped me to visualize these relationships. Mind maps were a primary diagramming tool, as were cue cards with categories, subcategories, and relevant conditions that I could rearrange as necessary.

**Expanding literature review and theoretical sampling.** Theoretical sampling occurs well into the analysis and allows the researcher to test the fit of the emerging theory. GT methods allow the researcher to flesh out theoretical gaps with further research or information in order to generate theory with fit and relevance. This information may be sampled from many different sources; it may involve returning to previous participants to ask further questions, seeking out new participants to speak directly about the missing issues, searching out other empirical literature, comparing the emerging theory to other similar situations, and so forth. The point of this stage of the research is not to increase sample size, but to refine the emerging theory. Seeking disconfirming evidence is an essential part of this process, as such disagreement forces the researcher to refine the developing theory by seeking explanations for the apparent lack of fit. When categories are found to fit the data well by explaining various relationships between other categories, they are considered “concepts.”

My theoretical sampling occurred based on the theoretical insights gleaned from formal and axial coding. Consistent with a GT approach, as my provisional theory developed, I went “back to the field” to see whether my categories were reflected there. As mentioned above, the
“field” in which I conducted my theoretical sampling included news media, other publically available reports, and additional institutional and social scientific literature as they pertained to leadership and its impact on reporting and survivors’ post-assault experiences. These sources enabled me to test and refine the emerging theory, supplementing gaps in data with other information and refining the theory based on disconfirming evidence.

This process of theoretical sampling was important for refining and validating the emerging theory in light of current literature. It was in this process of theoretical sampling that I discovered social scientific research on workplace mobbing (Duffy & Sperry, 2012, 2014; Leymann, 1990, 1996), which was remarkably similar to the process of “forming ranks” that had emerged out of victims’ descriptions of their experiences with leadership and peers. This body of research provided important validation for the emerging theory and provided additional theoretical tools for understanding victims’ experiences that moved the analysis forward. For example, although reporting was a central phenomenon of interest in this study, as formal coding proceeded, it became clear that victims’ reporting experiences were also often connected to and shaped by trauma-related mental and physical health issues and functional impairment—and that both factors brought destructive (and often synergistic) consequences for victims and were associated with negative responses from leadership over time. Leymann’s (1996) term “critical incident,” which delineates events that have the potential to generate unit or workplace disruption, captured the complex and often synergistic relationship between reporting and trauma-related functional impairment and had excellent fit to the data. Thus while reporting remained a primary focus of this project, “critical incidents” became a broader explanatory category that contained the sub-categories of reporting and trauma-related functional impairment. Categorizing these two events (subcategories) into a larger category of “critical
incidents” more fully reflected the real experiences of victims in the aftermath of MSA and also captured victims who did and did not report their assault experiences. This category had excellent fit to both victims’ experiences and the emergent theory.

**Member checking.** Interview participants who had expressed interest in evaluating a draft of the document were solicited for feedback. As noted above, there was a tension between generating increasingly abstract theory grounded in survivors’ experiences and at the same time doing justice to those experiences. Member checking provided survivors a voice in how their experiences were presented and an opportunity to contribute additional comments or feedback. Four participants provided feedback on the draft and all felt that it resonated with their experiences in important ways.

**Saturation.** According to traditional GT, research is complete when new information consistently corresponds with the developed theory—a point in the analysis called saturation. Charmaz (2000; 2006) notes that there is a tension between pseudo-saturation—the premature feeling that one has understood the connections between categories, such that research ends before it should—and the reality that researchers never truly saturate their topic. She advocates a balanced perspective, whereby sustained attention to the topic and a reflexive attention to the fit, completeness, and depth of the theory act as guidelines for saturation. I attempted to balance these two poles to come to a place of saturation with this research project. As noted previously, this is part of a larger study, meaning that the theory developed here is a provisional one that will be refined over time as formal coding on other areas continues and new data is gathered. As one of my committee members sagely noted, this project adds to the conversation, but it is not the final word.
CHAPTER 4: “FORMING RANKS:” LEADERSHIP RESPONSE TO VICTIMS IN THE AFTERMATH OF CRITICAL INCIDENTS

Any abuse of a leader’s power shakes the very foundations where our Service men and women anchor their faith and trust. If an allegation of sexual assault is not appropriately acted upon by trusted commanders and leaders or if an act of sexual assault comes at the hands of a non-commissioned officer or commissioned officer, faith and confidence in the command and its leaders are undermined.

—Department of Defense Task Force On Care for Victims of Sexual Assault, 2004

Introduction

Leadership’s response following critical incidents is the single most important and influential factor in the entire social ecology of MSA reporting. Leadership response creates ripple effects across all other layers of the social ecology, affecting victims’ individual experiences and recoveries; relationships with peers, coworkers, and other leaders; access to community supports and the efficacy of those supports; investigation, justice, and disposition experiences; and continuance or separation from the military. The DoD calls leaders the “center of gravity” for good reason: they are the axis around which the military social ecology revolves (DoD, 2014b, 2017b).

Leadership’s response to critical incidents sets the trajectory for survivors’ post-assault experiences and is important to their recovery. Leadership can facilitate or deter reporting. They can also mitigate or reinforce post-assault retraumatization through the nature of their response to survivors who do report and their ongoing treatment of those survivors. In what follows, we examine such relationships and their effects more closely as they relate to survivors’ post-assault and reporting experiences. We examine leadership’s response to critical incidents following MSA, both in the immediate aftermath of those incidents and over time. We look at challenges faced by leadership in responding to MSA reports. We begin to conceptualize distinct forms of leadership by exploring salient qualities of and conditions contributing to positive-constructive,
neutral-status quo, and negative-destructive initial responses by leaders, and we discuss how leadership can be categorized as either positive-constructive or negative-destructive based on their behaviors toward and impacts on victims. We then discuss the systemically degrading trajectory of leadership support over time and examine how negative-destructive leadership contributes to this degradation. We explore how when leadership support degrades enough or with change the military environment, or when leaders are already themselves negative-destructive from the outset, a process of “forming ranks” against survivors may take hold. We examine common experiences of survivors when leaders formed ranks against them. We discuss one survivor’s case that shows how ongoing positive leadership support operates while also being subject to important constraints.

Defining Terms

In the sections that follow, a number of important terms will be discussed which require brief definition here. First, the term critical incident will be taken to mean an event or collection of events that cause workplace disruption or conflict that may contribute to deterioration of workplace relationships (Leymann, 1996). These events may include a survivor being unable to perform workplace duties due to functional impairment or trauma-related distress, her filing of a sexual assault report, or other incidents that may be perceived as threatening the unit, one or more prized group members, or the general workplace. As not every victim reported, a critical incident will be taken to mean an inciting incident in general that, without proper containment, may lead to degradation of relationships and ultimately result in leadership forming ranks against survivors. Forming ranks will designate a process of escalating targeting of and retaliation against survivors by one or more leaders with the ultimate intention of facilitating survivors’ exit
from the military. This punitive, destructive social process includes active aggression toward as well as failure to protect survivors by those in positions of power.

Leadership is a process of interpersonal influence and position of rank-based formal power that extends beyond an individual leader’s own unit into the wider military social ecology. Leadership is the use of this power to influence and direct one’s own subordinates, peers, or superiors, but it extends beyond NCOs’ and COs’ immediate units or installations into the wider military culture. Put simply, leadership is the expression of influence and function of formal power in the larger military system. Importantly, leadership can be conceptualized as a continuum, with individual leaders at one end and larger command structures on the other. Because leaders’ initial responses to victims following critical incidents could differ widely from their ongoing treatment of victims, their initial responses are coded on a behavioral continuum of supportiveness, while their ongoing responses are conceptualized as more stable characterizations of leadership in two distinct leadership categories: positive-constructive and negative-destructive. These two leadership categories are constituted by the types of behaviors leadership take toward victims as well as their impacts on victims and the larger military system.104 Positive-constructive leadership is marked by a sustained pattern of leadership behaviors that demonstrates a positive and victim-supportive response to critical incidents and a constructive, ongoing investment in victims’ welfare and recovery while they remain in the

104 To place leaders in these categories, I took a behavioral and outcomes-oriented approach based on the position that the actions taken by individual leaders testify to their characters and that the outcomes of those actions likewise characterize the leadership of those who initiate them. This behavioral and outcomes-based classification merits explanation, as it implicitly infers intentionality, stability, and character from leadership responses that may be situationally based or unintentionally harmful. Indeed, social psychological research shows that human beings may act in helpful or destructive ways based on the situations in which they find themselves. This means that leaders who behave in positive-constructive ways may be doing so in response to positive group pressures and that those who behave in negative-destructive ways may be doing so in response to powerful situational pressures, group dynamics, or other systemic forces and may not purposefully intend to harm survivors. This complexity is present in all human interaction and almost certainly contributes to the interactions with survivors described in the following sections. However, DoD confers military leaders with incredible power and tasks them with extensive responsibility for their units and MSA survivors, meaning that “every leader’s conduct must be exemplary” (DoD, 2004, p. 5). Excuses will not be made for military leaders who fail to act or who act in problematic ways based on the situations in front of them.
military. In contrast, **negative-destructive leadership** is constituted by unethical, disengaged, or intentionally destructive behaviors toward survivors that result in some degree of harm to those survivors, regardless of the length of time during which these behaviors occur. When individual leaders take one or more harmful behaviors against survivors, such as ignoring reports of assault or humiliating, punishing, or otherwise harming survivors, they are automatically characterized as negative-destructive. When individual leaders know about abuses against survivors but do not intervene, they are also classified as negative-destructive due to the responsibilities accorded to them with their increased formal power. Disengaged leaders who do not intend to harm victims but simply withdraw are included here, given the need for vigorous prevention and response strategies ensuring victims’ protection and well-being following sexual assault crimes. When the structure of the leadership or command structure is or becomes systemically biased toward the negative (i.e., senior leaders or installation-level command act in negative-destructive ways), it is also classed as negative-destructive leadership. **Leader-perpetrators** indicate higher-ranking perpetrators within or outside of victims’ own chains of command who have obtained at least junior NCO rank (see Chapter 1); these individuals will always be classified as negative-destructive.

**Importance of Leadership Response**

The quality of leadership’s response to critical incidents is important for several reasons. First, leadership have the power and influence to make decisions for survivors’ care and recovery. They can facilitate connection to and accommodations for resources to help meet victims’ needs for support, protection, and choice during their recovery. Second, when a critical incident occurs, leadership response can powerfully shape subsequent social processes, including subordinates’ and other leaders’ responses to victims. Leadership who respond with respect and
support for victims set expectations and examples for subordinates to follow and may influence other leaders. Moreover, by noticing and intervening early in negative-destructive social processes like gossip about, maltreatment of, or retaliation against victims, leadership protect victims and mitigate splitting that can occur within their units or even command structures. As one POD staff member said during the focus group, “If you have a positive experience with your commander and they were able to…take a stand and really be supportive and be forceful on the issue, then that would have such a positive impact on the culture, on the climate, and also for that individual survivor’s ability to recover.”

Third, leaders can foster positive command climates and recovery-oriented environments that can increase victims’ willingness to seek help and reduce the risk for retraumatization by system personnel throughout the reporting, investigation, and justice processes (DoD, 2014b, p. 18). Command facilitate such environments through their willingness to understand survivors’ trauma and mental health injuries and to collaborate with survivor-supportive community resources in facilitating healing and recovery.

Fourth, leadership have wide latitude in responding to the performance, mental, and physical health injuries survivors experience as a result of the traumatic incidents, as well as their exacerbations in the course of the investigation and justice process. Leadership can use this discretion to respond with understanding, compassion, and encouragement or guidance that enable survivors to recover and return to full duty. One focus group member discussed the critical role leadership’s response makes on a survivor’s ability to recover while in service:

The command’s response, I found, can make a huge impact on how well the survivor does. When it’s more of a disciplinarian response of “you’re starting to be late to things,” that can … make it that much more difficult for survivors, versus those who are able to
actually get support and accommodations, they recover a lot more quickly, based on my experience. (POD staff member)\textsuperscript{105}

\underline{Challenges Faced by Leaders in Responding to Critical Incidents}

However, several influences interfere with leaders’ abilities to respond supportively to survivors and effectively to their reports. First, career concerns and pressures may impact leadership’s response to survivors in the aftermath of critical incidents. Performance reviews and promotions are partly contingent on unit performance, including leadership’s maintenance of good order and discipline among their troops. A report of criminal misconduct like MSA may reflect poorly on individual leaders’ skills and thereby impact their evaluations and chances for promotion. Consequently, some leaders may desire to minimize reports or feel resentful toward survivors who do report. Moreover, organizational and operational demands and time constraints may limit the amount of energy and attention leaders can devote to reports of sexual assault and caring for survivors. In other words, reports create additional demands on time and energy that leaders may not be willing or able to meet.

Second, despite leadership’s responsibility to maintain good order and discipline and to care for subordinates, interpersonal-relational contingencies may introduce conflicts of interest when responding to survivors who file an MSA report. Such conflicts occur frequently in cases of intra-unit assault, in which leadership may feel forced to take sides and are at times unable to effectively care for either the victim or accused. As one former Air Force Special Victim’s Counsel (SVC) said in the focus group: “Commanders, especially the ones who have the accused

\textsuperscript{105} This same POD staff member noted that such support and accommodations need to extend beyond the initial report, however, as the investigation and justice process “often triggers PTSD symptoms, and can lead to a negative spiral if the command responds by retaliating and disciplining them, rather than understanding what they're going through.” This staff member recommended “guidance that encourages commanders to be accommodating of survivors in the aftermath of an attack and during criminal justice proceedings, rather than taking a strict disciplinarian approach. The latter can be just so traumatic, and commanders have enough discretion that they can be supportive of a survivor so that they can recover and serve.”
and the victims both in their unit, just felt that they couldn’t support either of them a lot because…they had to decide who was lying to them.” Moreover, as leadership’s own careers are effectively advanced through the success of their subordinates in meeting operational demands, leadership may be incentivized to protect highly valued or mission-critical perpetrators at the expense of lower-status victims. Such tensions are magnified when perpetrators are themselves in leadership roles or are friends with leaders; strong bonds of loyalty and fraternity may interfere with command’s ability to remain neutral or may create pressure to take perpetrators’ sides.  

Third, installation climate factors may also impact leadership’s abilities to respond effectively and supportively to a survivor and her MSA report. When top-level leadership has expressed vigorous opposition to MSA crimes, other leaders may be better able to support survivors and advocate for their care. However, when upper-level leadership have minimized or failed to prioritize MSA response or themselves have created hostile climates, well-intentioned leaders may risk stigmatization themselves when openly supporting survivors. The health of the larger command system matters.

Fourth, cultural factors may also negatively impact leadership’s interpretations of sexual assault cases and responses to victims. Although leaders have power to set normative standards, like their subordinates they have also been socialized into military culture and therefore absorb

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106 At such times, leadership may minimize the assault or experience motivated denial (i.e., that one’s friend could be capable of this crime) and a strong urge to “protect their own” that predisposes them to take the perpetrator’s side. At such times, leadership are tasked with making an impossible choice: to live according to the explicit values of the services or according to the implicit rules of the brotherhood. Linda described how the “fraternity of Chiefs” pulled together and protected their own, often at the expense of their subordinates. Meena also described this tension well: “And if, you know, your commander or your supervisor of a unit is facing a court-martial, you have to find somebody who’s the same rank or higher to now watch over your unit. So there’s a lot of covering, I think, for their high-ranking. Whereas an Airman, you know, you can get another grunt to come in. You can get another flight-line technician to come in.”
cultural norms, including those that may be biased against female servicemembers in general and female survivors in particular. As one focus group member said,

A lot of the commanders aren’t necessarily bad people, they just subscribe to that same cultural idea that is very pervasive that most cases are false…. That idea is very accepted and kind of internalized in the whole, entire culture. And so I think a lot of commanders think that they are doing the right thing by backing the accused.

Fifth, legal rules themselves may interfere with leadership’s ability to advocate strongly on victims’ behalves. Due to their pervasive influence in servicemembers’ lives and all aspects of the justice process, if upper-level leadership use their position to vigorously support victims, they may be accused of “unlawful command influence” and jeopardizing defendants’ rights to due process. Called “the mortal enemy of military justice,” unlawful command influence is prohibited under the UCMJ (DoD, 2014a, p. 13). One POD staff member described what this means for commanders’ ability to support victims:

We’ve seen just cases where they just say, “We take sexual assault really seriously, anyone who’s caught…is going to be prosecuted.” If you make those types of comments within your unit, it can be considered “unlawful command influence” and can actually be used to undermine or get a case dismissed, because it would be seen as basically violating the rights of the accused. And so…unlike the ability to speak out really strongly on behalf of an accused, I think there is a real hesitancy of commanders in terms of being very open [in supporting a victim] when a case actually occurs…because of the fact that they think it will be used against them. That’s a real barrier.
In other words, though high-level leadership are enabled to vigorously support perpetrators, there are legal barriers to their doing so for survivors.¹⁰⁷

Sixth, leadership have little guidance for understanding and responding appropriately to the mental and physical health injuries sustained by victims of sexual trauma; absent such guidance, they may believe that disciplinary measures are necessary to deal with the psychological changes and performance impairments survivors often experience following assault. This lack of clarity and education in dealing with mental health and trauma can present a fundamental bind for leaders, who depend upon fully functioning servicemembers to ensure mission success and may feel resentful toward subordinates who even temporarily cannot help meet operational demands. Moreover, leaders are supposed to know and care for their subordinates, and they may distrust or reject military mental health providers’ and other advocates’ recommendations for how to accommodate survivors’ needs. As one former SVC said in the focus group, some leaders may feel offended that such providers are “stepping on their toes” when they advocate for different treatment on survivors’ behalves than leadership is providing. Lastly, the constantly changing environment of the military means that leadership may only be temporarily available to respond to victims before moving on to their next duty assignment.

¹⁰⁷ And, indeed, defense counsel successfully use the presence—or suggestion—of unlawful command influence to get sexual assault convictions overturned, as occurred after now-retired Marine Corps Commandant General James Amos’ very strong stand against sexual assault in his “Heritage Brief” (Doyle, 2012). There is also the corresponding cultural injunction against “political correctness,” which negatively affects commanders’ reputation in more traditional, hypermasculine or toxic-leaning climates. As Katzenstein (1998) noted, “When military leaders do take an active role in trying to reshape the hostile climate for women by making accountability a priority for those at the highest ranks of military leadership, accusations of ‘political correctness’ are sure to follow, along with charges that the military is being used as an institution for social experimentation. Former secretary James Webb has made this argument in several New York Times op-ed pieces, and such charges repeatedly surface in publications aimed at a military readership” (p. 82).
Assault Contexts

Before turning to leadership’s response following MSA-related critical incidents, it is important to provide brief background details for each survivor’s case (i.e., assault type and location, salient reporting barriers, reporting types and years, and separation years). All eight victims were assaulted by one or more servicemembers of higher rank who served in a leadership position within their own chains of command or outside of them. In three cases, survivors were assaulted by individuals outside of their own service branch. Seven out of eight survivors filed unrestricted reports between 2006 and 2014. All survivors were separated from service between 2007 and 2015.

Belle was an Airman first class (Air Force; E3) when she was raped in 2012 by an Air Force staff sergeant (E5) from another unit with whom she was deployed to Afghanistan. This individual physically abused her and threatened to destroy her reputation and relationship with her serious boyfriend if she told anyone about the violence she was experiencing, so she remained silent. Belle became pregnant from the rape and was forced to terminate the pregnancy when she returned stateside. When Belle’s PTSD intensified while readying to deploy in 2012, she reported to a female supervisor. Belle was separated from the Air Force in 2015.

Cindy was an Airman first class (Air Force; E3) when she transitioned to her second duty station and began to be harassed and assaulted by three separate Air Force supervisors of varying ranks in her chain of command, over the course of three years (2011-2014). She reported multiple times during these three years, including to a female leader outside of her own chain, but her reports were ignored by leadership. In Cindy’s case, leaders themselves were reporting barriers, as they failed to act on her reports. Cindy was separated from the Air Force in 2014.
Diana was a sergeant first class (Army; E7) when her sergeant major (Army; E9) began to harass and assault her shortly after she arrived to a new duty station in 2003. Her leader-perpetrator’s sexual violence continued for five years (2003-2008), including his raping her in 2006. She reported her leader-perpetrator to multiple systems, including her leadership, between 2004-2008, but her reports were shut down. Like Cindy, Diana’s leaders were barriers to reporting. Diana was retired from the Army in 2008.

Jane was an Army sergeant (E5) when she was raped by an Air Force master sergeant (E7) after completing an overseas training mission with this person and several other agency members in 2012. Jane was intoxicated and this individual took her to his residence and raped her the night before the agency members flew home to their respective duty stations. Jane initially resolved to remain silent, as she feared reporting would mirror her experiences of being shut down when disclosing abuse as a child. However, she filed a restricted report with mental health providers when she returned stateside, and converted to unrestricted after she told her husband about the assault. She was separated from the Army in 2013.

Linda was a seaman (E3) when she began to be groomed, harassed, and assaulted by her Navy duty section officer (E7) shortly after she transitioned to a new ship environment between late 2006 and early 2007. She disclosed the assaults to a Navy chaplain in 2007. She did not file an official report because she did not trust her chain of command and was not aware of other resources for doing so. Linda was separated from the Navy in 2007.

Meena was an Airman first class (Air Force; E3) when she was drugged and raped in 2014 by an Army sergeant first class (E7) while working at a bar frequented by this E7. Meena’s rapist was stationed at the Army headquarters of her installation. She filed an unrestricted report
with her female supervisor the day after she was raped. She was separated from the Air Force in 2015.

Tiffany was a lance corporal (Marine Corps; E3) when she began to be groomed by a Navy lieutenant commander (O4). She was sexually assaulted and raped by this officer in 2012 while deployed with her Marine Corps unit on a Naval vessel. She did not report while deployed, as her rapist was in charge of permissions for her unit, and she feared retaliation from him and his Sailors. Additional barriers included mission demands, concern for unit members, and distrust in the Navy to respond appropriately. When she was again stateside in 2013, she filed a restricted report with her female unit UVA. Tiffany converted her report to unrestricted in 2013 after watching *The Invisible War*. She was separated from the Marine Corps in 2014.

Tina was a private first class (Army; E3) when she was raped in 2012 by her team leader, an Army corporal (E4).\(^{108}\) Tina asked this corporal for help getting home when she was intoxicated and felt unsafe from another male’s advances. He took her back to his room and raped her instead. Tina remained silent about the rape because she had just witnessed her unit retaliate against a female unit member who had reported and also because she wanted to deploy with her unit. Tina’s husband reported the rape in 2013 while he was deployed with her rapist, which triggered an official investigation in which Tina agreed to participate. Tina was separated from the Army in 2014.

**Leadership Response to Critical Incidents and Their Aftermath**

Leadership response to and following critical incidents was not a single event in time but rather a process that tended to degrade over time and with social-environmental changes. Thus we will distinguish between the nature and qualities of the initial response provided following a

\(^{108}\) Although Tina’s rapist was a corporal (the most junior NCO rank), he was serving in a sergeant (E5) role because her Army installation did not have enough soldiers to fill leadership positions.
critical incident like a sexual assault report and the nature and qualities of leadership response in the aftermath of that incident.

**Initial Leadership Response: Continuum of Supportiveness**

Leadership response at the outset of a critical incident can be conceptualized along a continuum of supportiveness, ranging from positive-constructive to neutral-status quo to negative-destructive. Consistent with the behavioral and outcomes-oriented approach described earlier, these points along the spectrum of supportiveness are based upon both the types of actions and behaviors taken by leadership in response to a report or other critical incident (constructive, status quo, or destructive), as well as those actions’ impacts on the victim’s well-being (positive, neutral, or negative). While leaders whose responses fall on the positive-constructive or neutral-status quo points of that continuum are not placed into a stable leadership category, when leaders’ responses fall on the negative-destructive end of that continuum, they are classed as negative-destructive leadership from the outset due to the harm they cause victims.

While reporting was an essential precondition for receiving potentially supportive responses from leadership, reporting did not itself guarantee positive responses. As will be discussed in each section below, there were overlapping factors that influenced each victim’s entry point into this continuum of initial support. Briefly, the level of separation between leadership and the perpetrator made the greatest difference to how leaders responded to the victim’s report: the greater the separation between them, the more supportive the response, and vice versa.\(^{109}\) More, the type of assault influenced leadership response: those who reported penetrative assaults received more support than those who reported non-penetrative assaults. Moreover, the victim’s social location (i.e., informal status, such as time spent in and integration

\(^{109}\) Another way of saying this is that when perpetrators were in victims’ chains of command or well-known to leadership, responses were far more likely to be negative-destructive.
into unit; closeness with leadership; racial identity) influenced leadership response. For example, when white victims reported, they were universally more likely to receive initial support than were victims of color, while victims of color were more likely to receive neutral-status quo or negative-destructive responses.\footnote{And, indeed, in her response to a draft of this manuscript, Cindy powerfully described the pervasive racism in the military: “You asked me my opinion of racism in the Armed Forces: YES it exists…. The stories that you hear on the news in the civilian world is IDENTICAL to what happens in the service. POC [people of color] are prosecuted more frequently and given severe punish[ments] before and more often than our white counterparts. Minor infractions become major ones or career enders, and major infractions become career enders. Women POC have to be careful about the demeanor that we carry amongst ourselves, you don't want to be perceived as being ‘angry or loud’. Male POC have to be careful when they get loud and angry so they don't FRIGHTEN anyone but a white male counterpart can tell me he'll "slit my fucking throat" if I don't do what he asks. Also, being mixed with black (like myself, I am Black, White and Asian)...you're never black enough to black, and you're sure as hell not white or Asian enough to white or Asian.”} This relationship appears intersectional, however, as victims of color were also assaulted by leader-perpetrators in their chains of command, were newer to their units when they were targeted than white victims, and were more likely to report non-penetrative assaults initially. Lastly, the more positive the unit or command climate, the more supportive the initial response, and vice versa. Mixed gender command structures tended to be associated with more positive command climates and supportive initial responses,\footnote{While female leaders appeared to moderate the initial response to victims (i.e., provide a more emotionally supportive response), male leaders could be equally responsive. But gender was not a guarantee of a positive response, as we will see with Cindy’s case, below.} while all-male commands were highly associated with negative climates and neutral status-quo or negative-destructive responses.

**Positive-constructive initial responses.** Although the nature and extent of positive-constructive responses varied between individual leaders, in general, leaders responding in these ways listened to survivors, believed them, and followed protocol to report the assaults. They also connected survivors with resources and relevant accommodations. Such leaders also protected the survivor by working to contain the critical incident as much as possible and intervening in retaliatory behavior. These supportive responses helped survivors to feel validated, supported, connected, and protected. While reporting in such environments was still difficult, especially as
investigations proceeded, positive-constructive leadership responses did not introduce new trauma for victims, which was critical. Tiffany, Meena, Belle, and Jane received such initially positive-constructive responses to their reports.

There were several factors associated with positive-constructive leadership responses. First, leadership who provided positive-constructive responses actually knew about the assaults or inquired into trauma markers, which enabled them to respond appropriately. Second, just as trust in leadership facilitated reporting, victims’ positive personal, trusting relationships with leadership, as well as higher levels of transparency and forthrightness about the assaults, increased the likelihood that they would be supported. Third, survivors who experienced penetrative assaults received more initial support. Fourth, positive-constructive responses were more likely in units where there was greater separation between perpetrators and leadership, which enabled leaders to prioritize survivors’ needs rather than feeling caught between survivors and perpetrators. Lastly, positive-constructive responses were more likely when leadership were part of a positive-constructive command or installation climate with strong injunctive norms against criminal misconduct, respect for women in the military, and some understanding of and/or sensitivity to mental health issues and trauma. In three out of four cases, survivors’ chains of command were mixed gender (Meena, Belle, Tiffany).

Salient components of these responses are described in more detail below.

Providing emotional support while following protocol. Positive-constructive leadership followed protocol to initiate an official investigation into sexual assault reports they received but

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112 Leaders who did not know about the assault were far more likely to respond harshly to survivors’ functional impairment; in Belle’s case, pre-report, her leadership blamed her when she was having difficulty passing tests, but after they knew about the assault, they were more sympathetic and gave her some time to get back to deployment-ready status.

113 This distance also constrained perpetrators’ abilities to destroy victims’ reputations and mitigated the pressure to take sides that comes with reports of MSA. Though this separation from perpetrators allowed supportive leadership to focus on and prioritize survivors’ needs, such care rarely manifested as the vigorous allegiance to and defense of perpetrators that commonly occurred in the negative-destructive forming ranks process, described below.
also understood the difficulties unrestricted reports could entail. DoD policy requires leadership to initiate an official investigation into alleged sexual assault crimes of which they become aware, and doing so helps to encourage accountability and prevent abuses of command discretionary power. At the same time, this policy removes choice and control from survivors once they disclose to leadership, requiring survivors to participate in often-stressful investigatory interviews, as well as medical and mental health examinations, for which they may not have been prepared. Positive-constructive leaders attempted to balance their reporting duties and survivors’ best interests in meeting these responsibilities.

Meena’s report to her female Air Force supervisor provides an example of positive-constructive response as well as the complex negotiations between policy and care that leadership must make following sexual assault reports. Meena trusted her supervisor, and she was the first person Meena told about the incident. Recalling this interaction, Meena said, “I said, ‘I need to talk to you,’ and I immediately started choking up. And so, she like jumped up and went and shut the door. And she had me sit on the couch. She was like, ‘Meena, what's wrong? What's wrong?’ And…I pretty much just said, ‘I think that I was raped Saturday night.’” Meena’s supervisor immediately stopped her, was transparent about her responsibilities to initiate an official investigation, and gave Meena a moment to think about what she wanted to do: “She said, ‘I want you to know if you’re telling me this, that means it’s an unrestricted report. I have to tell the commander. I have to tell OSI [Air Force Office of Special Investigations]. Like, there’s going to get an investigation going, so I need you to sit and think about what you’re doing before you tell me.’” When Meena decided that she wanted to move forward, her supervisor brought in her CO, and they called in the SARC, so that Meena did not needlessly have to repeat what she remembered of her story to multiple parties. When Meena
went to the civilian hospital to get a sexual assault forensic examination, her supervisor provided reassurance and emotional support:

My supervisor kind of tried to…keep my mind off of what was going on. And she was holding my hand. I was crying, and she was rubbing my head, telling me it was going to be okay. At one point, she asked the OSI agents to step out, because I think it was obvious that they were [making me] extremely uncomfortable…. So she was very supportive…. As far as my supervisor, I’m sure if I had needed her, I could have gone to her.

This kind of support helped Meena feel less alone in the midst of a traumatic experience.

Belle’s experiences with Air Force leadership illustrate how following protocol can at times be at odds with survivors’ desires and readiness levels, even when some emotional support is provided. When Belle began failing preparatory tests for deployment, her leaders expressed concern about these overt behavioral indicators, but Belle denied anything was wrong until a female officer finally sat her down and confronted her about what was happening and Belle disclosed the assault. On the positive side, Belle’s disclosure enabled her leadership to understand the circumstances of her performance deterioration and to respond with validation and support: “They were very supportive, they were very understanding. They were like, ‘I’m so sorry this happened to you.’” However, Belle was dismayed when she realized that her unintended disclosure would become an unrestricted report and require an investigation.

Referencing military culture and the unlikelihood of a conviction for sexual assault crimes, she said,

I had to make it unrestricted. And that’s the part where I was not happy about, because even though I want justice for what happened to me, I knew I wasn't going to get it.
Because, in these cases, it was like, I don't have a rape kit, it’s my word against his. And it’s just, you know—like, there’s no DNA evidence. There was no hard evidence. There was just witnesses. And so, I was like, “Nuh-uh, nuh-uh.”

The above policy becomes further complicated in close-knit military environments in which leaders may easily identify victims who file restricted reports. Tiffany’s male CO balanced policy and his Marine’s best interests when he saw Tiffany crying outside with the unit UVA (a female lieutenant in her chain of command) and later received a restricted support from that same UVA. As Tiffany explained,

The reality of it was that [the UVA] had to go tell the CO, you know, “Sir, we have a restricted report.” And…that's all she did. But if you look at the history, he just saw me crying with her. So I knew he knew. But that lieutenant colonel was awesome…. His Marines were first, no matter what. Yeah there's rules, but there was also what's right and wrong. And he always picked right over anything else. But that's what made him a bad ass.

When Tiffany later converted her restricted report to unrestricted, she was “pumped” and ready for what was to come in a way that she likely would not have been had he not respected her decision to file a restricted report and instead taken this choice away from her.

Providing time to regroup. When they could, positive-constructive leaders also provided survivors with some time away to regroup. This time away was important for several reasons. The aftermath of reporting was hectic and often retraumatizing. Survivors were required to tell their story repeatedly and often to strangers who were not always supportive. Reporting experiences also demanded time and energy, exacerbated post-traumatic distress, and introduced challenges for their significant relationships that required time to process. Reducing survivors’
workloads or providing time away enabled survivors to begin to process what was happening, get engaged with mental health, and begin to talk with family and significant supports about their experiences.114

Jane’s male Army commander gave her some time away from work to process and begin to get treatment. This time was also important for Jane to continue to process the strain her perpetrator’s actions had created on her relationship with her husband. Tiffany had already been connected to medical and mental health treatment when she filed a restricted report with her UVA. But after converting her report while on a training detachment and after watching The Invisible War, she received a call from her commander, who had made a decision to send her home so that she could tell her family what had happened:

He's like, “You're going to go tell your—basically, you're going to go tell your family face-to-face what's going on.” Because my dad is a retired gunnery sergeant, and everyone knows that. So basically it was like, “Your family isn't going to find out about this through a text message.” So I don't know how the funding happened, but he sent me from [the training station] to my parents’ house, basically with the agreeance that I would somehow make it back to [my base] by date X.

Tiffany noted that although it was difficult to talk with her family about what had happened, being able to do so helped to repair the distance that had developed between them and helped her family better support her throughout the reporting process.

Belle’s leadership realized that her deploying with her unit would not be feasible, so they found someone to deploy in her place and gave her some time to regroup, get treatment, and focus on getting back up to deployment-ready status.

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114 Earlier effective treatment has been shown to reduce the likelihood that survivors develop serious PTSD symptoms.
They kind of gave me some time to myself. They were like, “Okay.” My unit kind of left me alone for three months. They were like, “Just get yourself back up to where you need to be. In three months, you’ll just take the PT test again, and you’ll pass it. You’ll be fine. You’ll be good to deploy.” And so, I was like, “Okay. Okay!” Because I felt so guilty [that someone had deployed in my place].

**Intervening in retaliation.** Retaliation was less common at the outset of a sexual assault report, but supportive leaders protected survivors when it did occur. Jane’s commander protected her from retaliation by a high-level official in her agency. When this official learned of Jane’s report, he threatened to charge her with misconduct and have her discharged from the military, as well as to make trouble for the agency members with whom she was deployed when she was assaulted. Jane felt frightened for her own career and worried these agency members would blame her for any career repercussions they would face and also turn against her when called to testify. Jane spoke with the SARC and her base commander, who advised this high-ranking official that retaliating against a sexual assault victim might hurt his own career in the context of widespread public outrage over MSA and retaliation. Jane said, “So I think the reason…why he didn't do it is because he was afraid of it going public and him getting in trouble for punishing a sexual assault victim.” Although her commander’s intervention led the official to drop his retaliatory pursuit, his threat did not bode well for her continued work in the agency.

**Taking mental health injuries seriously and providing relevant accommodations.** One critical dilemma for even the most supportive leaders was how to respond to often-acute mental health distress and functional impairment arising from sexual trauma. In a setting that prized personal control and stoicism, and required rigid standards for appearance and conduct, trauma-related functional impairment and treatment issues can be mistakenly interpreted as individual
attitude or behavioral deficiencies and punished accordingly, furthering the trauma survivors already experienced. Not always equipped to understand these issues themselves, supportive leaders worked with survivors and their community providers to understand the survivors’ needs and to decide how to respond appropriately. A former Air Force SVC in the focus group described such leaders as “the ones who actually work[ed] with you” in trying to prioritize the survivor’s well-being in the aftermath of a report. She described an interaction with one such first sergeant, a position often responsible for handling disciplinary issues in military settings:

They were having issues with my client, you know, she was violating, like, the hair standards, grooming standards…. But the Shirt [first sergeant] came over, saw me, sat down. He was like, “Hey, we don’t want to punish her, we don’t want her to think we’re punishing her because of the report…. I want to walk you through what I have here.” He didn’t even go to his legal office. He’s like, “I trust you more than the legal office, you know, because you know what’s going on [for the survivor].” But he wanted—he really just wanted to make sure, “Hey look, you know, is she okay? You know, is she mentally fit? And are we—you know, are we going overboard with punishing her because, you know, is it possibly tied to this [assault experience]?” But they just made really sure and they were like, you know, “What does she need?” And it wasn’t just that one Shirt, sergeant, it was…probably like a few other commanders. They’re like, “Whatever she needs, whatever he needs. Like, tell me, talk to me.”

Importantly, positive-constructive leaders did their best to understand trauma-related distress and to accommodate survivors’ recoveries, although this was an area for improvement among all leaders.
Positive-constructive leaders provided initial access to and accommodations for care. As noted above, Jane and Belle’s leadership provided some time for them to get engaged in care, which was important for recovery, although in Belle’s case, she needed a higher level of care than the on-base outpatient treatment she received initially. In Meena’s case, her leadership required her to undergo a mental health safety assessment after OSI scrubbed her phone and found texts to a friend from the night of her rape in which she had indicated she wanted to die and wondered how many pills it would take to kill herself. Meena understood the need for this assessment but simultaneously felt betrayed that she had to undergo it. Two weeks after the assault, Meena was sent to an inpatient treatment center, where she spent two months before being transferred back to her base and stepping down to intensive outpatient care. She found this treatment helpful but also felt the timing was difficult since the investigation had just begun, and the time away from base introduced new difficulties.

**Impact on victims.** Supportive leadership made a generally positive impact on victims’ experiences by providing genuine emotional support, like believing survivors and validating their experiences, and instrumental support, like connecting survivors with time away, relevant treatment, and other services. Positive-constructive leadership also allowed the investigation process to function by doing their best to care for survivors while appropriately following protocol in responding to sexual assault crimes. While these responses and provisions helped victims feel supported, encouraged, and less alone when they made their reports, such support was rarely sustained over time. Leaders often moved on to other priorities and expected survivors to do what they needed to do to recover after they were given time away for treatment.

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115 Genuine emotional support does not include leaders who appeared supportive but did not act on reports. This disingenuous and duplicitous response occurred for Diana and Cindy and will be discussed in more detail in the negative-destructive response section, below.
or to get back up to deployment-ready status, such that survivors felt abandoned or on their own throughout the rest of the investigation and justice process. These issues and contributing factors will be discussed in more detail in subsequent sections.

One critical issue merits mention as it relates to the support described above. The great irony of supportive leadership responses was that the central condition underlying them—wider separations between leadership and perpetrators, most often found in situations where victims and leader-perpetrators were in separate service branches—meant that victims’ leadership often had no control or influence over the often-retraumatizing investigation and justice process, while the offenders’ service branch and commander often had sole authority. Tiffany’s case, described subsequently, illustrates how even the most positive-constructive leadership are “cut off at the knees” in such cases, introducing additional trauma for victims who might otherwise be able to recover well.

Neutral-status quo initial response. In the neutral-status quo response, leadership did little more than follow protocol in response to a sexual assault report and invested little else into the survivor’s care or well-being. In such a case, the survivor felt largely abandoned by leadership, and was forced to advocate for herself to get the information and protections she needed. This noninvolvement characterized leadership response in Tina’s case.116 She was raped by her team leader, was relatively new to and not well-integrated into her unit, and did not have close relationships with leadership because as an Asian female, she was a “minority of a minority” and did not fall into any of the race-based “power groups” with leaders who protected their own. Her unit command climate was tolerant of all forms of misconduct, including sexual

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116 To some extent, this more neutral-status quo response characterized Belle and Jane’s leadership’s responses as well. Those are coded as positive-constructive because of the emotional support and initial accommodations provided in Belle’s case, and accommodations and intervention in retaliation in Jane’s case. However, for both women, there was a strong sense that leaders did what they needed to do but effectively abandoned them following their reports.
harassment and drug abuse (e.g., another unit member had recently assaulted a female unit member, and her team leader-rapist encouraged drug abuse), and her chain of command was exclusively male.¹¹⁷

Prior to her rape being reported, Tina had already been cast aside by her male Army leadership and blamed for being unable to deploy due to serious breathing and panic symptoms, despite the fact that her leadership had failed to appear for a meeting that would have actually granted her a waiver enabling her to deploy. Moreover, leadership appeared to discourage unrestricted reporting; Tina had gotten the sense from leadership-conducted Sexual Harassment and Assault Response and Prevention (SHARP) trainings that they were encouraging survivors to “go restricted first” and to let them deal with things “in-house”:

A lot of it felt like they were sort of encouraging Soldiers to go restricted first, because they don’t want—like to protect the unit. They’re like, “Let us take care of it in-house first. Like do it restricted, tell the people who need to know.” It seemed like some sort of a protection technique of “how do we keep things from becoming a big deal? How do we make it so that we can take care of it and cover it up or make it something that it isn't?”

And that sort of seems like what some of the classes were about.

However, Tina’s report was initiated “from up high” where her husband was deployed, such that there was no opportunity to cover up the report. She was approached by her male platoon sergeant, who was the SHARP representative for her unit. She was offered mental health treatment and enabled to move units. But this was as far as the positive support went. Unlike the leaders, described above, who provided initial instrumental support, Tina’s leadership effectively

¹¹⁷ In reality, leadership’s initial response to Tina’s report had more in common with the negative-destructive responses described below, but because leadership followed protocol in initiating an investigation, her case is placed into its own category.
abandoned her to the reporting process and did little to ensure that she was notified, safe, and properly cared for. As she put it:

When you don't have a personal, I guess, relationship with someone, it becomes okay, all they care about is whether something is convenient or whether something is worth their time, or if something will benefit their career or hurt their career. And so…with my situation it was, “Oh, you know, we don't really want to back her up, this looks bad on the unit, so let's just see if it goes away, or let's just not care about it.”

Despite a “mega-blasted” email that led to everyone knowing about Tina’s assault and protocols indicating that report details would be shared on a “need to know” basis, her report seemed to struggle through the chain, such that leadership who did need to know (i.e., who had power to make decisions for her care and safety) were either not informed or did not care about her report, and Tina had to advocate for her rights:

They like to handle things on a unit level, or they like to keep things small and keep things covered up, right. But the issue is then certain people have no power…. It's struggling through the chain, and people who need to make decisions don’t have the power to, or things get delayed…. And then things are getting spread incorrectly, or the victim herself is having to explain to someone, like, “Oh, this guy doesn’t know what’s going on, you have to tell him if you want.” Like, okay, if I don’t want to tell him, he’s going to be like, “What the heck are you doing here? Like where are all your appointments? Why are you never at work? Why are you at appointments, or why are you going to CID?” It’s better—because that’s how rumors start, that’s how questions start: people start making up stories. I think it’s better for a heavy hand to come down from the top than for it to be handled [on the lowest level]—because sometimes the unit
commander has to know, but this person doesn’t have to know. But you don’t realize that the Soldier is required to report to all these people.

As Tina illustrated, even when protocol is established and provides for effective responses to sexual assault reports, the Army’s countervailing emphasis on working at the lowest level could encourage covering things up, create difficulty with information getting passed along correctly, and create additional burden on survivors to “explain themselves” and advocate for protections to which they should have had access in the first place.

**Negative-destructive initial responses.** Negative-destructive responses in relation to critical incidents involved implicitly turning against victims through ignoring reports and overt behavioral markers of trauma. These responses left victims unprotected, betrayed, demoralized, and alone. Leaders who responded in these ways can already be classed in the negative-destructive category, based on the nature of their responses and their harmful impacts on victims. These harmful responses were more likely when perpetrators were superiors in victims’ direct chains of command, which led fellow leaders to attempt to cover up reports and work to protect their own. These negative-destructive responses were also more likely when victims were new to their duty stations, had not had a chance to develop relationships with leaders or peers, and were black or multiracial. These responses also occurred when victims attempted to report non-penetrative sexual misconduct. Unsurprisingly, command climates in which these responses occurred were overtly hostile to women and tolerant of all forms of misconduct, and survivors’ chains of command were exclusively male. These negative-destructive responses characterized leadership response to Cindy, Diana, and Linda’s cases. Notable themes are described below. Please note that these particular initial responses of ignoring critical incidents continued over time for these survivors; thus to reduce redundancy, we will examine these themes here as they
occurred over time (months-years). Other more directly aggressive behaviors also emerged over time, but those will be described in detail in a proceeding section.

**Ignoring reports of sexual misconduct.** As described above, important regulations are in place for command who receive a report of sexual misconduct: they must initiate an official investigation into the allegations and ensure survivors are connected with mental health and medical care when necessary. Following such protocol is critical for ensuring survivors’ safety and well-being, encouraging perpetrator accountability, and preventing power abuses and cover-ups of higher-level leadership crimes. However, in Cindy and Diana’s cases, leadership failed to follow protocol, document the complaints, provide protective orders, and initiate investigations into survivors’ reports of serious harassment and assault.\(^{118}\) Leadership’s failure to engage these responsibilities and intervene meant that leader-perpetrators were enabled to continue their escalating behavior with impunity and that a process of forming ranks began to take hold as survivors continued to seek recourse, as will be described subsequently. Moreover, such initial (and ongoing) leadership failures meant that despite the serious, ongoing traumatization these survivors experienced, neither woman connected with sexual assault advocacy, medical, and mental health support until late in the process, when they finally found compassionate third parties who took their complaints seriously.

Both Cindy and Diana sought help from multiple leaders to stop the sexual harassment and assaults they were experiencing from superiors in their chains of command. As their experiences will be described in detail below, details of their initial reports are provided here. Cindy was terrorized by three separate Air Force supervisors, all friends with each other, during  

\(^{118}\) This failure to act according to protocol could also usefully be considered an act of intentional obstruction (i.e., of commission). I categorize it here to reflect that it is the beginning of the process, the first response to help-seeking on the part of toxic or negative-destructive leadership. This failure to take reports consistent with previous research (e.g., Campbell & Raja, 2005), which showed that military officials discouraged and refused to act on survivors’ report of sexual assault.
the last three years of her career, and she reported each of them. She was harassed from her first day at her new base, when her supervisor petitioned her for sex and insisted that her girlfriend join. His harassment escalated into groping and she reported the assaults to a female high-ranking individual outside of her squadron. Though this supervisor appeared compassionate and promised to intervene, she simply spoke with Cindy’s male superintendent instead of documenting and initiating an investigation into Cindy’s complaints. Cindy was moved out of her unit, but nothing happened to her leader-perpetrator. He continued to victimize her for almost a year and still had power over her performance evaluations. He marked her down after she reported.

After Cindy’s first leader-perpetrator had “given up and moved on,” her superintendent began to harass her. He would text or email her late at night, asking where she was or giving information about her personal life that felt threatening and intimidating. Cindy reported his behavior to this same female officer, and it stopped, but shortly after, Cindy’s third supervisor began to assault her and to escalate in his behaviors. She reported again to this female supervisor who did nothing but talk to Cindy’s assailant, and Cindy became increasingly demoralized. When Cindy eventually reached out to her Deputy Officer (DO), he funneled her back to the same female supervisor who had repeatedly failed to protect her, document her leader-perpetrators’ behavior, and initiate an investigation as required:

The DO having me go back to her, I really knew nothing was going to happen, but I did as I was told. I went back to her. I told her what happened. She calls [the perpetrator] into the office…with me there! And all she tells him is, “You’re not allowed to touch her or be in the same room with her anymore.” No paperwork…. Nothing. Nothing physically to document that we had this conversation!
Like Cindy, Diana had also reported her leader-perpetrator’s escalating behaviors to Army leadership multiple times in the course of her last five years spent at her second duty station. In keeping with the lowest level reporting structure encouraged by the Army and sanctions against “jumping the chain,” Diana initially tried to report to members of her own chain of command—all men—before moving outside of her chain to report to CID: “As soon as it started happening, I tried to address it, to eliminate it. And it just went on and went on.” Not one of her leaders followed through with their responsibilities to protect her and to investigate these serious crimes.

Describing one interaction with her battalion commander, Diana illustrated the duplicity that characterized her leadership’s responses to her complaints and their disregard for female Soldiers’ safety. In response to Diana’s own report of assault, he told her that “he had been hearing things from other females about what [the perpetrator] had been doing and he was aware of his situation, and he was going to handle it.” Nothing was done to her leader-perpetrator. As Diana said,

They knew what they had and what they were dealing with but—and this is my opinion, I'm thinking, you know when things like this is going on, a lot of people, a lot of leaders don't want to deal with it…. Because they don't want that type of thing on their watch. You know, they’re in command, they're trying to protect their own careers, you know? So a lot goes into play…you have this bad apple in your unit. And you know, it's like probably easier just to ignore it or just sweep it under the rug than to deal with it…. because normally when you have people that harass and assault or whatever, they have a pattern. It’s a history. And it's just something that continues to just go until they actually

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119 She had already reported his inappropriate sexual behavior early on, when she went to the Equal Opportunity Officer.
leave. And that's how I saw the system is, instead of dealing with it, they just move them or push them somewhere else. And they’re somebody else's problem.

Because Diana was not protected by her leadership, her leader-perpetrator eventually raped her.

In light of the above command failures, it should not be surprising that the leadership involved in covering up these survivors’ reports of sexual assault were not held appropriately accountable for their failures. When Cindy’s lawyer successfully petitioned for an investigation into her complaints, Cindy’s female supervisor was reprimanded for failing to initiate an investigation against Cindy’s assailants: “They just gave her paperwork, not much trouble.”

Diana eventually reported her rape to Army CID and a criminal investigation against her leader-perpetrator was finally begun. Shortly after, one of her leaders sent a message that under no circumstances should she tell CID that he had ignored her reports: “[His Soldier] made his way to find me, to tell me whatever I do, please don't tell them that the brigade sergeant major knew about this…. I was not to tell that he knew.” In other words, Diana was ordered to cover up her senior-most NCO’s culpability in her ongoing victimization.

Despite being aware of the abuse that was occurring, leadership did not intervene, protect victims, initiate investigations, or document the behavior. Such initial failures carried serious consequences for victims: they allowed harassment and assault to escalate, legitimized and supported forming ranks against them, and served to demoralize, silence, and communicate to victims that their well-being was less important than the leader-perpetrators’ careers. Such aggressive acts of omission may align with parallel strategies preemptively employed by negative-destructive leadership to remove survivors from the military before they had a chance to report. Linda, whose duty section officer assaulted her repeatedly before she was discharged with a “personality disorder,” frequently observed other females being discharged from the ship prior to completing their full duty time. Though she cannot be certain these other women were also assaulted, she suspects she was not the only victim and that command was motivated to “get rid” of women whose reports might have jeopardized their careers: “My command had a huge advantage in not reporting anything and just getting rid of the problem children and sweeping it [under the rug]…. They weren't going to have to have cameras in their facility. They weren't going to be deemed responsible. There wasn't going to be a huge investigation going on to make them behave appropriately, because they didn't have any complaints happening.”
initial acts of omission also served to protect these senior NCO-perpetrators and their friends from scrutiny and negative performance reviews before upper-level leadership also became actively involved in the process of forming ranks.

**Disregarding behavioral and performance shifts.** Survivors often demonstrate overt behavioral signs of distress in the midst or aftermath of interpersonal violation. Known as “markers” of trauma, these overt signs include performance, demeanor, and personality changes that significantly depart from a person’s baseline functioning and warrant attention from individuals tasked with caring for that person. Diana, Cindy, and Linda were new to their units when their assaults began, such that leadership may not have been personally acquainted with survivors’ baseline functioning. However, leadership did have access to these women’s records, including past performance reviews and other evaluative documents or honors, which showed that these were exemplary servicewomen. Although it is unclear to what extent non-perpetrator leaders at these new bases had contact with survivors or were acquainted with these records, in a setting in which leadership are responsible for their subordinates’ wellbeing, omission here is problematic.

In Linda’s case, she never reported her duty section officer’s ongoing assaultive behavior, but her obvious distress and “unraveling” represented a critical incident to which her all-male leadership failed to respond effectively. Following the initial assault, Linda felt afraid of her leader-perpetrator, who took every opportunity to terrorize her and tried to get her alone in his office. To avoid him, she worked 18 hour days in another area; when she had to report to him, she did not go:

I just worked 18 hour days. And so everything at that time was just like—I don't know how to survive, what am I going to do to avoid this? And every time I was at duty, I
would have something like [the first assault] happen. And I would basically—I remember, I would walk up ladder-ways, even when I wasn't on duty, I would walk up ladder-ways, he'd come behind me, and he thrust himself at me as I was walking up ladder-ways. So it was just like I did not want to go to work. I was just done…. [Begins to cry.] And I was like avoiding, and avoiding, and avoiding, and it was making me look bad, because I wasn't doing what I was supposed to. So it was just kind of a struggle.

In the context of trying to avoid her leader-perpetrator’s repeated, threatening behaviors, Linda also developed medical complications and faced unexpected family issues. She felt overwhelmed, alone, and trapped. Instead of inquiring into this 4.0 Sailor’s degradation and helping her overcome obstacles in order to succeed, as positive-constructive leadership would and which may have facilitated reporting, her chain of command blamed her for not being able to handle life on the ship and threatened to get her out of the military. After she attempted suicide, her command used the opportunity to support her discharge with a personality disorder.

Both Cindy and Diana ranked up quickly, loved their work, and had stellar evaluations, but their obvious signs of distress were also ignored. As Cindy said, “It was always incident, after incident, after incident…. I went to work fearing or knowing that something’s going to happen to me today.” In the context of this ongoing terrorization and the leadership failures above, Cindy changed: “All of a sudden, I go from great EPRs [Enlisted Performance Reports] to now I have a bad EPR. And not only do I have a bad EPR, but I go from a positive attitude to now I have a shitty attitude. It’s like that though [snaps fingers].” Instead of asking what was happening, her leadership accused her of having a “chip on her shoulder.” Likewise, Diana’s fifteen years of exemplary service were ignored, along with her reports. Ongoing sexual terrorization results in well-documented, often serious changes to
personality and behavior that are obvious to the outside observer and often can be clearly adduced from performance records. Leadership’s failure to effectively address these shifts was problematic.

**Systemically Degrading Support in the Aftermath of Critical Incidents**

Leadership support degraded over time. This downward trajectory was present for all but one survivor, whose experiences will be discussed separately below. For three survivors who had received initially positive-constructive responses, support became more mixed and tended to degrade. For the four survivors who had received initially status quo or negative responses, their experiences worsened considerably. In most cases, this downward trajectory meant that leaders in survivors’ chains of command formed ranks against them. Before turning to that process and its manifestations, we need to understand the systemic degradation of support that was its essential precondition. There were five overlapping conditions leading to this degradation: decreasing investment by leadership, lack of or decreasing tolerance for functional impairment by leadership, leadership transitions, survivor transitions, and leadership recruitment into negative-destructive processes.

**Decreasing investment in survivors’ cases and care by leadership.** Over time, supportive leaders turned their attention to other responsibilities and dedicated less time to survivors’ cases. Especially once leadership’s immediate reporting responsibilities were met and the investigation had begun, it was common for leaders’ attention to shift to other responsibilities or operational demands and for support to deteriorate. This was especially true for cross-service assault cases, the investigation and disposition of which were handled by the offender’s service branch. Although greater distance between victim and perpetrator in cross-service cases allowed for greater initial support from leadership, this structure also meant that leadership were less
invested in the case after the offender’s service branch took control of the investigation. As Meena said of her case’s transfer from Air Force OSI to Army CID when OSI learned her rapist was Army,

Once the OSI gave it to CID, everyone was out of it. My supervisor, she wiped her hands of it. The OSI agents wiped their hands of it. So it was—literally, I felt like I was fighting this alone…. I don’t feel like I got any support from my supervisor, from my commander, from OSI, from my SVC.

**Lack of or decreasing tolerance for protracted mental health injuries and functional impairment by leadership.** Leadership held an often-implicit though unrealistic expectation that survivors would recover quickly from serious sexual trauma and be deployment-ready. For survivors whose leadership were invested in their remaining in the military, leadership grew impatient with and less accommodating of survivors’ trauma-related symptoms, which were often protracted because of trauma severity, inadequate treatment, avoidance coping, and/or environmental provocations. In such cases, leadership were more likely to blame the survivor for these issues rather than to see them as indicative of more intensive treatment and environmental safety needs. If leadership still granted some accommodations, they did so resentfully. In other cases, leadership did not appear invested in survivors’ continuance in the military, such that functional impairment and even temporarily non-deployable status led almost immediately to leadership initiation of separation processes.

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121 Leadership intolerance for trauma-related distress was especially apparent after official criminal investigations had been completed and the case was closed. Although assault-related trauma was lingering and case closure was itself invalidating and retraumatizing for victims, Meena described how leadership and peers conflated case closure with trauma resolution and expected victims “get over” the assault and move on: “I think people just, ‘It’s over with, so it’s done. Let’s forget about it.’ And it’s not that easy for a victim to just forget about it. And I think that was my biggest issue, was I feel like that office [after my transfer] thought, you know, that happened in [another state], it happened six months ago, so she should be over it by now. And it’s—you don’t get over it in six months, you don’t get over it in a year, you don’t get over it in five years. It’s always going to be there.”
Leadership transitions. Leadership changes occurred. Supportive leaders were moved and replaced by leaders with no first-hand knowledge of survivors or biased perspectives toward them. Survivors’ access to supportive leadership dwindled as trusted positive-constructive leaders rotated out and were replaced by new leadership with no first-hand knowledge of the survivor, her past performance, or her current situation. New leaders were inclined to see survivors’ post-assault or post-report behavior as “just who they were,” as Tina described: “There was a lot of movement and transition, because they were deploying. So I was with a new group of people, so it was like, ‘Oh, this is just how she is.’ It was—it wasn't like people knew how I was before…. That sort of got lost.” In addition, many survivors often had to “explain themselves” to new leadership, as Meena did when she returned from two months at an inpatient behavioral health program:

While I was gone, my supervisor changed. So—and now I have a male supervisor, and I’m having to explain to him what’s happened, why I was gone, why I’m having problems getting back into the swing of things, why I’m having to sit out on certain cases. Like, everything was just completely different.

Tiffany described the awkwardness of having to read her new commanding officer in on her report when she returned from her time with her family: “We had a change of command. So the CO that sent me home was leaving, and the new CO came in. So basically my first time meeting this new guy was sitting down, reading the [investigation] statement together.”

New leaders were also more susceptible to and reliant upon other leaders’ perspectives, increasing the likelihood they could be “recruited” by negative-destructive leadership. In two cases, leaders who rotated into survivors’ duty stations were already biased against them. Tina’s supervisor had known her just after she arrived on base and now saw her again when she was
“broken” and being medically boarded. In Belle’s case, a previously abusive leader was temporarily stationed at her base, and he actively recruited other leaders into similarly abusing her:

That sergeant I told you about earlier that abused all the [trainees], he came in. And he was very controlling, and he was putting me down a lot. And, like, the sergeants in my deployment flight, who really didn't understand it, who also took part in harassing me before or during training, they were throwing LORs, LOCs, all this at me. And my [female] supervisor didn't protect me one bit.

Such rotating leadership meant that victims lost consistent supports, that new leadership with no knowledge of survivors’ previous performance would be more likely to interpret difficulties as personality or disciplinary issues, and that new leaders could be recruited into forming ranks against victims.

**Survivors were moved.** In some cases, survivors themselves were sometimes transferred or moved to new locations or units with new commands who had no previous knowledge of them. The above processes obtained (e.g., survivors had to explain themselves to leadership they did not know and who were at times biased against sexual assault survivors). When they transferred, survivors lost access to any support they had at their previous unit or location and often experienced difficulty adjusting to new environments, and new leadership were not always welcoming or understanding of their distress. After Meena transferred to her second base following her rape, she was experiencing serious distress but did not feel able to trust her new leadership:

I wasn't there very long, and it was following the assault, so I think my demeanor was different. But I—they—I felt like it wasn't okay for me to go to them for help, whether it
was my supervisor, my other coworkers, my commander. I didn't feel comfortable going to them with the things I was struggling with. So it was a complete different story.

New leadership also often resented being given a “broken” servicemember to fill one of their slots, especially if the survivor was being medically retired, as most were when they were moved. As Tina explained, “When you’re medically separating, you’re put in the group of like, they call them the ‘shit-bag Soldiers’ or like your broken Soldiers. So when you’re put in with new command or anyone new, they see you as a broken Soldier, and you are completely useless to them.” When Tina was transferred to a new unit on base when her leader-perpetrator returned stateside for the trial against him, her new leadership resented this move. She said,

They’re like, “Okay, why are you here? You’re broken. You’re medical retirement right now. Why are you here taking up one of my slots when I need an able-bodied Soldier?” And now I have to explain myself, prove myself. And they’re like, “Well, they threw us a broken Soldier because she had to be moved.”

Leadership in survivors’ new units also showed less tolerance for trauma-related distress and were more inclined to see overt behavioral issues as indicative of character issues and to punish accordingly.

**Recruitment by negative-destructive leadership.** Negative-destructive leadership capitalized on the above issues, as well as the primacy of inter-leader communication, to recruit other leaders into negative-destructive treatment of victims. This inter-leader communication occurred both within and outside survivors’ own chains of command. Obviously, leaders at various levels must communicate with each other to ensure well-functioning units, and such communication includes discussion of subordinates’ welfare and performance. In many cases, COs may have less contact with junior enlisted troops and rely on senior NCOs’ perspectives and
feedback, such that NCOs have considerable influence over what COs believe about their troops. But such communication and influence can also come from outside of survivors’ own units or even installations—from leader-perpetrators or other negative-destructive leaders at other bases. Indeed, Cindy described the military as a “very, very small community” where officers and even enlisted knew each other, and word could get around quickly:

In the officer community, if you stay in, you guys eventually get to know each other, and you know of this person, this person. I mean, it’s kind of like the enlisted…. I went from an overseas base, came to my stateside duty station, and people that I had met overseas had been at the stateside base before, and they still had people at this base…. Very, very small community.

Inter-leader communication was central to life in these close-knit communities, and it could be used destructively.

Negative-destructive leadership recruitment attempts were ongoing and involved such leaders using their power and status to negatively influence other leaders’ perceptions of and relationships with victims, thereby reducing victims’ access to sustaining protection and support. Central to this recruitment was negative-destructive leadership’s use of *narratives of defamation*. These narratives can be defined as tools employed by high-status perpetrators, perpetrator-supportive, or otherwise powerful individuals to progressively destroy survivors’ reputations, characters, and worth in the military environment in order to discredit, distance, and turn others against them. Used by negative-destructive individuals at all levels of the military social ecology, such victim-blaming constructions drew upon military norms and myths about military women and rape to explain critical incidents and survivors’ distress, and they were saturated with mental health stigma. Minimizing or denying the crimes and the perpetrators
involved, these narratives placed blame for the resulting distress and workplace disruption on the survivor.

Naturally, leader-perpetrators’ self-serving reconstructions of survivors’ complaints formed the axes around which narratives of defamation orbited. In such accountings, leader-perpetrators denied wrongdoing, minimized the incidents, disavowed responsibility, and painted themselves as the “real victims” of survivors’ vitriol. These false accounts were supported by victim-blaming attitudes and bias against women who reported, including the pervasive myth that victims lied about being assaulted. Such familiar reconstructions are well-known gaslighting techniques employed by those with power to invalidate the experiences of those they harm (Herman, 1997; Jeltsen, 2016; Libal & Parekh, 2009; Stark, 2013). And such strategically employed narratives were inordinately effective: they rendered survivors suspect, such that other leaders and community members believed them and took their sides.122

For example, some leader-perpetrators primed other leaders to take their sides already at the outset of the assault or investigation process. In Belle’s case, the community priming her high-status perpetrator had done prior to the investigation process meant that others both uncritically accepted his account that he and Belle were sexually involved during the deployment and also continued to endorse his account when the investigation was conducted. As Belle said,

He was like the favorite child of all leadership, so they trusted him like wholeheartedly…. And even during the reports, no one was on my side. They’re like—they all thought we were having a sexual relationship. Because he knew all these people. He worked with all these people. It was horrific.

122 As will be discussed next chapter, these narratives were also effective with survivors’ peers. Their manifestation and functioning at the peer level will be discussed in that chapter.
Similar to Belle’s rapist, Jane’s leader-perpetrator drew upon his high rank, status, and extensive connections in the intelligence agency in which they both worked to spread his reconstruction and defame her. Jane said, “That guy was very much liked, and he was supposed to be an E7…so he was pretty high-ranking and respected. He had lots of friends.” When this individual started spreading his account of the incident and her character as a person, people were inclined to believe him:

And he started—I could see why he did it, because it works in his benefit to spread negative—it wasn't rumors, it was just what he thought about what happened to him, how it was unfair, and how I made everything up—and he talked a lot of negative stuff about me.

The leader-perpetrator’s account of the situation spread quickly, and Jane’s previously professional relationships with colleagues deteriorated as they began to distance themselves from her and to take sides.

When used by negative-destructive leadership to recruit other leaders, these narratives often focused on issues salient to leaders when describing survivors’ behavior, performance, and specific circumstances: survivors were “problem children” or troublemakers, lazy troops or poor performers, and/or mental health “rejects” with attitude problems and disciplinary issues. Over time and with repetition, these false and degrading accounts took on a life and truth of their own and were perpetuated in the military environment. As tools employed by those with power, these narratives functioned to punish survivors and turn others against them, adding to the interpersonal traumas and injuries they had already sustained. As leaders distanced themselves or turned against survivors, the process of forming ranks intensified.
In the close-knit military setting, these narratives carried enormous power. Negative-destructive leadership used frequent leadership rotations as opportunities to share such narratives with new leaders. Such perspectives could be easily absorbed and relied upon by new command with neither time nor opportunity to get to know survivors, resulting in few opportunities to disconfirm these prejudices. Belle described this process well:

So there was like this constant rotating of first shirts, these master sergeants. And so all these people started to know—like, read my file, read my report, read the investigations, and they kind of, like, knew my problems. They knew. And so, they just thought I was faking it to get med boarded, just to not do my job, to cover up for my problems, to get attention. And they thought I was a piece of shit.... And, like, I know they all talk. They all talk. I heard it before, they talk. And so all these higher-up leadership were treating me like shit.

Belle also described how new master sergeants rotating into this “Wheel of First Shirts” frequently depended upon her other leadership’s biased assessments of her to make decisions for her care. For example, when Belle was suffering from serious PTSD symptoms, sleep issues, and physical health problems that impaired her ability to work, Belle said her new master sergeant eventually lost his patience:

He would be understanding to a point. He’s like, “Go to the hospital. Go to mental health. Go to mental health.” It kept happening, and so he was like, “Oh, now you’re just”—he called up my command, and then they were like, “Oh, she’s just faking it to get out of work.” And so he was like, “You’re just faking it to get out of work.”

Her master sergeant began to absorb and emulate her other leadership’s perspectives.

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123 As Belle said, “They switch commanders every year. There was a new commander who didn’t really know me. They looked at my file [and saw the paper trail].”
Diana’s case also illustrated how such defamatory narratives functioned. Diana’s perpetrator was a high-ranking, manipulative, toxic leader with enormous influence over her leadership. After Diana filed a report with CID, her brigade sergeant major told her that she “had brought strong allegations against one of his best CSMs [command sergeants major]” and that since she arrived to the base “he had heard nothing but negative” about her from the leader-perpetrator, her first sergeant, and two master sergeants. Diana recalled, “That's what he told me, he's heard nothing but negative…. This is the brigade sergeant major, the one that's up. He said I would be punished.” Moreover, when new leadership came in, they “pick[ed] up from the previous command,” uncritically absorbing defamatory narratives concerning Diana’s character and performance and being readily recruited to form ranks against her. Already isolated by her leader-perpetrator and retaliated against by his friends, Diana was subsequently black-balled, turned against, and harassed by new leadership as well: “I was just being harassed by everybody. I received threats, I was black-balled, no one would talk to me.”

Defamatory narratives were present in the retaliatory disciplinary paperwork survivors received, which further fueled the narratives in cyclical fashion. This disciplinary paperwork provided seeming “hard evidence” of survivors’ “disciplinary” issues and behavior problems for new leadership who came into the process. Cindy described how the paper trail her previous CO and leadership had built followed her when a new female CO took over, and this CO continued in her old commander’s footsteps:

My commander had made it very clear he wanted me out of the military. He wanted to give me a dishonorable discharge, but he was also PCS, so was leaving…. So we were trying to see if we could just start fresh with a new commander. “Fresh eyes” is how [my lawyer] put it. Well, the new [female] commander, she followed in the same steps as my
other commander. And she bluntly told me in a meeting, she said, “Well to be honest Airman Parker, we just need to find a way to expedite you out of the military.”

This recruitment process was ongoing and was strengthened over time.

It took extremely supportive leadership from the top down to mitigate against this support degradation and recruitment, as will be discussed subsequently in Tiffany’s case of ongoing support. Assaulted by a senior officer while on board a Navy ship, Tiffany received strong support from her chain of command up to and including Marine Corps generals. However, her own supportive leadership’s ability to protect and advocate for her where it counted—in ensuring her rights to safety and communication throughout the investigation and justice process—was constrained by the fact that the investigation and justice process was controlled by the Navy, which had formed ranks to protect their own high-ranking servicemember.\(^{124}\) It is to this process of forming ranks that we now turn.

**Negative-Destructive Leadership and “Forming Ranks” in the Aftermath of Critical Incidents**

As support degraded, leadership response took on an increasingly and directly negative character for all but one victim. In some cases, the conditions described above escalated and accelerated the degradation of support such that a more overtly destructive process took hold: forming ranks. As noted earlier, **forming ranks** refers to an escalating process whereby one or more leaders targeted and retaliated against survivors in the aftermath of a critical incident, with the ultimate goal or effect of destroying their careers and exiting them from the military setting. Forming ranks included acts traditionally defined as retaliation or reprisal, such as ostracism or increased disciplinary paperwork, as well as acts that fell outside those definitions but that

\(^{124}\) Tiffany’s case was repeatedly delayed and beyond the influence of her own command, who were outranked and out-policied by the offender’s chain and service protocols.
clearly involved intent to harm or control victims, such as exerting coercive control over victims. Importantly, in contrast to traditional DoD definitions of retaliation for MSA reporting, such acts were not always directly related to MSA reports themselves, but were part of their expanding ripple effects.

Forming ranks manifested on a continuum ranging from more general omissive responses and isolated negative behaviors to more sustained and direct acts of aggression. As time passed, support degraded, or upper-level leaders were recruited into the process, more passive attempts to ignore survivors’ complaints began to shift toward more direct acts of aggression. When upper-level leadership were not aware of or involved in forming ranks, negative-destructive leaders were largely limited to what they could do under the radar—their behaviors tended toward acts of omission and disregard for victims’ needs, rather than outright aggression and retaliation against them. However, upper-level leadership involvement (i.e., by senior NCOs, unit COs and, installation COs) legitimized and thereby escalated the forming ranks process, leading to more direct acts of aggression and retaliation against survivors, including humiliation and disparagement of victims, direct threats, professional reprisals, and other efforts to silence the victim or limit the influence of her supports. Such directly abusive acts intensified when victims continued to seek help or redress despite leaders’ attempts to shut them down. Once forming ranks had taken hold, it was difficult to stop, impossible to reverse, and only interrupted by extra-military influence.

Pivotal to this process was the tacit legitimization provided by leader-bystanders. Especially initially, it was often only one or two negative-destructive leaders who actively sought to harm victims and to recruit other leaders into negative-destructive responses or forming ranks against them. However, these leaders’ active aggression was sustained by the passive approval or
enabling of other leaders who failed to intervene when they became aware of that aggression.

One focus group member, who had spoken with many survivors about the retaliation they experienced after reporting assault, noted that command could positively change the culture by intervening in retaliation, or they could allow it to continue and multiply by tolerating it:

Much of it has to do with holding people accountable for it, period. I mean, basically if there are repercussions for...that sort of bullying and harassment, and it’s taken seriously by command then it will...start to change the behavior. Because it does have an impact and not acting has a huge impact when the behaviors are tolerated.

Leaders are responsible for intervening when they are aware of power abuses and behavior that is not in line with service values. Those who chose to distance themselves from survivors’ plights and remained uninvolved were themselves incriminated as negative-destructive responses escalated or forming ranks ensued.

But leaders who did try to intervene often had little power to exert substantial change, or they came in “too late in the game.” As leadership changes occurred, unless commands were undivided in their supportive approach to survivors, positive-constructive leaders were eventually outnumbered or out-ranked by unsupportive or negative-destructive ones. These changes meant that supportive individual leaders had less support themselves and thus were limited in the support and protection they could offer survivors. For example, Belle had one positive-constructive female supervisor, to whom she disclosed the full story of her assaults and the retaliation she experienced from her leadership when forming ranks took hold. As Belle said,

[Leadership] were treating me like a piece of shit, except for my supervisor, who was a woman, who understood. And I told her, I was like, “This is what happened to me. This has been my career.” I told her everything from A to Z, and she was like, “Oh shit! Holy
shit!” … She was very supportive and on my side. She was like, “This is really fucked up, Belle.” … But her hands were tied.

Although this supervisor stood by Belle, supported her, and did what she could to protect her, she could only do so much after Belle’s higher-ranking leadership had already formed ranks against her. In other words, while supportive individual leaders could provide crucial emotional support in the context of escalating retaliation, the instrumental support and protection they could provide was limited by their own formal power, status, and concerns for career preservation. It is in this sense that supportive leaders themselves became bystanders and faced the dilemma faced by all supports or whistleblowers in negative-destructive command climates: speak up and potentially lose your career, or “shut up” and protect it.

**Negative-destructive behaviors and forming ranks.** Negative-destructive behaviors and forming ranks served multiple functions for negative-destructive leadership, such as attacking the survivor’s character and performance and protecting the leader-perpetrator from career harm. Taken together, these behaviors created the cumulative effect of discrediting and rendering the victim powerless, untrustworthy, and disposable in order to facilitate her exit from the military. Every survivor experienced at least one of these negative-destructive leadership behaviors from her own command or the perpetrator’s command. It is to survivors’ experiences of these direct acts of aggression that we now turn.

**Humiliation and blame.** Humiliation and maltreatment were common expressions of forming ranks. These behavioral expressions of contempt toward victims ranged from more implicit attempts to humiliate victims to overt and public humiliation and blame. One method of implicit humiliation was the use of resources and communications. One former Navy victim’s advocate and current pro bono lawyer for military survivors described during the focus group
how leadership used military protective orders (MPOs)—ostensibly designed to protect survivors from further threatening and abusive behaviors—in a humiliating and abusive fashion against survivors:

A survivor has the right to request a military protective order if they feel their safety is in jeopardy…. But what we’ve noticed, at least at the base that I was at and now the base that I most frequently visit, is that commanding officers will issue blanket military protective orders on both the abuser and—or the assaulter and the victim. So they will just say that they both need to have a military protective order restraining each other. So now you have a victim that is not allowed around their perpetrator, which doesn’t make sense. I mean, in the civilian world that would never happen. I would never go in and request a restraining order against somebody who sexually assaults me and the judge would say, “Well, just for good measure, let’s put one against you, too.”… There would be—there would be, you know, an uprising of civilian attorneys and people…and advocates that didn’t think that that was okay. But yet this is consistently happening in the military. And like I said, with the description of the CO [and unit] packing the court room [to support the accused], that’s a blatant sign of, “Hey, I’m siding with the abuser.” But these are more—these are less visible and they’re more, I would think, subconscious signs of just saying, “I don’t trust just you, victim. I am also putting restraints on you, just for fair measure. I don’t know who to believe”…. And that I think gives the—at least the impression that the victim is not fully and wholeheartedly supported by the command.

In Belle’s case, after she attempted suicide, her leadership sent out an email to her squadron indicating that they had “almost lost an Airman” and telling unit members not to talk or spread rumors. Of course, her squadron could put two-and-two together and figure out that Belle, who
had been missing duty, was the identified party, such that command’s injunctions against rumors rang hollow. Belle further noted how as retaliation increased when she returned from inpatient treatment, she began to be called for random drug tests—another implicit sign of her leadership’s suspicion of and attempts to humiliate her:

That was another thing. Like, they have, like, these random drug tests, and I never got flagged for, like, the first 2-1/2 to 3 years. But ever since I got out of [inpatient treatment], it was like every month, it was like, randomized testing! Like, randomized pee tests! And, luckily I was just on Zoloft and they didn’t give me anything for the anxiety or anything like that. But they were—yeah, they would “randomly select” me for drug tests!

Humiliation and blame took more overt forms as well. Linda was publically humiliated after her perpetrator, who was also her chief, found out she was pregnant and would have to be transferred to a shore facility. She was held at Parade Rest for an hour outside his door before he would see her. Linda said, “And everybody saw me. I mean, it was a total, humiliating, shame experience. And he basically called me in there by himself, and he yelled at me and screamed at me and told me he was going to get me out of the military, he doesn't want me in the military anymore.” Though an officer in her chain intervened when he heard the chief yelling at her, it was still very difficult. In Diana’s case, after she went outside of her chain to report her rapist directly to CID, her leadership tried to humiliate her by placing a junior over her: “They put a E7 over me, I had to report to him. I was like, ‘There is no way I'm going to report to a E7, I outrank you.’ So humiliating things.”

Tina was publically “smoked” after she advocated for what she needed to her platoon sergeant, who was also her UVA:
I was the armor position, so I had to work with him on our arms room. And there was a small incident, and he ended up smoking me, so he dropped me and made me do pushups and stuff, punishing me in front of all the higher-ups in the office for something that I know I was completely, like, not out of line for doing and asking him. But there were other people, you know, same race as him, who will talk back to him, who would badmouth him, who will completely disrespect him, and he’ll laugh with them and joke with them. But for me, I was standing there with my hand behind my back, like as a sign of respect to him. And I was speaking to him out of respect, but I asked him something—I guess I asked him to do his job. And he was upset with it, and he dropped me and made me do push-ups. And that was, I guess—he knew what I was going through, and he was one of the only people who knew what I was going through. And he decided to smoke me.

Survivors were also blamed for advocating for what they needed. In Diana’s case, her command became hostile toward her for thinking she “was above the law” and “us[ing] the system to get what [she] want[ed]” when what she was attempting to do was to be moved out from under her leader-perpetrator and toxic chain of command, all of whom had formed ranks against her. The effects of such humiliation and blame were expressed well by one focus group Navy survivor and advocate, who described how being “told directly from your chain of command etcetera that, you know, ‘you own this,’ and ‘this is your responsibility,’ ‘you caused this,’ ‘you’re the problem,’ ‘look what you’ve done to our unit,’ ‘you’re a disgrace’” is “going to stick with with you for a while” and “cause[s] a lot of long-lasting trauma.”

*Verbal abuse and labeling.* Negative-destructive leadership fueled narratives of defamation through employing verbally abusive labels to survivors. Many controlling images
(see Patricia Hill-Collins, 2000) exist in military culture, operating to both reinforce normative expectations and to informally sanction behavior or identity that deviates from those expectations. Following a critical incident—most often reporting sexual assault, but at times the functional impairment related to being assaulted—many victims were labeled with some variation or combination of images of the “duty ducker,” “broken servicemember,” “problem child,” “slut,” and “crazy” servicemember. Such labels positioned survivors as the problems and blamed them for avoiding duty or being “useless,” causing trouble for leadership by advocating for their needs, and experiencing trauma-related distress.

Deployment and fitness for duty profoundly organized military life, and when survivors suffered trauma-related distress that meant they were unable to deploy and/or would be medically retired, they were labeled as duty duckers or broken servicemembers. As Tina noted above, images of the “broken,” “useless,” or “shit-bag” servicemember were commonly employed to disparage servicemembers who were viewed as weak, troubled, or being unwilling to do their part to meet operational demands. Tina did not report after she was raped by her immediate supervisor, and was cast aside by her leadership when she developed serious “asthma” (anxiety) and could not deploy: “As soon as you’re not deployable, you’re considered a broken Soldier or completely useless to the unit. So I got pretty much like thrown to the side, like, ‘We don't care about you. You screwed us over.’” Diana’s leadership were interviewed for a Congressional inquiry into the serious retaliation she was experiencing for reporting her assault. Instead of documenting the reprisal and toxic climate she had faced, the resulting report absorbed and reinforced her negative-destructive leaders’ narrative: “The Congressional came back, saying that, basically in my mind, I wasn’t being—it just looked that way, you know? And they tried to make it look like I was doing things to avoid deployment.”
Survivors were also blamed for the trauma-related mental health issues they suffered as a result of having been assaulted (sometimes repeatedly or over a span of years), and this blame and the toxic environment in which they were trapped was conveniently rendered invisible in these accountings. Diana’s CO disparaged her mental health: “The company commander, he called me ‘crazy.’ He said I needed to go get mental help. My commander told me that…. I told him, I did have mental help, and my doctor said it’s not me, it’s the unit. It was them.” Belle was violently raped while deployed, became pregnant, and was forced to terminate the pregnancy when she returned stateside. She described how, suffering from serious PTSD after these experiences, her mental health became a site for abuse by command, who viewed her as “just another slut making excuses” to avoid work and a “dumb child”: “Because I was, like, the bad child. I was the dumb child. Because I couldn't control—because I was mentally distraught and couldn't think. And they were like, ‘Oh, you’re just stupid, and you’re just a fuck-up.’ They were very ignorant that way.” Such labels were also applied to survivors who advocated for their safety needs. After Cindy reported the first time, she was moved out from her squadron but still subject to her leader-perpetrator’s control. She described how she was labelled as a “problem child”: “Moving you makes you look like you’re the problem child. And that unfortunately—that’s the image that they gave me. That was my image. I was a problem child.”

Such verbal abuse and labeling positioned survivors as problematic and fueled the narratives of defamation employed by negative-destructive leadership to recruit others into the forming ranks process. The controlling images evoked through such labels also organized negative-destructive leadership’s perspectives on victims’ emotional distress and evoked salient reactions for leadership who read their performance evaluations, as will be described below.
Minimizing mental health injuries and trauma and obstructing access to treatment.

Leadership minimized or disregarded survivors’ mental health injuries and the severity of sexual trauma. At times they accused survivors of malingering in order to duck duty or get medically retired. Leadership’s minimizing of or blaming survivors for trauma-related mental health issues compounded symptoms and caused new distress for survivors who were already struggling with intense PTSD and depression, as well as trust and safety issues following rape or assault. This disregard for the severity of sexual trauma-related mental health distress is particularly disconcerting, as the risk of suicide attempts is high for rape and assault survivors in general and exponentially increased for military women. All but one survivor considered suicide and four actually attempted to kill themselves while in the military.

Leadership blamed survivors for their mental health symptoms and saw them as character defects and “attitude problems.” This was particularly the case for survivors who expressed their distress through anger. While anger and irritability can be symptomatic of PTSD, survivors’ anger was often provoked by leadership’s own disrespect toward them or disregard for their safety. Cindy and Belle mentioned anger specifically in relation to the relational provocations they experienced, and feeling trapped, controlled, and abused by leadership. Cindy became increasingly isolated and angry as her leadership covered up her leader-perpetrators’ sexual crimes, kept her in their control, and aggressively turned against her for reporting.

125 Such minimization may reflect a cultural disability bias that positions combat trauma—and specifically combat trauma involving loss of limbs—as the only “real” or “valid” trauma in the military context. Such minimization neglects voluminous population-based research demonstrating that, in fact, sexual trauma like rape is the single traumatic experience most likely to lead to PTSD (Breslau et al., 1998; Himmelfarb et al., 2006; Kessler et al., 1995). Belle described how common such destructive leadership responses to common post-traumatic responses can be in the military: “Even this other girl who, she was a survivor, she was having health issues too. And we kind of bonded over the same issues. It’s like, she couldn’t pass her PT test. She had troubles adjusting and getting out of bed in the morning and having, like, depression, medication issues—like all of it. And it affects your work, it affects your performance in the military. And it’s like they don’t let up. They don't give you a break. And it’s like, ‘Oh my god! Like, stop!’”

126 Belle, Cindy, Jane, and Linda attempted during service; Tiffany, Meena, and Diana considered suicide. Tina neither considered nor attempted. Suicide attempts will be discussed next chapter.

127 Anger is also commonly expressed by—and can be a life-sustaining, meaningful, or adaptive response for—survivors of complex trauma (Herman, 1997).
I was just *angry*, too. And it showed a lot, *especially* if one of the [perpetrators] would try to give me an order. I would be like, “No! I’m not doing it. Like after what you just did to me in the hallway, no, don't talk to me.” But then of course I would get in trouble for disrespect to an NCO. And it’s like, “Are you guys serious?!”

Belle also experienced intense PTSD, for which she did not receive adequate treatment until two years after her rape. Belle had become increasingly angry as she asked for help but leadership minimized her distress, invalidated her needs, or blamed her for her “poor attitude” while continuing to harass her. She spoke directly to how such provocation reinforced her own anger and hostility toward them:

I was supposed to deploy *again* [overseas], and they were considering not sending me *again*, because of certain behavior—because of my behavior, my “poor attitude.” And I was like, “My poor attitude? You mean my PTSD, you ignorant shit?” I was—I wasn't nice to them about it. I was like, “Fuck you.” I was like, “You’re ignorant, and you’re stupid.”

When Belle was later solicited for nude photos by her UVA and became upset that her leadership failed to effectively punish him, they blamed her for having “attitude problems” and “disciplinary issues”:

They put me in an office where I just did nothing all day. I did *nothing* all day. And I was like, “Okay.” And they were like, “We need to watch you. Your behavior is horrible, so we need to watch you.” It was very—they talked down to me a lot. They were like, “You’re inappropriate. You’re doing this wrong.” I was like, “No!” That’s when I got mad. I was like, “Fuck you.”… And at this point, I’m not sleeping for five days straight. And I *tried* to tell them that. I’d be like, “Look, I’m not okay. I’m not okay. I’m mentally
checked out.” And they were like—they wouldn’t acknowledge the fact that I was mentally not—like, degrading, and it affected my job performance. And they were like, “Well, your disciplinary—you have disciplinary issues. You have attitude.” It was disgusting.

Mental health and medication issues also became fuel for professional retaliation in the form of negative performance reviews and administrative punishments, as will be described below. Moreover, leadership also retaliated against survivors with trauma-related distress in more insidious ways, by obstructing access to and interfering with the integrity, safety, and effectiveness of mental health treatment, as will be discussed next chapter.

**Duplicity and “mind games.”** Some leaders acted duplicitously and played “mind games” with survivors or their supports. These deceptive psychological tactics functioned to confuse survivors, force them to question their perceptions, and to place them in “catch-22” situations. Such tactics have been termed “gaslighting,” “emotional abuse,” and “psychological abuse,” and they are at their root an attempt to destabilize and control targets’ perceptions, and to define reality on perpetrators’ terms. Linda described these ploys well when she described her leadership’s attempts to encourage her to think of herself as incapable: “I mean it was kind of like that idea they're going to make you look crazy, and you're going to feel crazy, and then you're going to leave because you are crazy…. You kind of take on that role.”

Leadership duplicity manifested most commonly as lying or making empty promises: promising one thing to survivors’ faces and doing another behind the scenes. Belle’s commander promised her a no contact order against her UVA after he wanted nude photos of her. Belle found out later that her commander had lied to her; a no-contact order was never granted because her leadership felt it would interfere with this perpetrator’s authority as a superior in her chain of
command: “They were like, ‘It gets in his way, because since he has a position of power over you.’” Belle was moved from her unit, but the leader-perpetrator kept his job and was allowed to go to Advanced Leadership School. Multiple members of Diana’s leadership also made such empty promises to help her while ultimately protecting her leader-perpetrator. When Diana initially reported, she simply asked to be moved out from under her perpetrator’s power. Leadership repeatedly promised to grant her request, even going so far as to bring in another Soldier to make Diana believe she would be moved but ultimately keeping Diana in her unit, under her leader-perpetrator. Leadership also played off of each other; for example, her brigade sergeant major told her that he would make sure she was moved before he went on leave, and that her leader-perpetrator would be the one to facilitate the move, while her perpetrator told her that this brigade leader was not going to move her, because neither of them could “stand when a Soldier use[d] the system to get what they want[ed].” When she was finally moved, her leader-perpetrator met with all of the staff NCOs and presented Diana as a “disgruntled” Soldier without whom the unit would be better off:

He said some people were leaving the unit for the good of the unit…. There were a lot of disgruntled Soldiers in the unit and we were going back to war and the moves were for the best…. He was talking about me, dissing on me. He said [I] would be moving…. And he said no one needed to know why except for him, the battalion commander, brigade sergeant major, and the brigade commander.

But such duplicity was not limited to survivors; leadership also employed such deceitfulness with survivors’ supports. For instance, when Cindy’s leadership were trying to dishonorably discharge her, she had a series of meetings with her leadership, her on-site CVA [Civilian Victim’s Advocate], and her Area Defense Counsel [ADC], who joined over the phone.
Cindy described how her leadership assured her CVA that they were not proceeding with the discharge, while in reality they continued to pursue it:

Me and her would go into meetings, and, you know, she’s thinking, “Oh, that’s a positive meeting.” And I’m telling her, “No, it wasn't. They’re just saying that to your face, but this is what’s going to happen.” And [my ADC] was the same way, “Yeah, no, they’re still after her.” “No, I talked to the commander.” No. And then it wasn't until later, when she gets the email, like, “Yes, we’re still processing Airman Parker out for discharge” that she’s like, “Oh, okay.”

Diana also experienced severe psychological abuse in the form of “mind games” in which leadership triangulated situations and then positioned her as fabricating things or being herself the problem. Diana’s leader-perpetrator employed such tactics when he told her she was “running to the enemy” after she had gone to her commanding officer and requested to be moved from under her rapist:

He comes to me, and he says, "You know, you have these white folks looking at you like you're crazy." That's what he said to me. He said, “What do you think they're thinking about you?” So he turned it around, like I told [them about his assaultive behavior], but they're looking at me in a [negative] way. And I was like, "It's not me, it's you. It's you.” When she confronted her rapist about the retaliation she was experiencing because of him, he blamed her and told her, “I just sit back and watch and let people hang themselves.”

At another time, a female officer warned Diana to “watch her back” because the battalion commander “was out to get” Diana and “was going to get [her] in any way he found necessary” so that she would be separated from the military. When Diana told another leader and this female officer was confronted, the officer lied and said that Diana had made it up. Later, this same
female officer and other members of Diana’s chain of command were going through her medical records, trying to find ways to expedite her separation. Diana, repeatedly betrayed, finally exploded in rage: “I was so angry. At this time, I had become a person that I don't know. I was so angry, and I went to her, which, this is the one time they probably could've got me in trouble. Because I called her a ‘B,’ and I told her I would kill her.’” Diana described how her leaders’ actions were a way of “making [her] look crazy, sound crazy, drive [her] crazy. That's exactly what was going on!” Diana began to keep a journal in the midst of this psychological abuse to record what was happening and find some way to validate her experience and perception when it was under attack: “And this is how I show people I'm not making this stuff up. This stuff happened!... They were all making me seem like I was just—I was lying.”

Leadership also placed survivors in catch-22 situations. Following her expedited transfer, Meena found out that the Army was not proceeding with the case against her rapist, and leadership at Meena’s new office were unsympathetic to her distress and the serious side effects she was experiencing from her prescribed medications. Meena’s leadership told her to reduce or get off her medication but simultaneously prevented Meena from seeing her psychiatrist and then gave her paperwork for missing her scheduled sessions. Diana was placed in a similar situation shortly after reporting her rape to CID when she was given conflicting orders by her chain of command: told to appear for field exercises and then told to stay behind. She later got paperwork for not appearing.

**Obstruction.** More difficult to pinpoint, situations in which leadership sought to retaliate against or control survivors by intentionally obstructing their access to trainings or resources were nevertheless present.\(^{128}\) For example, Belle’s flight officer retaliated against her for missing...
a deployment by repeatedly obstructing her ability to take a final flight, such that she had to miss her flight home for Christmas. After Tiffany filed an unrestricted report against the Navy officer who had raped her, Tiffany requested a military protective order (MPO). Her rapist and his subordinates knew where she lived and had intimidated and threatened her while she was on the ship. However, her rapist’s commander obstructed her reasonable right to safety by refusing her: “As soon as I reported this unrestricted, I told my lieutenant, I was like, ‘I want a military protective order. With me saying this, I want an MPO right now. I need you to produce it.’ That got denied, because the offender’s commander denied it.” The leader-perpetrator’s commander continued to refuse this order even when high-level Marine Corps leadership became involved fighting to get their Marine the protection she needed:

My acting CO [on base] reached out to the Captain, and that Captain literally said that “no more paperwork was necessary on this, and that we didn't want to make it look like he was guilty.” So at that point, I wrote that Captain a letter, sent him a blank MPO form and a pen, and asked him to basically, “Here you go. You don't want to waste your paper, but here's a blank copy for you.”

Tiffany ultimately had to go outside of the Navy to get a civilian state protective order against her leader-perpetrator.129

Not letting victims move. Negative-destructive command also used the power available to them to exert coercive control over victims. One such key tactic involved not allowing victims to move, so that they remained under the leader-perpetrators’ and negative-destructive leadership’s control. This act of coercive control meant that leadership who sought to harm victims maintained access to and power over their lives and careers. Such acts also protected leader-

129 This naval officer’s refusal to grant Tiffany an MPO is particularly interesting given the humiliating use of MPOs by Navy leadership described by the former Navy CVA, above.
perpetrators and negative-destructive command by covering up previous wrongdoings and limiting survivors’ ability to seek recourse without the threat of repercussion.

When Cindy first reported, her female CO had attempted to protect Cindy’s leader-perpetrator by moving Cindy out of her squadron but keeping her under his control so that he still had power over her evaluations. As Cindy continued to seek recourse against this and two other leader-perpetrators’ ongoing abuses, her leadership began to more aggressively retaliate and build a paper trail against her. She was desperate to transfer from her base:

I used to call my dad all the time, “Do you have some old connections in the military? Can you get me some orders like get me out of here?” Because every time I would try to apply for orders, I got denied!... They would deny me requests. I volunteered for deployments. I volunteered for a postal position. I’m not even postal, but I would go learn that career field just to get out. I tried all of that.... They denied me.

Such coercive control continued when Cindy’s commander was finally forced to conduct an official investigation into her complaints of harassment, assault, and reprisal. This commander refused to let Cindy move from her unit even as relationships with unit members deteriorated:

Things just got real nasty between me and my squadron. And I was still in my squadron.

That was the problem, too. My commander fought [my lawyer] to not let me move. He did not want me to leave the squadron, because if I leave, I’m no longer in his control! He did not want me to leave. Like, they fought!

Likewise, Diana experienced such coercive control from the time she first reported her leader-perpetrator’s escalating harassment,^{130} and it continued after she reported her rape. When

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^{130} Diana had already attempted to be moved prior to her rape as well: “And even before, you know, the assault happened, after I had gone to the EO and I saw this is not going—I tried to—you could call your branch, which is the people who are over you, your career, to move. I tried to call and get moved. I was like, ‘I have to move, I have to PCS outta here.’ And when I called, this is another thing that I knew he had control of me, they told me the only way—[the perpetrator] would have to be the one to approve my move. It was already noted that I was essential to the mission, the unit. And I was like, ‘Are you kidding me?’ So the
Diana first filed a restricted report after her sergeant major raped her, her Family Advocacy Program counselor told Diana’s leadership that she needed to be moved to a new unit before her leader-perpetrator returned in order to ensure her safety. Diana’s leadership promised she would be moved, but they never followed through: “They kept saying, ‘She’s going to be moved. She’s going to be moved.’ I never. I never got moved…. So he came back, and [the assaults] just continued. It continued on.” Soon after, Diana went to her personnel officer, who had known about her leader-perpetrator’s behavior and failed to document it. She again asked to be moved:

I told him myself, I was like, “I really need to leave. I really need to move from the unit.”

And I told him what had happened, and I was like, “I’m trying to handle this at the lowest level, I just need to move. I just need to, you know, just get me out.” … So from what I was being told, I was going to be moved from under him. But it didn’t happen. I was still working under him…. I didn’t move.

When her leader-perpetrator assaulted her again, she went straight to her new battalion commander and again asked to be moved for her safety. This CO acknowledged that other female Soldiers had also complained about Diana’s perpetrator, and that he was going to “handle it.” But as Diana said, “And that’s when I thought, you know, things are going to happen. But it didn’t happen. Things became horrific from that point on.” Diana was kept in her unit, under her perpetrator’s control, and this CO and her superior NCOs escalated their retaliation. When Diana converted her report to unrestricted with CID due to the reprisals she was experiencing, she was kept in her unit, under her negative-destructive leadership’s control.

When Diana was finally moved, her subordinates were still underneath her negative-destructive leadership’s control, meaning that her own evaluations were as well: “Finally when I

only way they could talk to me or do anything, he had to approve it. He had to be the one to move me, because the code had been put on me where I couldn’t move from that unit.”
did move, I moved to the brigade. And he and the—they were still over the Soldiers. So I was not directly in the unit, but I was still under their authority. I was still under him.” Describing what it felt like to try to survive in this kind of environment, Diana said, “I was trapped. [Crying softly.] I felt like imprisoned. I felt like I was confined, my life was taken away from me, like I had nowhere to turn.”

**Threats to career and safety.** Leadership at times used their power to threaten survivors’ careers or safety and thereby to intimidate, silence, or control them. In the military’s hierarchical power structure, such threats posed significant risk, as higher-ranking leaders had the power to follow through. As mentioned above, when Jane first reported her assault, a top-level commander threatened to punish her training team and to have her discharged for misconduct. Diana also received multiple threats. In one instance, she was called into her commander’s office to receive a negative counseling, and when she inquired whether the paperwork was related to her report against her leader-perpetrator, her commander told her “not to get an attitude because he could make [her] life difficult.” Linda, in contrast, had never filed an official report, but she had spoken confidentially to a chaplain while she was at sea about her assaults. Shortly after the company pulled back to port, a visiting chief who was friends with her leader-perpetrator was waiting for her when she came in to work and told her they were going for a “walk.” Linda recalled, “On the ship, we have all these catwalks on the side of the ship. And he walked me out to the catwalks and basically told me that it's a small community, everything that I say gets put around, and one thing I need to learn when I'm on the ship is I need to keep my mouth shut.” Later, when Linda was facing difficulties as a newly single parent and was prevented from going to sea due to potentially life-threatening medical issues, her chain of command blamed her for not being able to handle what was happening and threatened to push her out of the Navy: “They
basically told me, ‘If you want out of the Navy, we'll get you out… We don't need you. You need us.’ So it was a threat.”

**Demeaning tasks, extra duty, triggering duties.** Survivors were also assigned extra duty, triggering duties, or demeaning tasks as a form of retaliation and reminding them who was in control. Cindy was assigned extra duty after her commander was finally forced to initiate an investigation into the sexual violence leadership had covered up and the retaliation she was experiencing at their hands. In addition to the paperwork she was receiving and the stress of the investigation process, Cindy was forced to work 12-hour shifts for 45 days straight. Tina was also assigned extra duty following her refusal to attend a “single Soldier” weekend retreat, which her leadership had ordered her to attend after her rape report. Tina told them, “You’re putting me in a situation where guys are amped up, like, ‘We’re going to go meet girls at this retreat!’ Why would you do that to me? … Do you not realize the situation you’re putting me in?’” They didn't even care.” She was ordered to attend by multiple people up her chain of command until she threatened to call her commanding officer. Her NCOs retracted their demands but placed her on extra duty that weekend.

Diana, Tina, and Belle were also assigned triggering or degrading duties following their reports. When Diana’s leader-perpetrator was finally forced to honorably retire with full benefits from the Army, her leadership made her personally responsible for taking care of his paperwork and “out-processing” him in the personnel office:

They knew this man had sexually harassed me, assaulted me, and they actually made, pretty much forced me to see him leave…. I should not have had to deal with his paperwork and call for his appointments to get him, you know? I just shouldn’t have been in his dealings at all. So that’s why said it was just another slap in my face, like, "We
don’t care what happened, who you told… We’re still in control of things. And you’re going to do what we say." That’s how I looked at that.

Like Diana, Tina’s leadership further demonstrated their control over her and disregard for her safety when they assigned her to “defect duty” as a dining facility greeter after her leader-perpetrator had returned to base. Terrified of seeing her rapist, she begged her platoon sergeant, who was also her UVA, to give her toilet scrubbing duty instead. She told him, “I’m not ducking duty, like put me on something worse. I really don't care, just don't put me in that situation.” But her platoon sergeant told her, “You’re a Soldier. Do what you’re told.” Belle was also assigned demeaning duties following a suicide attempt: she was placed in the “Mission Enhancement site,” a temporary holding-work environment where servicemembers were sent when they got into trouble with the law and were not allowed to return to their squadrons. Her command intended this as a humiliating disciplinary measure, but Belle actually enjoyed being away from her squadron, even if her days were spent picking up pine cones and garbage.

**Developing a “paper trail.”** Policies, regulations, and disciplinary measures are essential to organize and maintain a functioning military. Policies and regulations provide rules that aid in decision making and disposition related to troops’ problematic behaviors or misconduct. Leadership also have access to a range of disciplinary tools, such as Letters of Admonition (LOAs) Letters of Counseling (LOCs), Letters of Reprimand (LORs), and even nonjudicial punishments (NJPs/Article 15s), which provide appropriate administrative and non-judicial sanctions for such behaviors. Certainly, there are times when disciplinary measures are necessary and appropriate. However, such tools are sometimes used to serve a larger, retaliatory agenda of reprisal and punishment of those who challenge the military system and are viewed as attacking or jeopardizing its norms, its, functioning, or its cherished members. Leadership, who know
policies and regulations intimately and have the power to use them, are able to "maneuver through" regulations and instructions and write vague counselings, reprimands, and even non-judicial punishments to make them look as if the servicemember victim is to blame. Such regulations can be used to destroy victims' credibility through the creation of a “paper trail” that justifies their separations from the military. Such professional retaliation was experienced by Belle, Cindy, Diana, and Meena, and it manifested in various ways.

There was a clear temporal association between survivors’ help-seeking or reporting experiences and the professional retaliation they received afterward. In both Cindy and Diana’s cases, their continued attempts to report their assailants and get help for the retaliation they were experiencing were met with reprisals from command. Both women had exemplary service records prior to reporting their leader-perpetrators to leadership. Cindy illustrated the clear temporal connection between her help-seeking and retaliation by leadership:

The reprisal, the harassment, they all coincided together. Every time I was moved because I complained about somebody saying something to me inappropriately or touching me, that’s reprisal and that’s harassment! When my stripe got taken away, that was harassment and reprisal! When my security clearance got taken away, harassment and reprisal. It’s all the same…. Every time I reported, I got paperwork. It’s so blatant. Like, it’s laid out, a blind man could see it. That's how ridiculous it was.

Diana described a similarly obvious connection between her reporting and the paperwork she received. For example, on the day Diana finally filed a report directly with CID after her leadership’s repeated refusals to help her, she received six letters of counseling: “Six! Six…. I received a total of six bad counselings in one day. I had never, in my entire career, gotten a bad report or counseling for being a bad NCO or Soldier, anything.” This report-reprisal dynamic is
consistent with findings from the *MIJES* (Namrow et al., 2017; Namrow et al., 2016) that showed that for a significant proportion of victims who experienced retaliation, things continued to get worse for them after they sought help to deal with it. Such a report-reprisal dynamic reinforces coercive control and victim silencing.

Leadership also used every opportunity to write survivors up. For example, when Meena arrived at her new base after her expedited transfer, the investigation against her rapist was still ongoing and she was experiencing serious PTSD, depression, and suicidality. She was prescribed multiple medications that helped her numb her distress enough to get through the day, but, like most survivors, she experienced serious fatigue and drowsiness that interfered with her punctuality and alertness while at work. Her psychiatrist provided a note for her, but her new leadership ignored it and instead interpreted such medication-induced difficulties as character defects and disciplinary issues and used them as opportunities to retaliate against her:

I’m on all these medications—antidepressants, antianxiety, something for nightmares, something to help me sleep…. I was getting in trouble, because I was coming to work two hours late, because I’m on all these medications, and I’m sleeping through my alarm, I’m sleeping through my supervisor's phone calls asking me where I’m at…. Like, anything and everything that I could get in trouble for, I’m getting in trouble for. And I’m getting LORs and LOCs, LOAs [Letters of Admonishment]; I’m getting Article 15s; I got demoted. This is literally in the course of two months.

Meena attempted to talk with her supervisor about her rape and mental health needs, telling her, “I know I’m not functioning very well with [this medication], but I feel like if I wasn’t on this medication to completely numb everything I was feeling, I would’ve killed myself.” As noted above, her leadership nevertheless pressured her to reduce her medication dosages or to go off of
them, and when Meena could not get an appointment with her psychiatrist immediately, her supervisor told her to take herself off of them. Soon after, her command began interfering with her ability to attend sessions and punishing her for not keeping her appointments:

Then I’m getting in trouble for no-shows, because I’m not going to my therapy appointments. So I’m getting the paperwork for that now! And it’s just one thing after the other after the other. And looking back on it, that’s why I feel like I got to that base, and I was singled out. They were bound and determined to kick me out.

As Meena’s example illustrates, leadership intent on retaliating against a survivor who reported or resentful for being sent a “broken” servicemember readily found ways to facilitate those survivors’ exits from the military.

Belle also described how negative-destructive leadership “maneuvered through” regulations to punish her and make her appear like a problem child:

The retaliation pretty much was very subtle. They were very passive-aggressive, subtle. And they do it in ways where they’re protected by all the AFIs [Air Force Instructions] and classifications…. I even went to ADC with this too, and they’re like, “Our hands were tied, because they maneuver their way through the AFIs, and it’s legal.”… Even with retaliation, they came out with the law, and I was talking to the SVC about this. I was like—I’m like, “Look at all these LORs. Look at this. Look at this. Look at all this. And like, this is clearly retaliation. But can I—do I have a case?” And she’s like, “No. Because like, they snake their way through the AFIs, and they say like, ‘Well, no, she’s actually being a horrible person.’ And then they’re like, ‘Okay, well then it’s not retaliation.”’

131 Cindy also discussed how easy it was for negative-destructive command to navigate regulations and paint survivors as having “always” been a problem, but that their problematic behaviors were simply never documented previously.
Along these lines, Cindy and Diana described how the content of disciplinary paperwork was often petty or vague, allowing the actual circumstances forming the basis of the administrative punishments to be obscured. Cindy described how she was given paperwork for “disrespect to an NCO”—for not saying hi to her leader-perpetrator:

I got paperwork for that, for disrespect to an NCO. He put in there, one of the guys that was harassing me, because I didn't smile and say hello to him. He said, “Good morning Airman” and smiled at me and winked at me. And I didn’t say anything. I looked at him, and I got up and walked away. And I got paperwork for that…. I didn't say anything to the man! Nothing! But I got paperwork for that. Disrespect, because I’m not going to say hi to you, after yesterday, you were probably grabbing my breasts or groping me or saying something disgusting to me. But now you’re upset. That was my life.

Diana had kept all of her career performance reviews over the 20 years she had served. Looking through a binder with her evaluation reports from her last 5 years at her second duty station, she started to list off the LOCs, LORs, negative performance evaluations she received after she filed her unrestricted report:

These are my papers, too, from everything that happened. My NCOER [Non-Commissioned Officer Evaluation Report] that never [went through]…. These are my counselings that I received, back-to-back. I got one, “Failure to comply.” I don’t know. Every little thing. I was like, “Really?” [Begins reading LOC]: “Sergeant First Class Marshall, you are being counseled for not having your profile with you.” You know how petty that is? I’m an E7. “I asked to see your profile, and you didn’t have it.” These are the type of counselings I was receiving…. And I wrote back, “No, I didn’t have my profile on me. The company was given my profile three times already. They should have
known my limitations.” So I was just as hostile, I had become…. And this is just some of the—just one of the many negative counselings that I had started receiving.

Leadership also gave inaccurate or abusive performance evaluations as methods of punishing survivors. Diana said, “And it was time for me to get, receive my NCOER. That was bad. That’s my evaluation. That was—had bad marks on it. [Laughing.] They would do everything to make it—they were trying to build this like I was a bad NCO. And they were building a record.” Belle also described how she received poor performance reports and compared her situation to a friend who got a DUI and was supported:

I have a friend who got a DUI, and they were even like—they were so supported, [my leadership were] like, “It’s okay. Life goes on, it’s all right. You made a mistake. It’s okay, you’ll get through this.” I never had that said to me! And he got a DUI. He broke a federal law. He got a DUI. And, like, every year, my performance reports were 4 or lower, and he got a 4, and he was pissed about it.

At times, survivors’ clearances were never processed for promotion purposes or were revoked, at times in retaliatory fashion. Diana was due to get her security clearance, which was required for her to do her job and to rank up. She said, “Somehow mine never got processed; it was lost. And I was up for master sergeant, E8, the next rank. And you had to have certain things. I didn’t. That didn’t get processed.” When Jane was diagnosed with PTSD and temporarily non-deployable, her top secret security clearance was revoked, and she was forced to medically retire:

Since I was in the military intelligence unit, I wasn't allowed to go do my job anymore. I was considered non-deployable, and they looked at my clearance, they relieved my
clearance, too. So I felt like I did something wrong…. because I was considered non-deployable, I was forced out of the military.

Negative-destructive leadership also revoked clearances under dubious circumstances. In Cindy’s case, her commander was deceitful and vague about the contributing issues leading to the revocation of her clearance and the NJP she received. Cindy went to lunch but left her office open, as was standard procedure for short breaks in her logistics unit. At that point, she said,

My Captain claims that he walked into my section, I wasn't there, and I left a classified part just laying out in the open. [Laughing.] I knew that was bullshit, because I had the logs to prove it. No classified parts had came. And we can’t even store classified parts in that office. Yeah, just made it up…. He made it up, made up this story. Yes, I was gone, that is true. And then when he got ahold of my supervisor, my supervisor was like, “Well, Sir, she has to take lunch.” He said, “I’m pretty sure that’s what she’s doing. She’s probably taking lunch or she’s out getting a part.” So then the Captain goes, “Oh. Well, she didn't secure the building.” So they get me for a security violation. But where they messed up, they tried to quote a regulation. My job did not fall under that regulation. I printed it out, I highlighted the jobs that fell under there, and do you know, [on this specific date], I’ll never forget, I got called into my commander's office. And they were giving me an Article 15 for dereliction of duty and a security violation. They stripped me of my security clearance.

In Belle’s case, in the midst of intense PTSD and after she had attempted suicide, her leadership took her aside and threatened to send her to jail unless she signed disciplinary paperwork. This paperwork, which Belle signed under duress, provided her leadership grounds for revoking her security clearance:
They put in a SIF [Security Information File\textsuperscript{132}], which is like to suspend my security clearance and revoke it…. They wanted to do it for disciplinary reasons, and they would say, like, I “acted suspiciously” or I was “disappearing from work all the time.” It was around the time that I attempted suicide too, and it was like, “Are you nuts? Are you kidding me?”… So they suspended my security clearance…. They were trying to paint me as a terrorist. [Sighs and laughs.] I was like, “Are you kidding me?” And I went to this [leader], and I was like, “So I’m horrifically raped and retaliated against for three years, and I’m now a terrorist?” I was like, “I’m sorry, but you have rapists in the squadron who still have their security clearance. And you protect them.”

Two survivors were even demoted. In Cindy’s case, after making staff sergeant on her first attempt, her leadership demoted her for an off-base incident that had nothing to do with her work:

No trouble had came to me. I didn't miss any time at work. Nothing…. They took my rank away, told me [the incident] was very unbecoming of an NCO. My argument was, “So when he touched me and masturbated on me, that was very becoming of an NCO? Because he is an NCO.” I got in trouble for disrespect to a senior NCO [laughing]…. Because I was making a valid point! But they called that disrespectful.

Meena was also demoted prior to being forced out of the military.

\textit{Separation from the military.} Leadership’s use of the professional retaliation described above functioned to create a “paper trail” that provided “evidence” to legitimize and facilitate the separation of survivors from the military. Survivors’ separation experiences will be discussed in more detail in the following chapter.

\textsuperscript{132} A SIF is usually created only when there is reason to doubt a service person’s trustworthiness, such as having received Article 15 or court-martial; the servicemember’s secret or top-secret clearance is revoked.
Summary. In the discussion above, we have seen how support degrades over time as more negative-destructive processes take root against survivors following their MSA reports or other critical incidents. We have explored how negative-destructive leadership becomes involved in recruiting and perpetuating what in the absence of effective intervention can become a process of forming ranks that has destructive effects for survivors’ health, safety, relationships, and careers, as well as positive-constructive leaders’ ability to intervention on victims’ behalves. Over time, negative-destructive leadership’s more covert acts of aggression devolved into more active, overt attempts to control and silence victims and to weaken their resolve to fight back. These negative-destructive leadership behaviors ranged from intentional maltreatment of victims, such as humiliation, verbal abuse, and disregard for mental health injuries, to more intentional psychological abuse and obstruction, to outright reprisal in the form of professional retaliation, including forced separation from the military. Such acts of direct aggression and retaliation increased in intensity when victims continued to seek help or redress despite leadership’s own repeated failures to act. While not every survivor experienced all of these negative-destructive leadership behaviors and the severity of those actions varied, every survivor experienced at least one. The destructive effects of even one of these actions should not be minimized.

In light of such support degradation and destructive leadership behaviors, understanding the qualities of positive and ongoing involvement of positive-constructive leadership in the aftermath of victims’ reports and the conditions that help to sustain that support is critical. It is to the one case of enduring support that we now turn, in order to understand its manifestations, sustaining conditions, and limitations.
Enduring Support in the Aftermath of Critical Incidents

In Tiffany’s case, support remained enduring over time and despite socioenvironmental changes. Here, strongly unified and survivor-supportive command climates and constructive involvement of senior leadership throughout the reporting process and its aftermath served to maintain positive leadership support for Tiffany and protect against the development of negative-destructive behaviors and the forming ranks process. The initial support Tiffany received in the form of encouragement, intervention and advocacy, and understanding and accommodating of mental health injuries continued in the aftermath of her report and after she received an expedited transfer to another duty station. Below, we explore how leadership’s investment in her case (i.e., by both new and upper-level leadership), support in and encouragement to use recourse systems, motivation during a difficult investigation and justice process, and understanding of her “PTSD explosion” helped Tiffany feel her leadership “had her back” and to navigate the reporting process and the unique challenges of a cross-service assault case. We also discuss the constraints faced by her leadership in trying to give her the protection she needed.

Investment in survivor’s case. Tiffany’s case was characterized by strong investment by all levels of leadership, both prior to and following her expedited transfer. In contrast to degrading support that occurred with leadership transitions described above, new leadership at both of Tiffany’s bases took an interest in her unrestricted report and committed to helping her when she discussed it with them. For example, a new CO had come in while Tiffany was home with her family after her report, requiring Tiffany to acquaint him with her case. Since it was difficult to talk about, Tiffany let him read her sworn NCIS statement: “I didn't have to let anybody read that stuff, you know. But I was like, I can’t tell you, so I'm going to let you read it.” Tiffany’s transparency about her report enabled her new CO to understand her situation and
commit to helping her: “When he read it, he was just like, everyone was just like, “Holy shit! …
We are going to do everything we can. We are going to get him.” When Tiffany transferred to
her second base for safety reasons, leadership were initially confused about who she was and
why she was sent there, since she was already being medically retired. But instead of resenting
being sent a med-boarding Marine, her new master sergeant took her aside to ask what was going
on:

Thank God he was from [my home town] at one point, too, so he was like, behind closed
doors, he’s like, “You know, what's up?” And I told him. Because I'd been transparent
this whole time, you know, there's no secrets. And I think that's the issue with sexual
assault is that people are so—they're trying to be so cautious. It's like, if you just talk
about it, talk about it, it won't be so weird.

This master sergeant took a strong interest in her case and encouraged other leadership to do so
as well, including top-tier leadership. Marine Corps colonels and generals became invested in the
case, with one general actually flying in to meet with her directly and find solutions to the unique
issues her case presented. Importantly, Tiffany’s letting them into what had happened enabled
them to respond helpfully and to provide emotional and instrumental support.

**Supporting use of resources and additional recourse options.** Tiffany’s leadership at
both bases also directly encouraged her use of resources and provided important instrumental
support in addressing unique issues that arose in her cross-service case. A central tension in
Tiffany’s case was that the offender’s service branch controlled the investigation and justice
process. (Although this structural justice system issue will be discussed in more detail next
chapter, this issue is important to understanding the instrumental support Tiffany received.)

When the offender’s CO denied Tiffany an MPO that would have protected her from her rapist,
leadership at both bases fought to get her the protection she needed and encouraged her use of recourse systems when they ultimately could not do so. Through this process, Tiffany used a system called Request Mast to enlist her superiors’ help in answering questions related to her case and the obstruction she was experiencing from her rapist’s commander.  

Through the Request Mast process, Tiffany and her leadership became aware of critical divergences between Navy and Marine Corps policy. With unilateral control of the process, the offender’s chain of command was further empowered by divergent Navy and Marine Corps policies. While naval commanders were given the option of providing safety protections to survivors, Marine Corps policy was clear and not subject to “emotions”:

Because Marines are used to things just [clapping]—here's the manual that says this is going to be done. And now we’re dealing with a completely different beast, because the Navy doesn't seem to have orders, they just have recommendations. So it's just—it's messed up…. The way that the Marine Corps policy was written was that you know, like, step one, you do these MPOs and stuff. And then the Navy’s order, their instruction was like, you know, you have the option to do this, like you have—there’s emotions in the Naval orders, and there’s no emotions in the Marines’ orders. Because it’s not—the Navy leaves it up to the commander to make a decision, and the Marine Corps tells you, “This is what you’re going to do.” And that’s the way it should be.

133 An official right available to every Marine, Request Mast provides a formal means of presenting and addressing complaints directly with one’s commanding officer. When issues are not solved by requesting mast to one’s own CO, Marines can progressively request mast to the next-higher-ranking person in their chain of command, up to and including their commanding general. As Tiffany explained, “If you’re mistreated or you don't agree with something, you always have the ability to request mast to whoever the next person in your chain of command is…. You go to every commanding officer before that person to see if they can fix it.” In Tiffany’s case, the person denying her an MPO was a Captain, so she had to find a CO with enough rank to directly confront the perpetrator’s officer and get answers to her questions. Tiffany’s immediate COs understood this and supported her use of the system: “I was open the whole time, and I was like, ‘Here's exactly what my issue is. You can read it.’ And I basically told them, ‘It’s not that I don't have faith in you, Sir, it's the fact that I need to get above this Captain. And the only way to get above this Captain is to go to a General.’ So then it's like, they understood that, and they weren’t going to fight it.” As Tiffany used this formal system of addressing complaints, more COs became aware of her situation and became actively involved in trying to remedy it, from lieutenant colonels to generals. (For more information, see [http://www.hqmc.marines.mil/igmc/Units/Inspections-Division/Request-Mast-Guide/](http://www.hqmc.marines.mil/igmc/Units/Inspections-Division/Request-Mast-Guide/))
Tiffany’s leadership directly encouraged her active approach to problem-solving and were themselves actively involved in the process of figuring out how to solve the policy issues she raised. Tiffany described one such meeting at her second base, where her commanding general took the helm.

Everyone was so angry about the fact that they couldn't do anything. And we had generals that couldn't do anything, and they are just like, “How is this happening? How is this possible?” So that general got…a Marine Captain VLC from [location] involved, got an Inspector General involved, and we all just sat down and like, “What do we do? What's the next step?”

This kind of concerted effort and investment of time and energy from all levels of leadership was a large part of why Tiffany’s case was so different from other survivors’ cases.

When leadership’s interventions with the Navy were unsuccessful due to policy obstacles, Tiffany’s leadership also suggested further recourse options and followed up with Tiffany about using them. Where other survivors had to seek out such resources on their own or with legal counsel or were even blamed for “using the system to get what they wanted,” Tiffany’s leadership encouraged and helped her use these resources themselves:

I have all these Marines telling me that they can't do anything, because the Navy is what the issue is. But they're also telling me, “There are other avenues.” They’re like, “Just keep fighting.” And then I had my master guns [master sergeant equivalent], I sat down with him, and he was like, “When are you going to do an IG complaint?” And I was just like, this is insane! Because I was a corporal, and I'd already done a request mast to a

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134 Tiffany’s leadership were angry that their ability to protect their Marine was neutralized, which was important validation for Tiffany as well.
general, and now I’m being told to do an Inspector General’s complaint over the entire Navy and Marine Corps Department of Defense!

Leadership’s direct encouragement to use available systems of recourse and having her back in their responses to those complaints helped Tiffany to feel supported despite obstacles from the Navy. However, as will be discussed next chapter, those systems are only effective insofar as leadership who respond to survivors’ complaints are in fact supportive, instead of motivated to occlude, as occurred in other survivors’ cases.135

Motivation and encouragement throughout difficult investigation and justice process. Tiffany’s leadership at both bases also provided critical motivation and encouragement throughout a protracted investigation and justice process that helped her stay in the process. When she became discouraged, her leadership—from her NCOs to commanding officers to Marine Corps generals—reminded her that they had her back and encouraged her to keep going:

But I think the main thing that got me going with this whole thing is that, one of the best things that Marines do is, there’s a policy, and then there’s that behind-closed-doors-conversation where someone basically tells you, “I have your back, do this.” Like every time I wanted to quit, I basically got that. It would be like, “Hey, get in here, we’re going

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135 Tiffany’s leadership and Marine Corps resource systems also responded appropriately when she filed such complaints. Following clear protocol and policy, they allowed the system to function as it should. As Tiffany said, “My support from the Marine Corps was on point…. The Marine Corps had my back the entire time. In all of the policies, I mean—the request mast, I never got crap for that, the IG complaints. I never got reprisal from doing things by the book…. Everything I did by the book was treated as such. I mean my request masts were answered correctly, the IG complaints from the Marine Corps were answered correctly. You know like, it’s just—if you’re doing it by the book, you’re going to get the results. But you have to be able to trust your chain of command, and I’m sure that for some people who, if their chain of command is the issue, that would be damn-near impossible.” Contrast this with Diana, whose chain of command was indeed the issue. Diana did things by the book, followed the lowest-level chain-of-command reporting system, and suffered intense reprisal, and the Army recourse systems that failed to function appropriately due to negative-destructive leadership influence: “They want things to be handled at the lowest level, you can if you let the system work and you do what you’re supposed to do. Because there are a lot of them that still believes in working at the lowest level. I tried it, because that’s what was embedded into my head: ‘Handle things at the lowest level! Handle things at the lowest level!’ You know? And that’s where you’re trusting the system to work for you…. [And it would work] if there were good people and those that weren’t afraid to lose their own careers…. Because it’s just not about me the victim, you have the guy that’s in the position as the EO, the IG, whatever, they’re trying to protect their jobs! You know, they’re not strong enough to fight, especially if you’re fighting the crew like I had! No.” See next chapter for further discussion of community resource and recourse systems.
to talk about this.” And they would be like, “You’re going to keep fucking going.” They’re like, “You’re not going to quit. We’re not going to let you quit.” … And I mean, that came from everyone. So it was kind of just like—did they technically say that? No. But it was like—cause you know when you say that you want to quit, you know, “Here’s the paperwork [to do it].” But basically I got the paperwork, and then I got the “here it is, but don’t do it.” … I’m like, “I’m walking into a brick wall, and you’re telling me not to stop!” … That was the whole Marine Corps thing. Everyone is sitting there, like, “Don’t stop. This is going to suck right now, but come out and try again.”

Tiffany’s leadership believed in her and in her case and reminded her of why she started the fight in the first place—to protect others. This powerful leadership support was a primary reason she stayed committed to a justice process that has taken over four years and is still not complete.

**Understanding and accommodation of mental health injuries and exacerbations.** Importantly, Tiffany’s leadership were compassionate toward and understanding of the PTSD Tiffany experienced as a result of the rape, which was exacerbated by the frustrations and protracted nature of the investigation and justice process. In addition to the posttraumatic injuries Tiffany had suffered as a result of her leader-perpetrator’s actions, Tiffany felt powerless that the case was controlled by the offender’s command and betrayed and angry that the Marine Corps she loved was unable to protect her. Tiffany described her leadership’s understanding response to the “PTSD explosion” that ensued after she lost her weapons clearance and felt even more unsafe:

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136 As one focus group member and POD staff member said, “[The Investigation and justice process] often triggers PTSD symptoms, and can lead to a negative spiral if the command responds by retaliating and disciplining them, rather than understanding what they’re going through…. [It is important for] commanders to be accommodating of survivors in the aftermath of an attack and during criminal justice proceedings, rather than taking a strict disciplinarian approach. The latter can be just so traumatic, and commanders have enough discretion that they can be supportive of a survivor so that they can recover and serve.” Tiffany’s leadership did this.
There is that point where you just self-destruct, and I did that on the wrong people. I mean I—I basically told a lieutenant colonel, a colonel, and two sergeants major how things were going to go. My filter was gone. I don’t know. I was completely disrespectful, but everything that was coming out of my mouth was right, it was the truth. And they never—I mean they never yelled at me, they never—basically, it’s like they heard what I was saying, and they knew that they were just as helpless as I was. Because it was—it's all in the hands of the Navy at that point. And it was like, shit. And if you can't protect your Marine, then it kind of makes the whole foundation fall through.

Moreover, Tiffany experienced serious side effects from the medications she was prescribed, which leadership understood and accommodated: “I was on so many medications that like, sometimes I just couldn't get out of bed in the morning. And I had the ability to text my staff sergeant and be like, ‘Look, I can't even stand up right now, because I can't see anything.’” Importantly, while this support helped Tiffany feel others had her back and provided a foundation for recovery, competing issues—work pressures, delay to meaningful treatment, and retraumatization as a result of the investigation process—reduced the effects such an important foundation could have had on her recovery.

**Constraints to protection.** Tiffany’s case highlights an important difference between support and protection: while positive-constructive leadership may readily and willingly provide the former, the military’s unique power structures may constrain their ability to provide the latter. Tiffany felt supported by her own leadership, but her leadership ultimately could not protect her from her high status perpetrator or negative-destructive leadership in his service branch due to policy beyond their control. This inability of even top-level leadership to protect
their own represented a fundamental betrayal of the values that were so central to Tiffany’s experience and pride in the USMC:

I think that was a huge blow for them and a lesson learned for everybody on my base, it's like, you protect each other. Well, it turns out, when it happens by a Sailor, that they can't even protect you. They can’t do a damn thing for you. So I think we all learned a huge lesson there. … How can you respect an organization…that can't protect you? There was just no explanation for why the Marine Corps can't do more, aside from the fact that these policies are written that the offender's commander has the authority of the whole thing. Which makes no freaking sense.

Equally though differentially critical to survivors’ wellbeing and recovery, both support and protection must be available to survivors who take the substantial risk to report MSA.

**Conditions contributing to enduring support.** Tiffany’s case offers some insight into aspects of the military social ecology that enable such enduring leadership support. In the first place, her assailant was from another service, which minimized the splitting and taking sides that can occur following intra-unit or intra-service reports. This structure also meant that the investigation and justice process was handled by the Navy, which gave her leadership the independence necessary to support her and respond vociferously to the Navy without the immediate threat of unlawful command influence. At the same time, this structure created other issues as Navy leadership attempted to obstruct the process. Ironically, these attempts may have actually *increased* leadership’s investment in Tiffany’s case and thereby encouraged the development of a “positive” version of leaders forming ranks against a common enemy who sought to harm one of their own. Moreover, leadership was also empowered by straightforward policy and protocol for responding to reports and providing for Tiffany’s care. This kind of clear
guidance left no room for interpretation, which further facilitated her leadership’s integrity and commitment to her case.

Second, there appears to have been an important reciprocity between Tiffany’s forthright sharing of the circumstances of her assaults and her leadership’s receptivity to those disclosures. In other words, her transparency may have helped to facilitate healing and supportive responses, while leaders who respond supportively are more likely to be those who are trustworthy enough to facilitate such full disclosures. Positive past experiences with Marine Corps leadership may have carried over to positive expectations of new leadership, enabling Tiffany to trust new command enough to fully share what was happening, and new command created an atmosphere where this was welcome. This reciprocity may have been further strengthened by Tiffany’s identification of a problem to be solved (she needed an MPO) and active attempts to find solutions, which enlisted or “recruited” her leadership into her reporting experiences in ways that may be neither feasible nor typical for other survivors. As Tiffany herself noted, if a survivor could not trust her chain of command or that command itself was the problem, such courageous transparency and active help-seeking would be impossible—and, as we saw in Cindy and Diana’s cases, would bring considerable reprisal.

Third, as mentioned above, Tiffany’s social location mattered. As a straight White female Marine who embodied Marine Corps values and had proven herself during her extended deployments, Tiffany was well-respected and valued by her leadership. Moreover, the independence between her own leadership and the perpetrator allowed Tiffany’s social location to matter on its own terms, rather than being compared to and possibly trumped by her perpetrator’s value, as could occur in cases with less independence. Tiffany had also experienced a penetrative, non-drug facilitated assault that more clearly met “real rape” standards as well;
survivors who experienced such rape scenarios tend to receive more support than the majority of survivors whose assaults do not conform to those stereotypical scenarios.

**Summary.** All of the above leadership behaviors contributed to Tiffany’s knowledge that her leadership “had her back”—that they cared about her as a person and were invested in her welfare and safety as their subordinate, despite the difficulties they encountered in fully protecting her. The net effect of this leadership support can be glimpsed in Tiffany’s separation experiences. Although Tiffany was distressed when her weapons clearance was revoked for PTSD and she recognized she needed to medically retire, she said that she would return to the USMC if she could when the case against her rapist had come to a close: “I loved the Marine Corps…. If they can put me back in the Marine Corps after it, I'm in.”

**Summary of Leadership Responses to Critical Incidents and Their Aftermath**

Through the foregoing discussion, we have seen that there is a continuum of leadership responses to critical incidents, ranging from positive-constructive, to neutral-status quo, to negative-destructive. We have outlined how survivors’ unique entry points into that continuum of supportiveness and leadership responses at those three main entry points were influenced by the degree of separation between leadership and leader-perpetrators, the character of the command climate, the nature of the assaults, and victims’ respective social locations.

We have also discussed how in the absence of oversight and constructive upper-level command involvement, initial support provided by leadership tended to degrade over time and with changes to the military environment, leading to increased risk for negative-destructive processes, like forming ranks, to take root. We have seen how negative-destructive leadership formed ranks against the survivor, often to protect a fellow leader who had abused his power to sexually assault a subordinate. We have explored how negative-destructive leadership also
recruited other leaders into this process through the use of narratives of defamation that occluded the original injury and persons involved and instead construed victims as responsible for the harms they sustained and the ongoing abuses they suffered. Adding further insult to these injuries, we have seen how survivors were effectively abandoned by other leaders who withdrew from and failed to intervene in these processes or by leaders whose attempts to protect victims were neutralized when they were themselves beholden to commands who had formed ranks against victims. We have also examined the tactics employed by negative-destructive leaders to silence, intimidate, and harm victims, ranging from acts of omission, such as failing to initiate an investigation or to intervene in problematic behaviors, to acts of commission, such as direct humiliation and threats, lying and mind games, professional retaliation, and motivated separation of the victim from the military.

At the same time, we have seen how positive-constructive leadership could continue to provide support to victims throughout the difficult reporting process and despite the challenges and conditions noted above by facilitating positive command climates, top-down leadership investment in survivors’ cases and well-being, and survivor encouragement throughout the reporting process. We have also glimpsed structural constraints to this support.

Taken together, these findings on the continuum of leadership supportiveness and the degradation of that support over time carry significant implications. It is to these implications that we now turn.

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137 Notably, such enduring positive-constructive leadership was not unique to the case described here; Diana, Cindy, and Linda each experienced this kind of support and trust in leadership prior to arriving to the toxic climates in which their assaults occurred (in Linda’s case, such leadership was reforming in the wake of sex scandals and due to increased oversight).
Discussion

Survivors’ post-assault and reporting experiences are profoundly impacted by the nature of ongoing leadership support in response to those events. A number of important findings emerge from survivors’ experiences with leadership. First, negative-destructive leadership represent a significantly damaging force, not simply to victims, but also to the wider military social ecology. Survivors’ experiences with such leadership indicate cause for great concern when those responsible for survivors’ safety, treatment, and careers themselves intend to harm or are indifferent to what happens to them. Second, findings also provide deeper understanding of the retaliatory processes engaged in by such leaders, their intent and escalating intensity, and the specific acts employed by those leaders, including the process of forming ranks and the central role of recruitment into that process. Third, findings demonstrate the significant role that mental health injuries related to sexual trauma play as critical incidents that can be a site for retaliation and harm. Lastly, findings also provide insight into how positive-constructive leadership may be sustained and how conditions leading to degradation of support may be modifiable and represent potential points of intervention.

Negative-Destructive Leadership is a Significantly Damaging Force

The above findings indicate that negative-destructive military leadership exists and is a significantly damaging force in the aftermath of survivors’ assaults and reporting experiences. Such leadership played a central role in initiating, participating in, or failing to stop the escalating retaliation against survivors that often occurred. Expanding upon previous research showing that negative leadership behaviors and norms increase risk for MSA (Murdoch et al., 2009; Sadler et al., 2003; Sadler et al., 2000; Sadler et al., 2017) and that toxic leaders reduce morale and weaken retention of soldiers (Reed, 2004; Reed & Olsen, 2010), this study’s findings
provide new information about how negative leadership can be similarly devastating for survivors who are assaulted by or report in unit climates that house negative leadership.\textsuperscript{138} Findings also demonstrate that negative-destructive leaders’ toxic influence spreads.

Survivors face enormous risks when they report in climates in which those in control of their safety, treatment, and careers are themselves intent on harming them or are indifferent to what happens to them. Findings indicate that the highest potential for both immediate and sustained harm occurs when leaders are perpetrators themselves or are friends with perpetrators, as these negative-destructive leaders may use their power to harm victims, influence other leaders’ attitudes toward them, cover up sexual crimes, and protect their own careers. Although leader-perpetrators consistently represent about half of perpetrators in the military (DMDC, 2013; Morral et al., 2015b; Sadler et al., 2003) and their leader-friends represent a significant source of social and professional retaliation as well as maltreatment for victims (Namrow et al., 2017; Namrow et al., 2016),\textsuperscript{139} they have received almost no sustained research attention. This study provides critical qualitative evidence demonstrating how these negative-destructive leaders abuse their power, attempt to silence victims, and work to turn others against them. Importantly, leader-perpetrators and their friends appear to thrive in and capitalize on the transience of the military environment to spread defamatory narratives about survivors. In contrast to military leadership values (e.g., Army, 2012), they use their power to abuse and destroy victims. Importantly, leaders who are perpetrators or friends with perpetrators perpetuate negative-destructive influence beyond their own command climates: the perpetrator’s crimes and his chain

\textsuperscript{138} Past research shows that the majority of military perpetrators are individuals in leadership positions and over half are in victims’ direct chains of command (DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Rock et al., 2011), such that leaders who perpetrate are incentivized to silence and turn against victims.

\textsuperscript{139} In the only formal survey of military survivors’ reporting and justice system experiences (Namrow et al., 2017; Namrow et al., 2016), 49\%-54\% of survivors who experienced professional retaliation from leadership indicated that the reason they experienced that retaliation was because those leaders were friends with the perpetrator (p. 89). Notably, this intention does \textit{not} constitute reprisal based on actionable legal definitions of retaliation (DoD, 2016b).
of command’s obstructive attempts create difficulty for other leaders who have worked hard to create positive climates of respect that also encourage reporting, as we saw in Tiffany’s case. One leader-perpetrator can create a toxic ripple effect across the military social ecology, and his effect is potentiated if he has support from other negative-destructive leaders.

But not all negative-destructive leaders were themselves perpetrators or friends with perpetrators. Importantly, some leaders became negative leaders after transitioning to new environments and uncritically accepting defamatory narratives that were passed on by others. This may be the case especially for survivors who suffer intense posttraumatic mental health injuries, whose external expressions of distress may act as confirmation of negative-destructive leadership’s narratives about them to leaders who are otherwise unfamiliar with survivors. This finding is critical, given the frequent rotation of leadership across facilities and the likelihood that survivors will interact with multiple leaders following their reports. Further, negative-destructive leaders were enabled by leader-bystanders, who witnessed but did not intervene in the escalating retaliation against survivors. As Kusy and Holloway wrote,

Despite the fact that organizational leaders may not intend to create an environment conducive to toxic personalities, their lack of attention and ignorance of the problem enables toxic behavior. Toxic personalities exist in organizations because people tolerate them, change to accommodate them, or protect them. (cited in Reed & Olsen, 2010, pp., p. 60)

Central to this process may have been upper-level leaders who were motivated to ignore or minimize problematic behavior on the part of leader-subordinates who were good at their jobs (Reed, 2004; Reed & Olsen, 2010). Given the power and responsibility that accrue to leaders with increasing rank, this tolerance for and accommodation negative-destructive leaders
represents significant failure with potentially wide-ranging repercussions. Although important bystander intervention trainings have deployed among troops, this finding suggests that increased oversight and trainings may be necessary for senior NCOs and officers as well.

But questions remain concerning the extent to which upper-echelon COs, who have the most power to stop negative-destructive behaviors, actually know about negative-destructive subordinates’ behaviors that occur under their watch. In other words, if high-ranking COs know about the behaviors, do they actually intervene? In their discussion of toxic leadership, Reed and Olsen (2010) suggested that “much toxic behavior in military units goes undetected or without organizational response” (p. 61). Negative-destructive leaders, especially those who are perpetrators or friends with perpetrators, are naturally incentivized to keep their behaviors hidden from those in charge of their careers (unless those individuals are themselves participating in the process of forming ranks against survivors). Authors studying toxic leadership have described toxic leaders’ use of a “kissing up, kicking down” style by which they maintain convincing deference to and respectful relationships with leaders above them while hurting and creating havoc for their subordinates (Reed, 2004; Reed & Olsen, 2010; Sutton, 2007). As Tina indicated above, it may be that those with the power to make decisions for survivors’ care are not informed about their situations. Understanding the involvement of upper-echelon COs in the process is an important area for future research.140

140 While command climate assessments may assist upper-level leaders in rooting out negative-destructive leaders, it is unclear to what extent these are given and what impact they actually make when networks of leaders have formed ranks against victims. Additionally, victims may be understandably reluctant to indicate issues on these assessments, as they may be used as fuel for retaliation against them. Moreover, as an individual victim’s assessment response only represents one perspective in the context of other unit members’ voices, even a negative assessment may be lost if other unit members favor the leaders who have turned against her. Another important question regarding the nature of this negative-destructive leadership is whether these leaders are themselves destructive, or whether their actions are in fact situational and thus modifiable if the situation changes. Certainly, leaders who sexually harass or assault their subordinates are toxic: they exhibit clear narcissism, destructive ambition, and use their power abusively (Reed, 2004; Reed & Olsen, 2010). But leadership who are friends with the perpetrator and leaders who do not intervene may be subject to relational or career cross-pressures that contribute to their faulty decision-making. This disposition versus situation tension warrants further study.
Forming Ranks Involved an Escalating Process of Retaliation Often Based on Affiliation with Perpetrators

Recent DoD-driven research indicates that between 27.5% to 29% of survivors who file any type of report experience professional retaliation by their leadership (DMDC, 2013; Morral et al., 2015b), with even higher rates of those who file unrestricted reports experiencing professional reprisal (44%) as well as ostracism and maltreatment from the leaders tasked with their well-being (Namrow et al., 2017; Namrow et al., 2016). Findings expand our understanding of the content, intent, and process of such retaliatory behavior by leadership. Findings thus deepen understanding of the range of retaliatory behaviors employed, but also why they are undertaken and how they may occur, increase over time, and cause cumulative harm to victims. In so doing, they call into question the sufficiency of current retaliation definitions.

Retaliatory acts. To understand and intervene in retaliation, a fuller understanding of what victims actually experience is necessary (DoD, 2016b). Findings provide deeper understanding of the use and content of the reprisals negative-destructive leadership may employ against survivors following critical incidents. When taken in response to someone who has made a protected communication (i.e., reported a crime), negative personnel actions or revocation of positive career opportunities may be considered reprisal, which is actionable by DoD Inspectors General (DoD, 2016b). In their 2016 Retaliation Prevention and Response Strategy (DoD, 2016b) DoD provides the following examples of reprisal:

Promotion interference; unwarranted disciplinary or other corrective action; punitive transfer or reassignment; unfavorable performance evaluation not supported by

141 Findings support and deepen past research on professional retaliation and maltreatment by providing insight into the content and use of those retaliatory actions. They also illuminate actions that have not been included in such definitions of retaliation but that nevertheless have detrimental effects on the survivor’s sense of self, health, and well-being, as well as her relationships and career.
performance; unfair decision on pay, benefits, awards, or training; non-indicated referral for mental health evaluation; and other significant downgrades in duties or responsibilities inconsistent with the military member’s grade. (p. 26)

Many of survivors’ experiences above are consistent with these definitions of reprisal, such as the increased disciplinary paperwork some survivors received following their reports or attempts to report. Survivors’ descriptions of the actual content of such disciplinary paperwork are illuminating. For example, survivors were written up for “disrespect to an NCO” (for not saying hello to one’s leader-perpetrator); counseled for not carrying a profile chit on one’s person (despite leadership’s being well acquainted with the survivor’s physical limitations), and demoted for “conduct becoming of an NCO” (for an off-base, off-hours incident, while the NCO who masturbated on and assaulted the survivor on duty went unpunished). These vague, often petty punishments demonstrate the ways in which the disciplinary latitude granted to leadership, as well as policy and regulations supporting those disciplinary measures, becomes weaponized in the hands of leaders who are intent on harming survivors. Equally disconcerting is one high-level CO’s fabrication of an incident supporting non-judicial punishment against a survivor he wanted removed from the military. These write-ups are themselves unethical uses of a system designed to constructively support servicemembers’ growth and enforce good order and discipline. In addition, these punishments for petty or non-existent issues stand in stark contrast to such leaders’ disregard for the criminal sexual misconduct of male leader-perpetrators.

As DoD (DoD, 2016b) acknowledges, retaliation may exceed what has been defined as such by law and policy, making it important to examine behaviors that do not qualify as reprisal but nevertheless have negative or destructive impacts on survivors’ safety, wellbeing, relationships and careers. For example, leaders who are intent on humiliating or obstructing
victims who made an MSA report may use MPOs against both perpetrators and victims or deny necessary protection to survivors. Such acts further harm victims in ways that are directly related to the report of sexual assault but do not meet narrow reprisal criteria. But findings also illuminate behaviors that DoD has called “cruelty, oppression, or maltreatment,” defined as “acts that occur without a valid military purpose, and may include physical or psychological force or threat or abusive or unjustified treatment that results in physical or mental harm” (DoD, 2016b, p. 26). Above, we saw many examples where leadership intentionally humiliated or degraded survivors through abusive language and actions, kept survivors under their control, or shamed them for accessing needed mental health treatment. Disconcertingly, we also saw how duplicity and mind games were employed to destabilize victims’ perceptions, damage trust, and reduce agency, while also rendering communications with critical supports ineffective. The coercive control that underlies such cruel, maltreating, and oppressive actions can cause significant psychological harm to victims (Herman, 1997; Libal & Parekh, 2009; Stark, 2013). When such acts occur over time and in an environment from which victims cannot easily leave, they have a cumulative, escalating destructive effect. Some authors suggest that victims who cannot remove themselves from situations of coercive control may develop enduring psychological symptoms akin to domestic violence victims, prisoners of war, and survivors of torture (Herman, 1997; Amnesty International, 1973; see also Van der Kolk et al., 2005).

**Relational intent behind retaliation.** In victims’ cases described above, leader-perpetrators were often high-status, highly valued, and/or friends with leaders in survivors’ chains of command. These relational affiliations between leader-perpetrators and other negative-destructive leaders represented a powerful motive for those leaders’ maltreatment of and reprisals against survivors who filed reports (or for threatening survivors who did not file, as in
Linda’s case). Survivors whose leader-perpetrators were in their direct chains of command experienced the most vociferous reprisal and maltreatment by leadership, who were angry with survivors for jeopardizing the careers of highly qualified leaders and who often did not believe victims. In other words, just as for the survivor-respondents in the 2015 and 2016 MJIES (Namrow et al., 2017; Namrow et al., 2016), about half of survivors were reprised against by their negative-destructive leaders because those leaders were friends with the high-status individuals who had assaulted them.

Survivors’ retaliation experiences challenge the adequacy of legal definitions of retaliation, especially as they pertain to leadership’s role in that process. For example, current reprisal laws require that to be meet legally actionable standards of criminal misconduct, the leader’s reprising behaviors must be connected to three specific intents related to survivors’ having made a protected communication (i.e., reporting a crime): 1) wanting to get back at survivors for causing a problem for them with the report, 2) being mad at them for filing a report, and/or 3) trying to discourage them from moving forward with the report (DoD, 2016b, 2017b; Namrow et al., 2017; Namrow et al., 2016). But findings suggest that defining reprisal as strictly attached to this limited standard of intent fails to address the full range of intentions behind leaders’ reprisals against survivors following their reports of MSA—most critically, the protection of their own leader-friends and preservation of those perpetrators’ careers. Of course, retaliatory intentions likely are multiply determined and co-occur, such that relational affiliations may already be implicit in established criteria for intent (e.g., in cases of intra-unit assault, leaders may be mad at victims for causing a problem for them by jeopardizing the career of a leader-friend and/or may be friends with leader-perpetrators and trying to discourage them from

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142 Of course, survivors had not actually done so; these leader-perpetrators themselves had jeopardized their own careers by engaging in criminal behavior.
moving forward with their report as a result). But DoD’s own data indicate that over one-third (16% of 44%) of those who file unrestricted reports experience reprisal that does not align with legally actionable definitions (Namrow et al., 2017). Far from a semantic problem, this gap means that the only recourse available to these abused survivors is their chain of command, whom data also suggest are most frequently the ones reprising against them as well as unlikely to take retaliation reports seriously (HRW, 2015; Morral et al., 2015a; Morral et al., 2015b; Namrow et al., 2017; Namrow et al., 2016). In light of DoD’s expressed commitment to addressing retaliation at all levels for the pervasive and tenacious crime that it is (DoD, 2016b), addressing this powerful intent at the leadership level is a critical endeavor. Senior NCOs and COs may need to be held accountable to higher standards for relational-based retaliation than their junior enlisted troops, as favoritism can jeopardize unit cohesion and has been associated with increased risk for MSA (DoD, 2004; Sadler et al., 2017). Even more, if those tasked with adjudication of sexual assault crimes are themselves subject to these relational biases, this creates significant constraints on their abilities to provide the appropriate accountability DoD has promised (DoD, 2017a, p. 5).

Process and intensity of retaliation. The above discussion furthers current understandings of not simply the content of retaliatory acts by leadership and the relational affiliations undergirding them, but also the process by which such acts takes place, including the central role played by inter-leadership communication. Leadership need to communicate with each other to ensure a well-functioning military and subordinate oversight, and it is assumed that such communications will be done with integrity and honesty. However, we have seen how such communication can be used to damage victims, and how narratives of defamation are a primary recruitment strategy employed by negative-destructive command. The transient nature of the
military environment may provide negative-destructive leaders with opportunities to recruit other leadership into such destructive false accounts of survivors’ characters and circumstances, and this process may ultimately be a career ender for survivors. As one survivor in a DoD focus group said, “It's not just what they can do to your career but it's also... [that] when I leave[,] the new command could call this command and it spreads. Then when I got to the next unit, the stories just continue” (Rock, Van Winkle, Namrow, & Hurley, 2014, p. 16). Such defamatory narratives play a serious but largely unexamined role in negative-destructive leadership’s ongoing retaliation against survivors who report MSA or otherwise threaten workplace norms, although they are highly consistent with the rumors and destructive use of communication qualitatively described by survivor-respondents in the MIJES (Namrow et al., 2017; Namrow et al., 2016). Such defamation of survivors’ characters also represents a serious form of reprisal that does not appear actionable through current recourse strategies and is an area for more investigation. Indeed, leader-perpetrators’ and their friends’ tactical use of such narratives to prime or bias other’s perspectives against survivors and their reports may lead others to disbelieve victims and join in retaliating against them. In the 2016 MIJES (Namrow et al., 2017), the majority of survivor-respondents indicated that the person(s) reprising against, ostracizing, or maltreating them did so because they did not believe them (63%; 68%; and 60% respectively; Namrow et al., 2017). Such defamatory narratives may also contribute to the pervasive and tenacious false belief that victims lie about being assaulted.

Survivors’ experiences also further our understanding of the increasing intensity of the retaliatory process, including the forming ranks that can take place. Findings suggest that as recruitment progresses, retaliation by negative-destructive leadership moves from acts of omission, such as failing to initiate investigations or to document criminal sexual misconduct, to
more direct aggressive acts of commission as victims continue to seek recourse for the retaliation they experience. This finding of worsening retaliation is consistent with the experiences of MSA victims assessed by the 2015 *MIJES* (Namrow et al., 2016), which found that 77% of survivors who experienced professional reprisal stated that “the situation continued or got worse for them.”

In the absence of high-level oversight or intervention, these acts can become a concerted, escalating, and destructive process of forming ranks, which can destroy survivors’ credibility, tarnish their careers, and thereby justify their exits from the military. Forming ranks always indicates a failure of leadership, oversight, and accountability.

**Mental Health Injuries Can Act as Critical Incidents**

Another central finding is that the critical incidents that became the catalysts for retaliatory responses were not limited to MSA reports. More often, they were an interaction between those reports (if they were made) and the mental health injuries sustained as a result of sexual trauma. While filing a report brought considerable sanction to many survivors, so did suffering mental health issues arising from the sexual trauma, and the two often operated in interactive fashion. Put differently, a core tension and point of retaliation is not simply the report itself, but also the trauma sustained as a result of the sexual assault. Understanding retaliation as solely connected to a report of a criminal offense (sexual assault)—as current retaliation laws do (DoD, 2016b; Namrow et al., 2017; Namrow et al., 2016)—dramatically oversimplifies victims’ larger post-assault and post-reporting experiences, which may include mental health-related retaliation.

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143 Notably, the 2015 *MIJES* only sampled women who *remained* in the military after reporting, whose experiences were likely better than those who either chose to leave or were forced to do so. In fact, Belle received this survey in the mail after she was medically separated. Her experience attempting to fill it out illuminates the voicelessness and invalidation commonly experienced by women who have survived MSA. The first question asked whether she was “currently a uniformed military member,” and she answered no. She was then directed to Question 105, which read, “Thank you for participating in the survey. Please return your survey with the provided envelope.”
Sexual trauma like rape carries the highest conditional risk for PTSD (Kessler et al., 1995), and recovery can be protracted in the best of circumstances. But findings suggest that leadership response to sexual trauma-related mental health injuries and functional impairment can too often be punitive rather than supportive of recovery. Some leaders may be intolerant of and resentment toward survivors’ mental health needs and respond with trauma-exacerbating disciplinary measures.\footnote{Duffy and Sperry (2012) offer an excellent description of this leadership approach to employee performance issues. Referencing Crawshaw’s (2007) work on “abrasive leaders,” they state that such leaders “view incompetence displayed by workers as the result of character flaws. Consequently, they are more likely to react to instances of incompetence with aggression and intimidation in the forms of overcontrol, threats, public humiliation, condescension, and over-reaction. Such abusive strategies ensure the manager’s dominance and continued survival. Not surprisingly, they are not empathic, and see no need to empathically understand why a worker is performing below standards, because the abusive manager follows a mental schema that explains workers’ incompetence as stemming from stupidity, laziness, or defiance” (p. 103). In survivors’ cases, the “incompetence” the authors describe could be better substituted with “trauma-related functional impairment,” but the above description could apply well.} Moreover, following survivor or leadership transitions, new leadership may view survivors as “broken” or “useless,” and this contempt may reinforce distress. Furthermore, survivors’ demeanors may also change after sexual trauma, which may predispose unfamiliar leaders to view them negatively. These findings shed light on the 2015 MIJES (Namrow et al., 2016) finding that for 19% of victims who received an expedited transfer, things worsened for them.\footnote{“Of respondents who received an expedited transfer, compared to the time before they were transferred, more than one-quarter indicated their career progression (29%) was worse than before. A little less than one-fifth indicated medical/mental health care (19%), treatment by leadership (18%), and social support (18%) were worse than before. Fifteen percent indicated treatment by peers and their living situation were worse than before” (Namrow et al., 2016, p. 129).} In addition, in cases where leaders had formed ranks against victims, mental health became a site for abuse, and functional impairment and personality changes were used as fuel to further harm and defame victims. Such disregard for or disciplinary approaches toward mental health distress are poorly considered and dangerous in the context of well-known suicide risk in this population (Kimerling, 2017; Monteith et al., 2016; Monteith et al., 2015; Rosellini et al., 2017).

Survivors’ punitive mental health experiences may not be limited to MSA survivors but may be reflective of wider military approaches to mental health. Research indicates that mental
health stigma pervades military culture and settings (Hoge et al., 2004; Holland et al., 2016). Servicemembers who experience or develop mental health issues like PTSD are more likely to be separated from service than those without, and recent investigations into mental health-related “bad paper” discharges indicate just how common this casting-aside of “useless” or “broken” servicemembers can be (Veterans Legal Clinic, 2016; DoDIG, 2016). Moreover, survivors of MSA are discharged with personality disorders or adjustment issues at disproportionate rates (DoDIG, 2016; HRW, 2016). Such separations and the punitive responses described above may be connected to intentional harm. They may also indicate inadequate understanding of trauma-related mental health issues or a more general misunderstanding of the importance of servicemembers’ mental health. Even when trauma is understood, there appears to be a “disability bias” toward physical injury and combat-related trauma and lack of understanding of the reality and severity of sexual violence.\footnote{In the RMWS (Morral et al., 2015a; Morral et al., 2015b), male servicemembers overwhelmingly and consistently underestimated the prevalence of and threats posed by gender discrimination and sexual harassment in their units in comparison to their female peers. Men who have not been themselves sexually harassed or victimized or known someone who has may be largely insulated from the severity of these forms of interpersonal violence.} Although DoD has deployed critical trainings educating servicemembers about the crime of sexual assault, the trauma arising from this crime may remain widely minimized and misunderstood in a culture that participants described as normatively sexualized and rape myth-endorsing. In such a culture, survivors of MSA may be doubly stigmatized—suffering from mental health issues that are caused by sexual trauma, whose impact remains misunderstood and minimized by leaders and peers alike. If they disrupt norms of loyalty by reporting a fellow servicemember, they may be triply stigmatized.

But additional processes may obtain when leaders form ranks against female victims who threaten cohesion and leadership solidarity. Women’s minority status(es)\footnote{Women of minority races and/or non-heterosexual orientations, or who have physical limitations, may be further suspect or degraded.} may already render
them suspect to some leaders in the male-dominated military. Already viewed as “other,” servicewomen may have less initial support or that support may be contingent on their following informal norms (e.g., accepting sexual harassment). When a critical incident like an MSA report occurs, unit leadership may take this as “confirmation” of preconceptions about women’s unsuitability to the military environment. Moreover, wider cultural minimization of the trauma of sexual assault and reflexive absorption of of the “lying, vindictive accuser” rape myth may also support vociferous responses against servicewomen. Thus the defamatory narratives and other negative-destructive tactics employed by negative-destructive leaders against survivors may operate as “gate-keeping” strategies—punishing women who disrupt military norms, including men’s unfettered access to their bodies, and facilitating their separation from the military (Katzenstein, 1998).

But such processes may be magnified further given survivors’ stimulus values as victims in a cultural context which prizes stoicism and invulnerability (Zurbriggen, 2008, 2010). If survivors express posttraumatic distress or mental health issues, as most do, they may be further stigmatized in the context of widespread mental health stigma and misunderstanding of trauma. In other words, it is not simply the report that impacts relationships and may lead to social distancing and retaliation, but also the complex, cumulative events following assault in general. Mental health may play a much larger role in the retaliatory process than is currently understood.

**Positive-Constructive Leadership Can Be Sustained**

Finally, findings also demonstrate that it is not enough for leaders to simply follow protocol in response to MSA reports. Rather, positive-constructive leaders continued to validate, encourage, and invest in survivors’ best interests, doing what they could to help their subordinate through a difficult reporting process. While military leaders do not have to be compassionate to
be effective, positive-constructive leaders almost universally were; they understood the distress their subordinate experienced and accommodated it. The kind of leadership described by Tiffany and the command climates they set have been labeled “force multipliers” (Bell & Sanger, 2013). Such leadership’s presence and influence exerts a positive impact on their subordinates, increasing the likelihood that these troops will remain in service and encourage others to join. In the context of an all-volunteer force, such force multipliers are essential and can serve as models for command climates that are in need of reform. Moreover, given the increased likelihood that servicemembers who experience gender discrimination, harassment, or sexual violence will choose to leave the military (if they are not forced out by negative-destructive command), such leadership force multipliers are increasingly necessary to retain well-qualified servicemembers.

Conditions leading to degradation of support may be modifiable and represent potential points of intervention, facilitating positive-constructive leadership support over time. For example, providing ongoing leadership support can be challenging based on the transience of the military environment and multiple competing mission priorities that may leave little room for survivors’ concerns. Absent guidance for responding to mental health distress experienced by victims of sexual assault, leaders may also feel uncertain as to how to best be supportive. The above examples are modifiable, dynamic conditions whose risk can be attenuated through preparation so that survivors are better facilitated throughout the ongoing reporting process rather than being lost to the system. For example, inadvertent negative ramifications of expedited transfers or unit changes can be minimized through a team-based approach that facilitates that transition through communication and follow up. Moreover, DoD-wide guidance for compassionate accommodation of mental health distress related to sexual trauma and common
medication side effects may be helpful for all survivors, whether or not they move from their units.

Upper-level leadership involvement in survivors’ cases from the outset of unrestricted reports also may help to mitigate against support degradation. Such constructive upper-echelon leadership may provide oversight and mobilize, motivate, and provide examples for subordinate leaders. Of course, the impact of such leadership involvement is contingent on the identity of leader-perpetrators; if perpetrators are in their own chain or on their base, upper-level command may feel bound by prohibitions against unlawful command influence. In such cases, leadership can be empowered with clear-cut policy and regulations that leave no room for interpretation or taking sides.
CHAPTER 5: LEADERSHIP IMPACT ON SURVIVORS’ EXPERIENCES IN THE WIDER MILITARY SOCIAL ECOLOGY

In the military, the social environment also includes military units, the installations and locations where units operate together, and the leadership that influences every level of the military social environment. Military leaders are the center of gravity in establishing healthy command climates. Leadership influence extends across every level of the military social environment.

—Department of Defense, Annual Report on Sexual Assault in the Military Fiscal Year 2015

The standards we hold leaders to and the nature of command leadership are inimitable to the military. Commanders and leaders are carefully selected for their job because of their demonstrated judgment and abilities. Leaders are entrusted with commensurate powers in relation to the level of responsibilities they shoulder. Sometimes it is difficult for those unfamiliar with or outside of the military to understand the scope of leaders’ responsibility and authority over their subordinates and how these interrelate to the decisions and actions taken to ensure readiness and mission accomplishment. At each level, leaders have the crucial responsibility to care for, train, equip, and manage the force under their control in order to accomplish the military mission. Because of this inordinate level of responsibility, every leader’s conduct must be exemplary.

—Department of Defense, Task Force Report on Care for Victims of Sexual Assault 2004

Introduction

As the center of gravity for MSA prevention and response, leaders at all levels have powerful effects on survivors’ experiences following MSA-related critical incidents (DoD, 2014a, 2014b). As we saw last chapter, military leaders directly impact victims through their initial responses to critical incidents and the level of ongoing support they provide to victims. But military leaders’ powerful influence extends beyond this direct impact on victims themselves to also shape victims’ experiences with other actors and processes in the wider military social ecology. Regardless of their location and identity vis-à-vis survivors, military leaders can play determinative though often indirect roles in the processes that unfold in the aftermath of critical incidents and can impact the functioning of response systems set up for victims’ post-assault support and protection and perpetrator accountability. Examining these more indirect effects on
survivors’ experiences within the larger military social ecology can help to identify areas for change.

In this chapter, we explore the impact of leaders on victims’ experiences at the relationships and military community levels of the military social ecology, focusing on four areas in which leaders’ influence was most apparent. First, we examine how leaders’ influence and conduct influences survivors’ military peers and may contribute to the development and escalation of social retaliation against survivors following critical incidents. Second, we investigate how negative-destructive leaders compromise the response system set up for survivors’ support and protection and wider military accountability. Third, we explore the influence negative-destructive leaders have on the investigation and justice process, survivors’ experiences in that process, and that process’ outcomes. Finally, we examine the impact leaders have on survivors’ separations from the military.

**Relationships: Military Peers and Social Retaliation**

The military’s strong values of unity and solidarity can have unintended consequences in toxic climates. When a Service member reports sexual assault or sexual harassment in such a climate, he or she may be seen as a potential threat to group unity. Thus, retaliation may ensue as a misguided way for some to protect the group…. Civilian research indicates that without preventive measures, increased misconduct reporting may actually give rise to an increase in the experience of retaliation for those who report. Prevention efforts must eliminate permissive environments in which retaliation may occur.

—Department of Defense, *Retaliation Prevention and Response Strategy*

Leaders at all levels and in all locations can powerfully influence subordinates’ behavior and by extension survivors’ relationships with military peers in the aftermath of critical incidents. Military culture and training encourages the formation of powerfully cohesive group identities built upon shared pride, experiences, values, goals, and related pressures to conform. Bonds forged from these cohesive identities confer acceptance and belonging on members of
those groups. These bonds can be powerful deterrents to sexual assault or catalysts for social retaliation against victims who report it (DoD, 2016b; Walsh et al., 2014). The directionality of this relationship depends in large part upon the leaders in charge of those groups. Leaders can modulate the risk of social retaliation in the units and installations they oversee by taking one of three approaches: They can prevent it and intervene when it occurs, fail to address and inadvertently amplify it, or encourage and even generate it.

Leaders can prevent or reduce social retaliation through the command climates they set and how they respond to problematic behavior. Positive-constructive leaders set clear expectations for appropriate conduct, know and care about their subordinates, and are vigilant for problematic individual behaviors and group dynamics. In the aftermath of MSA-related critical incidents, this investment and vigilance protect against retaliation and facilitate its early detection: although retaliation is less likely to take root, leaders are ready to intervene if it does. Swift and unequivocal sanction for retaliatory behavior contains this destructive social process, reinforces expectations, and deters further retaliatory behavior. As one focus group participant said:

With respect to the commanders…I do think that setting the climate makes a big difference in terms of what’s tolerated and what’s not tolerated, both in terms of retaliation, where if they see, you know, maltreatment of a victim, that they come down on it immediately. That can make a huge difference in terms of how people deal with the victim in general…. Much of it has to do with holding people accountable for it, period. I mean, basically if there are repercussions for, you know, that sort of bullying and harassment, and it’s taken seriously by command then it will—it will start to change the
behavior. Because it does have an impact [when they hold people accountable] and not acting has a huge impact when the behaviors are tolerated. (Human rights worker)

Through top-down deterrence of and immediate intervention in early retaliation, positive-constructive leaders protect survivors, preserve cohesion, and maintain force readiness.

In contrast, leaders who either fail to intervene in early indicators of social retaliation or themselves encourage it enable this destructive social process to take root. In such cases, female survivors who violate norms of stoicism, duty, or male loyalty by suffering trauma-related functional impairment or reporting their assailants become targets of social scrutiny and gossip that may quickly progress toward rumors, outright hostility, and exclusion from their units and the wider military community (see Namrow et al., 2017). For example, being unable to deploy in a culture that prizes stoicism and duty may bring social sanction by peers who are forced to carry an increased workload, with non-deployable females rumored to have gotten purposefully “knocked up” in order to avoid deploying.\(^{148}\) As Tina put it, “As soon as [you’re non-deployable], people turn on you or the stereotypes start coming up like, ‘Oh, she must be pregnant. That’s why she can't go.’” Likewise, survivors who violate norms of male loyalty by formally reporting their perpetrators are regularly assumed to be lying, subject to virulent rumors, and ostracized by peers who are warned off of associating with them for fear of having their own careers ruined. Jane said, “I would hear stories of women reporting, and how people would just call them liars, because they want to be vindictive, that was kind of like what people thought.” She noted that when military peers found out about a female survivor in their unit, they would caution each other, “‘Stay away from her, especially if you're a man, because she's going to ruin your career.’” That was kind of what the stigma was around women that reported that

\(^{148}\) They may also be resented by leaders who have to find someone to take their place.
stayed in the military…. People didn’t respect women like that.”

Without top-down intervention, social retaliation may continue and escalate over time, damaging victims’ credibility and belonging, workplace cohesion and readiness, and even case integrity.

**Failing to Intervene in Rumors or Perpetuating Them**

Leaders are responsible for the climates they set and the conduct of their subordinates, and it is their job to intervene in destructive communication that takes place. But some leaders who could have effectively prevented or intervened in rumors failed to do so, inadvertently strengthened, or themselves perpetuated such rumors. For example, Belle suffered serious post-traumatic stress injuries that prevented her from being able to deploy along with her unit following her perpetrator’s crimes and also having to terminate a rape-related pregnancy. Belle had reported the assault to her chain of command, although she had not disclosed the rape to many of her unit members. When her unit deployed without her, Belle learned from friends that she was the subject of degrading rumors:

> I had to miss a deployment, on top of all this…. My deployment flight left, so I was kind of by myself. So it was [exhales]—just hearing what—they were like, “Yeah, there’s a lot of rumors going along.” Everyone thought I was a piece of shit. They all thought I failed. They all thought I was a fuck up. They all thought I was dumb. So it was like tech school all over again. And they didn't really realize that I was mentally far gone. They didn’t really understand what I was going through.

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149 Even if unit peers do not feel resentful, survivors’ absences from units (e.g., to attend mental health sessions or SAPR meetings) or deviation from regular workday protocol (e.g., taking phone-calls from investigators or legal counsel) can generate questions and speculation that can quickly turn into rumors in the military environment, depending on the vigilance of leadership in that unit. Moreover, while intra-unit assault dramatically increases risk of social retaliation as perpetrators work to turn unit members against survivors and unit members feel forced to choose sides, these group dynamic processes also occur in cases with increased distance between perpetrator and survivor.
Despite being well-positioned to prevent and intervene in these rumors, Belle’s leaders failed to do so.

In Tina’s case, her leadership’s aggressive disengagement elsewhere began a chain effect that created fertile ground for rumors to take hold. Tina had trained hard to deploy and was fighting to do so despite being raped by her team leader. However, she had developed breathing difficulties following the rape and needed a waiver to be able to deploy with her unit, which required her leaders’ approval. Although Tina’s doctor set up the appointment with Tina and her chain of command, they failed to show up for it. Due to this failure, Tina was rated unfit for deployment, removed from her unit, and placed on rear detachment while her unit continued to ready to deploy. In addition to being blamed for letting down the unit by the very leaders whose approval would have enabled her to deploy, Tina’s removal from her unit contributed to rumors taking root:

I was removed from the unit. They were getting ready to deploy. You were put on the rear detachment, so you’re not really working with them anymore. I wasn't there to defend myself from any accusations. So it always happens, no matter who it is. As soon as they leave or as soon as they’re moved somewhere else, the rumors start going, the speculations start going, and it’s always negative. It’s never like—no one ever stands up for you, no matter how close of friends you are.

While Tina was labeled a “knocked up” duty ducker, her rapist remained in her original unit, where he was able to turn others against her when that unit deployed.\footnote{A major reason Tina initially remained silent about being raped by her team leader was because she had just witnessed—and participated in—her unit’s turning against a female unit member who had reported being sexually assaulted by a male unit member.}
At other times, leaders themselves contributed to rumors and peers’ social distancing by failing to use discretion in sharing case information. For example, Meena returned from two months of inpatient treatment to a new supervisor and a very different office dynamic. Her absence had itself contributed to office peers’ social distancing, and her isolation was only further compounded when she was removed from her workspace and placed in an office by herself. This removal furthered rumors and questions, to which her new male supervisor responded by freely sharing her report and circumstances with her coworkers:

They’re asking questions, they’re asking me questions, they’re asking my supervisor questions, and my supervisor was telling them what was going on. And so eventually, I had to go to him and tell him, you know, “I don’t feel comfortable with you telling everyone what I’m going through. And I don’t feel like I should have to say that. I feel like the only people that need to know should know. And my coworkers don't need to know. You can just tell them, ‘She’s doing other things now. We’re putting her in a different section. We’re training her on something new. They don't have to know why I’m not taking court cases anymore.” So that—coming back after being gone for two months was difficult. Because like I said, everything had changed. People had moved around. People had left. And so, that made me feel like an outsider.

Meena put in for an expedited transfer shortly after returning to her base because she believed that starting fresh in another location would be preferable to the changed unit climate at her first duty station.151

151 Maintaining privacy and using discretion is important for multiple reasons. As noted in Chapter 2, concerns about confidentiality and privacy are primary reasons survivors do not report (i.e., many survivors do not want others to know or more people to know, and many fear that their reports will not be kept confidential). Moreover, command discretion in sharing information is an important predictor of victims’ likelihood of recommending reporting to others (Namrow et al., 2017). While the close-knit nature of military life increases the likelihood that military peers may find out about unrestricted reports that are filed, leaders can use their authority to shut down invasive inquiries and use discretion in what they share in order to preserve victims’ privacy and to maintain the integrity of cases against perpetrators.
Some leaders—most often perpetrators themselves—actually generated virulent rumors, which quickly spread to survivors’ unit peers and the wider military community.\footnote{Moreover, protocol and policy following sexual assault reports may inadvertently facilitate the spread of rumors and thereby contribute to narratives of defamation and survivors’ communities turning against them. For example, as one focus group member noted, the Navy sends “Fit Reps” communications about situational awareness issues to the wider community, and they do so when both restricted and unrestricted reports are filed. This means that Sailors can easily identify female victims in units in which they are one of few women, especially if they are members of a visible minority. When the larger military community finds out about the reports, rumors spread.} Capitalizing on their own high status to encourage others to take their sides, leader-perpetrators portrayed victims as lying and unstable, making something out of nothing, and trying to destroy their lives. One of the most powerful movements occurring in perpetrators’ defamatory accounts was the aggressive, invalidating reversal of survivors from their real experiences as victims of those individuals’ actions to being positioned themselves as “accuser”-aggressors intent on destroying those perpetrators’ lives, families, or careers. This destructive shift encouraged even male servicemembers who did not personally know perpetrators to identify with them and turn against victims. This reversal also enabled female servicemembers who had also absorbed rape myths, identified with perpetrators’ wives, or minimized their own experiences of unwanted sexual contact to dis-identify with victims and thereby preserve their connection to male-dominated groups.

Leader-perpetrators’ accounts spread quickly and were endorsed by those in their immediate settings and beyond when victims were not present to defend themselves. Tina described how her rapist’s deploying with her unit while she was forced to stay behind on rear detachment facilitated their taking his side:

I wasn't there. So he's there, hanging out with them every day. Even if you don't like someone, you see them every day, you have a deeper relationship with someone that you work with constantly and see. And I also wasn't on the phone or online, like, telling
people what had happened…. I didn't talk about it. They were probably talking about it all the time. And they were probably talking about it in a way that was hurtful to me and making stuff up. And no one was there to defend me! No one knew what really happened…. And they knew him, even if they didn't like him, even if he was a dirty, slimy guy, he was there, and they knew him more. So they sided with him.

In Jane’s case, her intelligence agency was composed of individuals from multiple service branches and locations. Her perpetrator—a senior NCO (master sergeant) in the Air Force—was stationed in another country, enabling him to spread his defamatory narrative. This narrative was so successful and spread so quickly that when Jane was talking with another Soldier in her own unit, this Soldier shared a rumor with her about a victim who had lied about being raped—and he was talking about Jane. She said:

He said, "Yeah, this girl keeps accusing [Jane’s rapist] of raping her, and she's just ruined his life and his career and all these things." And I'm supposed to be discharged from the military because I was found incompetent to keep serving because I was diagnosed with PTSD…. So they're kicking me out, and he's talking about this person…whose life and whose reputation and whose career is ruined because she's making all these things up and how she's vindictive…. He was talking to me, and he didn't even know he was talking about me as the lady that was “being vindictive” and “ruining his career.” But that's what this whole agency knew.

As this Soldier was “also the outcast of the unit” and one of her only remaining friends following her report, Jane trusted him enough to confront him with the real story:

I told him the whole story. And I told him, “Do you see how it could be construed differently because he's telling the story from his perspective?” And he listened to me,
and he says, “Wow, I never thought about it that way. I had no idea that he could be construing the story in his favor to make himself seem better.” … He believed me, but he knew me better, and he served with me for several years in the unit. But he had no idea that the true story was from my perspective and not from [the perpetrator’s] perspective. Because that was the story that [the perpetrator] told to everybody. And this person barely even knew him. He probably like heard of him, maybe saw him once, and he knew the story, but from [the perpetrator’s] side.

Jane’s interaction with her fellow Soldier demonstrates how widely rumors spread—across countries—and how reflexively perpetrators’ narratives are accepted and perpetuated by servicemembers who may not even know the perpetrators or victims. Indeed, far from being a rare occurrence, similar circumstances were mentioned by a member of the focus group, who described how a recent Navy survivor “was talking to someone from another ship, and that person just brought up this rumor about this girl in [the survivor’s] unit who’d cried rape, and he was talking about her. So people will hear rumors about themselves, and then, you know, that’s how broadly these things get spread.”

It was impossible to reverse these narratives once they

153 Although Jane was able to intervene and correct the false information being spread about her to this single individual, opportunities to counter such defamatory narratives on a larger scale—or at all—are unavailable to most victims. Further constraining victims’ voices and abilities to communicate the truth and seek support were prohibitions against speaking about ongoing cases and potentially jeopardizing subjects’ rights to a fair justice process. Victims whose cases proceeded to courts-martial were warned that talking about the perpetrator could be cause for punishment and legal action (ironically, character defamation), and they respected these injunctions and did not talk about their cases to supports or unit members. However, as noted, leader-perpetrators freely spread their narratives of defamation and worked to turn others against survivors. As Jane said, “I was…told not to and almost threatened that I could get sued, because I would be defaming his character. But he did it, and nobody told him not to.” Tina echoed such thoughts: “The whole like ‘don’t talk about it’ thing is what kept me from talking about it to certain people who probably would’ve understood and been on my side. But I was like, ‘Okay, I’m told not to talk about it.’ But the people who aren’t supposed to be talking about are talking about it anyway…. [A gag order] hurts the victim more, because [the perpetrator and his friends are] going to talk about it. They’re going to talk about it, but it keeps the truth from being put out there. It’s just all bad. And it keeps getting cycled.” In the absence of corrective information in a context in which servicemembers may already be biased against servicewomen or survivors, perpetrators’ narratives are uncritically absorbed as truth. Just as undue command influence may operate to restrain positive-constructive leadership’s ability to advocate strongly on victims’ behalves, gag orders may operate similarly to privilege perpetrators’ narratives while silencing victims and cutting them off from potential supports.
had spread, making top-down prevention and immediate intervention critical leadership responsibilities.

Such destructive, weaponized communication carried serious consequences for the survivors, because it increased their peers’ social distance and decreased those peers’ willingness to act as witnesses in the cases against perpetrators. Jane’s rapist’s narrative successfully cut her off from support as male colleagues and the few women who were part of her unit disengaged from or turned against her. For example, one female Soldier in Jane’s unit knew both Jane and the perpetrator well. While on a mission with Jane, this woman disclosed that Jane’s perpetrator used to frequently slap her buttocks, but she minimized this as just guys being guys. The woman also compared Jane’s rape to her own experience getting drunk and sleeping with one of her classmates as a married woman, and she berated Jane for reporting. Jane said,

She acted like my situation was similar to hers and that she didn't report it because she was drunk and she had sex with him, so why should I? But my case was not the same, and I wasn't drunk having sex with somebody. But she turned against me…. She was accusing me and calling me names and saying that “I am ruining his life” and “his wife doesn't deserve it.”

This female unit member later testified at the court-martial for Jane’s rapist—on his behalf.

Isolating Survivors, Intimidating Supports, and Encouraging Ostracism

At other times, leaders directly interfered with survivors’ abilities to develop or maintain positive and supportive relationships with military peers. Some leader-perpetrators prevented survivors from developing supports by preying on women who were new to their units or purposefully isolating them prior to assaulting them. Diana and Linda’s leader-perpetrators used such tactics as they began their escalation trajectories, making these survivors ready targets for
narratives of defamation when they stepped forward and reported or manifested posttraumatic distress. For example, Diana was still adjusting to her new duty station when her perpetrator began to terrorize her. She had had no time to establish positive relationships, and her perpetrator isolated her further by punitively controlling others’ access to her, which prevented her from developing supportive relationships and doing her job as a senior NCO in charge of personnel:

It didn't even take long—over time, Soldiers had to come and and get our help for things in their career, their records. And, you know, I learned that certain ones, they were afraid to talk to me. They wouldn't talk to me, because if they’d talk to me or talk too long, even the other females, they would get in trouble…for talking to us or talking to me, like they were trying to have or form some type of relationship or whatever. Yeah. And they were being told “don't talk” or “get away from”—those things were happening. "Get away from my sergeant first class." Things like that…. "Don't talk." "We can't talk to you, because, you know." It was just—it was crazy!

Linda was similarly new to her ship when her duty section officer, her primary support on board, began to assault her. Linda had had little opportunity to bond with her fellow Sailors in her division, since she was working Temporary Additional Duty [TAD] and was often transitioning between work assignments. Referring to the male Sailors in her division, she said, “They were not my brothers yet.” Being the only female in her unit created further barriers to developing the kind of supports that might have provided some protection in the six months she spent at this duty station before she was discharged.154

154 Likewise, Cindy was brand-new to her unit and had not even begun working with her supervisors when they came on to her at a party and invited her to stay at their place. On the first day she worked with her first supervisor, he told her he wanted to have sex with her. Starting out her time at this duty station this way and being shut down when other leadership refused to protect her furthered Cindy’s withdrawal from the few supports she did have on base and from her family. As she said, “I didn’t want them to see me as weak. And that’s how I felt. I felt weak, I felt small…. It was just hard, especially after the first female I had went to let me down. I just kind of—I tried to do it on my own. I thought I could get past everything.”
When negative-destructive leaders formed ranks against victims, they created climates of intimidation and retaliation that deterred potential military supports from publically associating with survivors for fear of tarnishing their own reputations or careers. At times, these leaders actively encouraged subordinates to ostracize victims themselves. For example, Diana’s leadership tried to degrade her character and undermine her authority in front of her subordinates by singling out her platoons for more frequent inspections, instructing Diana’s troops to ignore her orders and those of her staff, and telling her Soldiers that she thought she was “above the law” and deserving of punitive response. Likewise, a member of Belle’s chain of command tried to recruit one of her friends into forming ranks against her by painting her as a “piece of shit” malingering:

All these higher-up leadership were treating me like shit. And…one of them told one of my friends, “Watch her. She’s faking PTSD, and she’s a piece of shit.” Yeah, my friend told me about it. He’s like, “Don't tell anyone I told you. I don't want to get into trouble. I don't want to get retaliated against.” So they were retaliating against me hardcore at this point…. My peers were a-f-r-a-i-d to get to know me, to have my back.

Unsurprisingly, such behaviors exerted a chilling effect on military peers’ willingness to openly associate with or support victims and thus degraded the level of support available to them. Belle noted that although she still had a few friends after her leaders had formed ranks against her, the only people who really “had [her] back” were “people that were out of uniform,” such as military contractors. Indeed, the military’s rank-based hierarchy and command-directed system of discipline and justice meant that leadership intent on harming victims had the formal power to do so, and even survivors’ most loyal friends had little power to intervene in these violations.
without jeopardizing their own careers. “Bystander intervention” in such escalating power abuses would have been career suicide.

**Impact on victims.** Supportive relationships are critical in recovery from sexual assault. Finding safety in interpersonal relationships was already challenging for survivors in the aftermath of interpersonal betrayal trauma. But in the absence of effective leadership prevention and containment, these relationships themselves became sites of further harm and betrayal as rumors took hold, social distancing of military peers increased, and survivors became increasingly isolated. Finding reliable support became even more difficult when victims’ unit leaders themselves encouraged survivors’ peers to turn against them.

Social retaliation contributed to a progressive narrowing of survivors’ social worlds, fractured belonging, and a sense of loss and betrayal. An Army survivor in the focus group described this painful ostracism and betrayal by military peers who are “supposed to be like your family”: “When cases do get found out and, like, people get found out for having reported something, like, pretty much everybody turns their back on them, like, you ruin the morale, like, [sighs] you hurt, you know, whoever the perpetrator was. And so…you lose your family, basically.” Another focus group member, herself a Navy survivor, described how it felt to be blamed and turned against by unit leaders and peers for “destroying” unit cohesion:

> It’s more more than just team, it’s absolutely *unity*. And, you know, you feel like you have destroyed your entire unit, and with no uncertain terms, they let you know that. So I became extremely, and most survivors will say the same thing, you become isolated from everyone. For instance, going to the chow hall, everyone will get up and leave the table and not eat with you any longer. [Someone else says “mm-hmm.”] So you have become
like the—I guess the black sheep of—of the unit and caused problems. You have to take ownership of the crime.

In such contexts, survivors’ going into work each day became itself an act of resilience, as they faced distant or often-hostile unit members who had taken perpetrators’ sides, absorbed or spread defamatory narratives, and communicated their lack of sympathy or outright contempt toward them. Even survivors who maintained some friendships felt somewhat ambivalent toward and implicitly betrayed by those same friends, who became inadvertent bystanders in ongoing abuse. Leaders who had formed ranks against victims further reinforced the social distancing of peers and increased victims’ isolation as supports withdrew for fear of tarnishing their own careers or being retaliated against themselves through associating with or speaking up for victims.

When social retaliation had taken hold, survivors’ primary supports often became community resource providers, such as legal counsel, sexual assault resource personnel, or mental health professionals. Separated from the powerful group pressures to which survivors’ military peers were subject and insulated to varying extents from negative-destructive leaders’ influence, such resources were often the only reliable supports available to or willing to affiliate with victims. Tina illustrated this painful position well when describing her need for character witnesses for the court-martial against her rapist:

It was really sad when like [the Military Trial Counsel] first mentioned that I might need character witnesses, and they asked who my friends were. And I like—I had—the people that I thought I was closest with would've been like the two [pro bono lawyers], the two lawyers who were paid—well not paid, but like, their job was to represent me—and my counselor. Like those were—that was my list of my people, my circle. I didn't have friends. My family didn't know. Like I didn't have anyone. It's like if you're buying a car
and you’re asked for references, and I’m like, “Well, can I use you, my car salesman, as my reference?”

**Summary.** Military leaders can mitigate risk for social retaliation in their units through vigilance and early intervention. However, in survivors’ cases, many leaders failed to notice or address social retaliation that was occurring, and others directly encouraged it. Survivors who suffered trauma-related functional impairment were subject to rumors following their being unable to deploy, survivors who filed unrestricted reports had their reports shared by non-discreet leaders or were the targets of vociferous rumors begun by leader-perpetrators themselves, and survivors’ own leaders isolated and encouraged ostracism and disparagement of victims. These leadership actions allowed the destructive process of social retaliation to develop and escalate. Survivors were cut off from meaningful support and belonging, adding to the interpersonal violation they had already experienced at the hands of perpetrators and, often, their own leaders.

**Military Community: Sexual Assault Response System**

You’re trusting the system to work for you…. [And it would work] if there were good people and those that weren’t afraid to lose their own careers or go through, you know. Because it’s just not about me the victim, you have the guy that’s in the position as the EO [Equal Opportunity Officer], the IG [Inspector General], whatever, they’re trying to protect their jobs! You know, they’re not strong enough to fight, especially if you’re fighting the crew like I had! No.

—Diana

In the enclosed system of the military, survivors depend upon the efficacy and integrity of the intra-military response system tasked with their support, protection, and recovery following workplace sexual violence. DoD has stated that this sexual assault response system “strives to be a benchmark for the nation” (DoD, 2014b; 2016a, p. 17). From specialized victim advocacy services, to dedicated legal counsel, to medical and mental health care, to systems of
oversight and accountability, military survivors can access a range of supportive resources to facilitate their care as well as recourse options to address problematic issues that arise. As survivors progress through the reporting and justice process, these resources play vital roles in supporting survivors, mitigating trauma, and ensuring victims are safe and protected from further harm. As one survivor said, the care and support such resources provide in the midst of intense pain and trauma can mean the difference between life and death.

Leaders are the center of gravity for the optimal functioning of this response system, which is predicated on the assumption of positive-constructive leadership at all levels. This section describes how some negative-destructive leaders worked against the positive intentions embedded in this response system by limiting various resources’ abilities to support, protect, and advocate for survivors. This power ceiling was strengthened when resource personnel lacked formal power or independence from installation command, were tasked with dual roles or competing priorities, were themselves ethically compromised, or were simply ignored by negative-destructive leaders who had control over survivors’ careers. In such cases, extra-military supports became critical methods for redress—and sometimes the sole methods available to survivors whose leaders had formed ranks against them. Examples of how such a power ceiling manifested in relation to SAPR resources, mental health resources, chaplains, IG systems, and legal counsel are provided below, as well as examples of extra-military resources that fought for survivors’ rights and protection.

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155 For example, installation commanders vet personnel for the SAPR program and oversee its functioning. Leaders tasked with subordinates’ well-being respond to mental health and medical providers’ recommendations for their care. Inquiries by accountability systems are contingent on leaders’ willingness to respond and to do so with integrity.

156 These conditions often co-occurred and were mutually reinforcing.
Sexual Assault Prevention and Response (SAPR) Resources

The Sexual Assault Response and Prevention Office (SAPRO) is the single point of contact for issues related to sexual assault. Following a report of sexual assault, the Sexual Assault Response Coordinator (SARC) often meets with the survivor and/or assigns a volunteer Uniformed Victim’s Advocate (UVA) or DoD Civilian Victim’s Advocate (CVA) to her. Assigned SAPR personnel have access to her case and assist her through the reporting process; they coordinate services, communicate with command, and connect her with resources. While most survivors appreciated the work of SAPR personnel, those in negative-destructive commands described limits to what SAPR could do and some were retraumatized by the advocates assigned to their case—who were themselves negative-destructive leaders in their own chains of command. Both issues were directly related to the power structure in which SAPR resources were situated: ultimately reporting to and vetted by the installation commander and thus contingent on the quality of that commander and his relationship to victims’ chains of command.

Within this power structure, SAPR resources could offer resource connection, communication, and validation, but they had little formal power. This meant that even the most dedicated SAPR personnel were toothless to counter negative-destructive leaders’ actions and that some limited their advocacy for victims due to concerns for their own careers. For example, Cindy needed strong support as her command formed ranks against her, but her civilian SAPR representative was acutely aware of her own position, was naïve toward her leaders’ duplicity, and hesitated to advocate strongly on Cindy’s behalf. As Cindy explained,

The problem was, SARCS, their commander is the base commander! It’s not like they report to somebody else totally different…. She had to be careful how she approached
things in meetings. She had to be careful. If she disagreed, you could see a lot of times, she would hesitate or she would reword things.

Toward the end of Cindy’s career, Cindy’s legal counsel were stationed elsewhere such that her only support on base was this SAPR representative. Despite this lack of support, Cindy felt so frustrated having to educate this representative about her leadership’s negative intentions that she ultimately stopped involving her in her case.

Even if sexual assault resource providers did risk advocating for appropriate treatment for survivors, negative-destructive leadership had the power to ignore their advocacy. Diana’s Family Advocacy Program (FAP) counselor advocated for her to be moved from under her leader-perpetrator’s control in order to ensure her safety, but Diana’s leadership disregarded this counselor’s recommendations and allowed the abuse to escalate. When Belle’s master sergeant contributed false and infuriating information about her rape to her separation paperwork, SAPR personnel’s attempts to get him to correct these falsehoods failed, such that Belle had to go to her wing commander to address the issue. Belle also noted that support from SAPR eventually dwindled as retaliation from her leadership increased and SAPR could do little for her: “Even after a while, the SAPR people were like, ‘We can't touch you. Like, we don't know. Like, we don't know.’ They kind of backed away, because it was so bad.”

Additional issues occurred when SAPR positions were themselves staffed by negative-destructive leader-volunteers. Uniformed Victim’s Advocate positions were structured as within-unit volunteer (“collateral duty”) positions due to funding challenges, portability concerns, and the questionable assumption that victims would prefer to speak with someone familiar in their units rather than a stranger outside of them. However, this structure created serious issues for

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157 Although SAPRO deployed as of June 2005, Diana’s base did not have SAPR resources when she reported in 2006, so she used the FAP.
both Belle and Tina, whose assigned advocates were male supervisors in their direct chains of command who created, rather than helped to mitigate, additional distress. Belle described her assigned in-squadron UVA as “just a creep;” although she needed help navigating the reporting process, she only used him when absolutely necessary. Nevertheless, this supervisor had power over her and access to her file, and he knew the circumstances of her rape and ongoing trauma while deployed. So, as mentioned last chapter, when he texted her asking her to send him a nude photograph, Belle was livid and went straight to the SARC and Air Force Office of Special Investigations (OSI), who spoke with her commander. Although this supervisor’s UVA certification was immediately revoked and Belle’s commander gave him a letter of reprimand (LOR), Belle called this punishment a “slap on the wrist,” stating that she had received LORs “just for being late.” Despite his misconduct and violation of his position of trust, her harasser was essentially promoted—enabled to attend Airman Leadership School in order to become an instructor. Belle, however, was blamed for overreacting to the retraumatizing incident. She was moved to another office location, where she was told she “had to be watched” because of her “poor attitude.”

Tina experienced multiple failures by her assigned UVA, who was also her male platoon sergeant. She said, “He was someone that I was working under…. And he did not like me.” When Tina’s rape was reported, she was prescribed heavy doses of Klonopin to help her manage the increased anxiety, but this medication caused serious inebriation and amnesia. On the day Tina’s UVA accompanied her to give her sworn statement about the rape to Army investigators, he disregarded her obvious intoxication and its potential impact on her statement and allowed CID to proceed with the interview. Moreover, tasked with caring for Tina’s well-being during
this potentially retraumatizing experience, her advocate fell asleep on the couch instead. Tina
said,

He’s supposed to protect me from something like that [giving a statement while
inebriated]. He’s supposed to say, “Are you ready? Are you good? You don't look like
you’re clear minded. Let's postpone this”…. He was supposed to be there for if I didn't
feel comfortable, if I felt like they were questioning me too hard, I can say, “Hey, I need
to break.” He’s supposed to be there to protect me. He fell asleep. It was the first time I
had told anyone what had happened, aside from my husband. So I’m there on Klonopin,
completely lost and dazed, and he’s sleeping on the couch.

Although Tina later realized what had happened and was able to give a second statement after
being taken off of Klonopin, her UVA/platoon sergeant’s failure had consequences for the
subsequent court-martial, where defense counsel tried to use inconsistencies between Tina’s two
statements to discredit her. This same UVA/platoon sergeant also disregarded Tina’s pleas to be
put on “toilet scrubbing duty” rather than work in the mess hall, where she could come into
contact with her rapist. When Tina asked to be switched to another representative, this UVA
publicly humiliated her.158

UVAs receive certification, training, and background checks and are required to be
thoroughly vetted by commanders and SARC's before being placed in these positions. That these

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158 Unfortunately, this individual’s behavior was emblematic of a wider approach to her case taken by the SHARP office. For
example, although SAPR (SHARP) personnel are tasked with facilitating connection to legal counsel (DoD, 2017b) and Tina
requested counsel repeatedly when she decided to participate in the case against her rapist, SHARP did not provide it. She finally
went directly to the base legal office to speak with a Staff Judge Advocate (SJA), who was aghast at SHARP’s delinquency, as
she should have had legal representation before the first CID interview. In addition, though SHARP had discussed their duty to
notify her when her perpetrator was returning to base from overseas, they did so fully three months after he had returned—and
her husband had almost been sent to pick him up from the airport.
individual leaders attained such positions of trust indicates serious oversight failure and gaps in the training and vetting process.\textsuperscript{159}

**Mental Health Resources**

More than any other area of the military social ecology, mental health treatment was a Janus-faced resource: simultaneously necessary for recovery and also potentially career-destructive. Not accessing treatment could mean protracted mental health issues that could damage one’s career, but acknowledging serious trauma-related mental health distress to mental health professionals could lead to the revocation of clearances, duty fitness evaluations, and separation. As Belle said, “Mental health was always a scare. It was like, ‘You’re going to lose your flight. You’re going to lose your job. You’re going to get out.’”\textsuperscript{160} This structural tension was part of every survivor’s experience, regardless of the quality of leadership she had. Moreover, survivors often had to battle internalized and public stigma around accessing mental health treatment in a culture that prized invulnerability and prioritized unit and mission demands over personal needs. Survivors who took the risk of accessing mental health resources also put their trust in those resources and leadership to respond appropriately.\textsuperscript{161} But negative-destructive leaders abused this trust by jeopardizing the integrity of treatment, creating barriers to

\textsuperscript{159} Issues with collateral duty UVA positions were not limited to their being staffed by negative leaders. Tiffany’s in-squadron UVA was not personally problematic so much as uninformed; having just returned from a two-year deployment with Tiffany, this UVA was not aware of updated policies and new resources that had become available to victims after critical National Defense Authorization Act 2014 (NDAA 2014) reforms. Tiffany was eventually connected with a civilian victim’s advocate (CVA), whom she much preferred: “When I met my civilian victim advocate is when everything changed…. Because now, I’m not dealing with a victim advocate in my squadron, it’s out of the squadron. And this person has way more knowledge than my guys do, because we’ve all been gone for so long.”

\textsuperscript{160} And Belle was not alone; Mengeling and colleagues (2015) found that 19.7% of attempted or completed rape survivors did not seek mental health care because they worried it would harm their military security clearance and 36.2% did not do so because they thought it would harm their career.

\textsuperscript{161} As mentioned last chapter in Tiffany’s case, positive-constructive leaders mitigated some of this tension and stigma by encouraging the survivor’s use of treatment and accommodating mental health appointments, medication issues, and trauma-related mental health distress. In so doing, these leaders allowed the mental health system to function appropriately and without interference.
appropriate treatment, and punishing survivors for treatment-related issues. In so doing, they compromised survivors’ safety and inhibited their recovery while they remained in the military.

Negative-destructive leadership jeopardized treatment safety and confidentiality. Servicemembers are not afforded the same confidentiality privileges as their treatment-seeking civilian counterparts; their mental health records may be shared with command, who on a “need to know” basis are entitled to some information to ensure subordinates’ fitness for duty and security handling weapons and sensitive material.\(^{162}\) In toxic climates, survivors who were aware of these provisions were reluctant to fully confide in on-base providers, as negative-destructive leadership could use their mental health information against them. As Cindy said: “I didn't trust the mental health on base, because once again, it’s all controlled under the same roof. So I didn't trust to go there and to tell my therapist or whoever I was speaking to, my thoughts or anything like that.” Belle’s leadership directly abused their access to her confidential disclosures to her therapist and psychiatrist. Belle began to notice that detailed information she had only shared in sessions got back to her command, who would inadvertently “slip up” and refer to this information. Belle began to distrust her providers and limit what she said in sessions.

Compounding her distrust and hypervigilance, Belle’s leadership began “hijacking” her weekly appointments with her on-base therapist—showing up unannounced when they wanted to give

\(^{162}\) Accessing such information is often subject to audit, but Belle observed that this access was beyond what was reasonable. She says, “I know that the psychiatrist was talking with the commander…. I would see the first shirt, and the first shirt would walk into the psychiatrist's office, and they’d talk about people.” Belle told her MHPs that she did not want her information shared with command, and she deliberately began sharing very specific details to test how much was being shared with her first sergeant, who was retaliating against her. When her first sergeant “slipped up” multiple times and brought up such confidential details, she shut down her therapy. “I kind of put two and two together, and I’m like, ‘You guys are communicating. I can't talk in therapy anymore.’” So I would just talk about like random, stupid crap.” Jeffrey and colleagues (Jeffrey, Rankin, & Jeffrey, 1992) discussed the limits of confidentiality in the military environment and how this can relate to breaches of ethics among professionals who are “in service of two masters”—bound by APA ethics rules and beholden to DoD statutes that are often in direct contrast to those patient protections. Accessing civilian care does not necessarily mitigate such potential difficulties, as survivors are required to share such records with the military (HRW, 2015).
her disciplinary paperwork. Belle’s therapist was beholden to her command and lacked appropriate formal power to intervene. She said,

I liked my therapist, but his hands were tied a lot…. He’s like, “I have restrictions.” I could kind of tell. He didn't blatantly say that, but I was like, “Okay, so you could lose your job. Yeah, okay, I got that.” And so I gathered this. But he’s like, “Get a lawyer.” And I was like—I told him, like, “There is a lot about this trauma that I remember that I will never, ever say here on this military base, because I am so paranoid all the time about retaliation.”

Belle’s leadership compromised the one place she did feel safe, and she became increasingly “paranoid” and began drinking heavily. Diana’s leadership also went through her medical records when they were trying to find ways to separate her from the military for causing them problems, and it was only when she finally threatened to kill a female supervisor for engineering this privacy violation that her chain of command allowed her to move from her unit.163

Further compounding issues, negative-destructive leaders also resented survivors’ use of treatment and discouraged survivors’ access to appropriate levels of care. Some survivors needed more intensive and frequent treatment than the time-limited and management-focused counseling offered on military bases, but they did not receive such care until after considerable delays. As Cindy explained, “On base, they only give you maybe an hour with your therapist, if that, depending on if she’s running late or if they….have a patient that’s very crucial that they got to deal with. So I may spend 30-45 minutes with my therapist. But you only see them maybe once a

163 More rarely, mental health providers’ failures to do their jobs or questionable allegiances created serious consequences for survivors that played into retaliatory leadership’s hands. The on-base Air Force psychiatrist to whom Belle was referred had such a bad reputation that most service members would drive half an hour to a larger medical center in order to get treatment from a psychiatrist there. Belle says, “The psychiatrist, she was awful…. she would just be like, ‘What do you want? What kind of meds do you want?’ I was like, ‘I don't know, you tell me. You’re the professional.’” Belle amassed a cabinet full of high-powered medications, indiscriminately prescribed by this psychiatrist. When Belle attempted suicide by taking many of these pills and her panicked mother called Belle’s psychiatrist to get her daughter help, the psychiatrist yelled at Belle’s mother for calling her.
month.” Belle echoed such thoughts, calling her initial treatment “Band-Aid therapy,” and noting that “the mental health providers on base…were trained to, like, kind of, like, support you and then get you back into your job.” In Belle’s case, it was a full two years until she finally received inpatient treatment; by that time, her posttraumatic and depressive symptoms had become entrenched and her career had been damaged. For Cindy, only after she attempted suicide was she enabled to enter IOP care off base, and her lawyers had to fight to ensure she had this treatment. She said, “I was fortunate with [my lawyers], they actually advocated that I needed time away…. When they let me go off base, I felt a lot more relaxed…. It was refreshing, and it’s definitely what I needed, but they weren’t [chuckling]—they initially weren't trying to allow that.” Regardless of the quality of treatment received, gains were often compromised when survivors returned to their bases and again encountered hostility from leadership, who resented their taking time away from work to focus on mental health care. Indeed, Belle described returning to base after time away as “psychological torture.”

Negative-destructive command also took a harsh or punitive approach toward mental health injuries and treatment issues, which compounded distress and interfered with survivors’ treatment and recovery. As one former Air Force SVC said of victims with whom she had worked, “They’re going through a lot, PTSD and all that, and commanders just view that as ‘you're not following military conduct’…they’re viewing it as disciplinary issues instead of you

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164 Meena was sent to an inpatient treatment facility two weeks after she was raped, which created its own issues: “I’m trying to figure out what’s going on…. And I’m in treatment, trying to recover, and I’m having to tell—like, write in a notebook in detail everything that happened over and over and over and over again….And this happened two weeks ago, yeah. Because I was in CBT and DBT, so I was having to write trauma accounts and learning to regulate my emotions. But it was like, this just happened. So I still haven’t completely wrapped my head around that I’m even in the middle of this. So to try to regulate [chuckling] my emotions and to try to—I don’t know, get a grasp on this was very difficult for me…. I haven’t had time to process what was going on….And then I had that hanging over my head that I don’t even know what’s going on back home.” Tiffany also described how being involved in an ongoing investigation put her treatment on hold: “I think towards the end of that process, I kind of started to calm down. Because I was removed from [my squadron and workload]…. Eventually, you know, I was getting the proper treatment, and then I felt like I could’ve gone back. But looking at it now, it's like, until this process ends, until this court-martial happens… If they can put me back in the Marine Corps after it, I'm in, you know what I mean?”
know, taking care of them, following up on them, and making sure they get the support they need.” While positive-constructive leaders accommodated mental health injuries, negative-destructive leaders effectively abandoned survivors to their distress while remaining unrelenting in their demands on them. Cindy discussed her leadership’s expectation that she would just carry on in the midst of the harassment and retaliation she was facing, stating, “They still wanted me to work and function like, ‘Oh you know, three years of going through this hell is just okay. Any normal person can handle it.’ No, I really needed a break.” Belle noted that such harsh treatment of survivors by leadership was common in the military. Describing another survivor whom she had met in treatment, she said:

She was having health issues too. And we kind of bonded over the same issues. It’s like, she couldn't pass her PT test. She had troubles adjusting and getting out of bed in the morning and having, like, depression, medication issues—like all of it. And it affects your work, it affects your performance in the military. And it’s like they don't let up.

They don't give you a break. And it’s like, “Oh my god! Like, stop!”

Belle noted that her own leadership judged her, disregarded her distress and pleas for understanding, and retaliated against her for the injuries sustained as a result of her perpetrator’s actions:

They were completely ignorant from the get-go. I would tell them, I’m like, “This is what’s happening to me…. Please, please, please, please understand what I’m going through. I can't keep doing this!” [Begins to cry.] I’m like, “I’m not going to make it out of the military! I will not make it out!” And they were just like, “Oh, really?” I would get these looks, like, psychotic looks from them. How they treated me was worse.
Meena’s expedited transfer brought her to a new, predominantly male command in the midst of an investigation and with serious symptoms of depression and PTSD after being drugged and raped. Like every survivor, Meena was prescribed multiple medications for PTSD and other mental health symptoms—in her case, twenty—and consequently experienced serious side effects. The combined effect of these medications made it difficult to get out of bed in the mornings, and Meena was often late for work and drowsy or numb while there. Referring to her discussions with command about these issues, Meena said:

I told them, “You know, I’m trying to figure out what medication works for me. I’m trying to cope with this the best that I can. And because I’m on all this medication, I’m numb. I don't feel anything. I’m really not mentally here, because I’m so clouded by the medication and everything that’s going on…. [Before the rape] I never had these problems. For the two years that I was [at my previous base], I got in trouble one time, and that was for PT failure.”… And now I’m getting in trouble every single day for being late.

Rather than seeing her medication issues as a treatment issue and making room for her to see her psychiatrist, Meena’s female supervisor began denying Meena sessions when she could not get in to see her psychiatrist immediately. She told Meena to take herself off of her medications or to reduce the dose on her own and used these treatment issues as opportunities to punish Meena. Meena retained a defense attorney to help her write rebuttals to the paperwork she was receiving, often daily. In one of these, she wrote, “I was raped less than six months ago. I’m on this medication, and it’s very difficult for me to function right now. And then having all of this stuff pending on me, all of the paperwork, now I have a demotion hanging over my head, it’s not making things easier for me to cope with.” Despite her protests and explanations, her command...
continued to give her disciplinary paperwork. Likewise, when a new master sergeant rotated into Belle’s chain of command, he disregarded her doctors’ letters recommending lenience due to her mental health injuries and medication side effects, and she received paperwork for being late.

Negative-destructive leadership’s punitive approaches to survivors’ mental health distress had consequences. While almost every survivor seriously considered suicide while in service, three survivors became so distressed in the midst of mental health injuries and retraumatization by negative-destructive leadership that they actually tried to kill themselves. For Cindy, being unable to escape three years of ongoing victimization and being punished for any attempts to advocate for or protect herself led to her eventually trying to take her own life. She said, “I tried to commit suicide one time, because that’s how much I was dealing with. That’s how much I was dealing with. And I felt like I had nowhere to go.” Even following her suicide attempt, Cindy’s leadership tried to keep her in their control, denying her time away for intensive treatment until her lawyers intervened.

Belle had thought about suicide for three years before she attempted in 2015 in the context of intensified PTSD and pain symptoms. Belle notified her command and mental health professionals as she had been instructed to do, but they minimized her distress and failed to check on her despite being tasked with her safety. Her pain became intolerable, and she overdosed on sleep medications. She said, “I didn’t know what I was doing. I wasn’t in my right brain. I was like, ‘I just want it to all stop.’ I just wanted it to go. And I ended up taking, like, upwards of 20 plus pills of heavy duty sleep meds.” If Belle’s mother had not called a friend to rush her daughter to the hospital, she may have died. When Belle’s supervisor learned of the

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165 Belle suicidal ideation and safety fears increased when she began Prolonged Exposure treatment (PE) with her on-base therapist, and she experienced incapacitating flashbacks, nightmares, and physical pain. As minimizing environmental risk and establishing safety is a prerequisite for effective trauma treatment, beginning this intensive treatment may have been contraindicated in the context of the hostility and retaliation Belle was experiencing from leadership.
suicide attempt, she told Belle that she was in “a lot of trouble.” Although Belle felt distressed at being “lock[ed] into a mental facility,” the inpatient mental health providers were compassionate and patient-centered. When Belle told them that she could not fathom engaging in treatment until she was out of the military because of the retaliation she was experiencing, they understood and worked with her to provide documentation to support her medical board.

Linda also overdosed on Vicodin in the context of ongoing sexual victimization by her supervisor, medical and family issues, and denigration by her chain of command. She described her behavior as a “cry for help”: “I was just sad. [Crying.] And I felt like I made all of these mistakes and all these things, and I just needed to kind of reset…. I feel honestly it was more of like, ‘Listen to me!’ kind of thing. It was more of a ‘I need help.’ So. And so, at that point in time, it was just really hard to ask.” Linda self-admitted to an inpatient Military Treatment Facility (MTF), where she remained for a few days. While there, her treatment team failed to inquire about the circumstances surrounding her distress and overdose. Linda recalled,

I remember they came back, and they were like, "Well, we think you're doing good, we’re going to release you back to the ship." And I said, "No. I do not want to go back to the ship. I'm not ready." And so there, I think they had the hint, like, “She doesn’t want to go back? Why?” You know? “Why wouldn’t she want to go back to her command?” But nobody asked…. Even the initial attempt was a cry for help. Why weren't more questions asked about that cry for help? Why was it a cry for help? Where were these strings being severed? None of that stuff was brought up.”
The psychiatrist’s superficial risk assessment and mental health evaluation led to Linda being discharged with a personality disorder, aligning with her leadership’s intentions to remove her from the military.\textsuperscript{166}  

\textbf{Chaplains}  

Chaplains provide important spiritual and personal support for all active duty servicemembers, and disclosures to military chaplains are considered privileged communications. Some participants lauded chaplains as critical and confidential resources for survivors in the aftermath of assault,\textsuperscript{167} but two Navy survivors indicated that chaplains could themselves be aligned with negative-destructive command and/or betray survivors’ trust by breaching confidentiality. For example, Linda spoke to no one about her assailant’s behavior except for a Navy chaplain, whom she was given to believe was a confidential resource. When she was soon after threatened by a visiting chief, who took her out to the ship’s catwalks to tell her that everything she said “gets put around” and that she needed to learn to “keep [her] mouth shut” on board the ship, she suspected that her chaplain had shared her confidential disclosure with leadership. A Navy veteran who participated in the focus group, herself an MSA survivor and advocate, shared similar concerns about disclosing to chaplains. Noting that she had met tens of thousands of military survivors in her work, she said, “A lot of us did report to our chaplain, 

\textsuperscript{166} Tiffany also sought inpatient care when feeling seriously suicidal, but when the civilian facility transferred her to a military treatment facility where she was behind locked doors with a male uniformed officer, she demanded to be released. She said, “I was trying to get help, and they sent me into the exact issue…. I’m behind closed doors with this Army officer, and I just lost my shit on him. I was like, ‘You’re the problem, Sir.’ I was like, ‘You’re the problem, because this situation right here is exactly why I’m here. I don’t trust you. I get that you don’t know me, but I don’t trust you. I need you to open that door and just get away from me.’”  

\textsuperscript{167} One former Air Force SVC noted that she and “the entire SVC community” would recommend that her clients speak to chaplains rather than mental health professionals, as cases that went to courts-martial would likely involve mental health records being petitioned for use. Belle directed friends who feared accessing mental health treatment to the chaplain, whom she described as a “complete vault”: “He can't say anything. Even if you murdered someone, he can't say anything about it. He knows psych. He’s a counselor. He’s trained in many great techniques to help with PTSD. And they don't talk about that.” Meena also indicated that chaplains could provide important support as a confidential resource for survivors. Interestingly, each of these women were Air Force veterans, while those with negative chaplain experiences were from the Navy (which also oversees the provision of chaplains for the Marine Corps).
because we first of all felt that hopefully there would be some kind of compassionate help
there…. But, they actually failed us because, unfortunately, they’re also a part of the chain of
command, and it goes right back.”\textsuperscript{168} It may be that individual chaplains shared such assault
incidents in good faith with survivors’ chains of command, trusting that the assaults would be
stopped and that victims would be protected. It could also be that some interpreted sexual
assault-related disclosures as falling outside the category of matters of conscience or formal acts
of religion—an interpretation which, in the absence of further guidance, enabled those aligned
with negative-destructive command to share survivors’ confidential disclosures (DoD, 2004, p.
12).

\textbf{Inspectors General Systems}

Inspectors General (IGs) are tasked to offer oversight that ensures compliance with policy
and promotes operational readiness. Part of an IG’s duty is complaint resolution, including those
related to reprisal and whistleblower protections. There are multiple levels of IG, with the
smallest being base or installation-level, intermediate being service branch IGs, and the largest
being the DoD IG, which covers the entire Department of Defense. The IG system recommends
that complainants first try to resolve issues at lower levels before escalating issues, and makes no
guarantees that complaints will be investigated at any level. Importantly, installation IGs often
report directly to base generals or flag officers, meaning that if higher-level echelon leadership

\textsuperscript{168} The DoD Task Force Report on Care for Victims of Sexual Assault (DoD, 2004) stated, “There are few regulations within
DoD or the Services that assure individuals, particularly military members, that their communications will be confidential or
privileged. There are several types of privileged communications recognized by the Military Rules of Evidence (MRE) that might
apply when a service member reports that she or he is a victim of sexual assault. These include those made to clergy…. Under
MRE 503 a person has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication by
the person to a chaplain or chaplain’s assistant if the communication is made as a formal act of religion or as a matter of
conscience. In practice, there has been variance among the Services’ Chaplains Corps and between chaplains and the legal
community with respect to the application of this privilege. The DoD Chaplains Board is currently working on standardizing the
application of the privilege within and across the Services and developing associated regulations. In any case, communications
between chaplains and victims of sexual assault are generally considered to provide the greatest assurances of confidentiality
within DoD or the Services. For victims who do not choose to disclose to military authorities, chaplains may be an avenue for
going confidential, spiritual guidance and advice” (p. 12).
have formed ranks against victims, IGs’ oversight and investigatory roles are effectively neutralized. Moreover, the system itself and its complaint resolution capacities depend upon witnesses and other respondents—including leaders—to respond with integrity if complaints are investigated.

Half of survivors filed one or more IG complaints concerning the harassment, retaliation, or obstruction they were experiencing after filing their reports, which qualified as reprisal under DoD statutes (see DoD, 2014b, 2016b). Cindy, Diana, and Belle went directly to speak with their base IGs, while Tiffany filed IG complaints with both the Marine Corps IG (IGMC) and the Department of Defense IG (DoD IG). Meena considered filing an IG complaint, but gave up because she found the process daunting and unclear.

Cindy went to her base IG twice to complain about the reprisal and harassment she was experiencing from her leadership, and both times, she was directed her back to her leadership. She said, “They haven’t documented [my IG complaints]. I went twice! And both times I was told, ‘Oh, talk to your leadership’ or ‘this is something for your leadership to handle.’” Belle was frustrated by her attorneys’ inability to stop the retaliation she was experiencing from her leadership and went to her installation IG in 2015: “I remember I tried to go talk to the IG…. I did—once.” Though retaliation had been made a crime by the time she spoke with him, she described the meeting as pointless and him as “stupid,” saying, “I couldn't even go back to him.”

Diana also spoke with two different IGs, one at her own base and one at a nearby base: “I just had to keep saying and telling. It’s like, ‘Somebody listen to me, please! I’m not making this stuff up! This is happening!’” One IG had her pulled out of field exercises so that she could speak with CID, but her leadership used this opportunity to punish her for not reporting for duty and the complaint did not move forward. Diana finally filed a complaint with the DoD IG, who
sent someone to investigate. She said, “Finally the Pentagon came, and I had to tell my story again. And I had my journal, like, ‘I’m not making this up! This is what’s going on.’” Diana was not aware of any actions they took against her perpetrator or chain of command, under whose control she remained. Tiffany filed IG complaints with both her Marine Corps IG and DoD IG about the obstruction she was experiencing from her offender’s chain of command, who refused to grant her an MPO and maneuvered their way through vague Navy regulations while her own leadership did everything they could to support her through the reporting process. She knew that her complaints were investigated by both IGs, as the Marine Corps produced documentation for each in response to the respective IG inquiries. She said, “The Marine Corps responded perfectly; you know, they had dates, they had locations, everything.” But the Department of the Navy never responded to either complaint:

To this day, the Navy never responded to the IG complaint. Which is a huge issue, because everyone’s like, “Where is this response?” … When I told that [Marine Corps] general and his Staff Judge Advocate, they’re like, “Wait, they never responded?” It’s like the Navy seems to choose when they want to do their job.

**Legal Counsel**

Dedicated legal counsel were perhaps the most essential intra-military resource for survivors whose leaders had formed ranks against them in the aftermath of sexual assault reporting. Two programs were especially important for survivors: Special Victims’ Counsel (SVC)/Victims’ Legal Counsel (VLC) and service branch Defense Counsel. The former (SVC/VLC) is a legal program, staffed by judge advocates, which was created to help protect victims’ statutory interests, keep them informed of what is going on in the process, navigate the system, prepare for preliminary hearings, meet with military trial counsel, and communicate with
command (POD, n.d.-a). At times, SVC/VLC also help to mitigate retaliation and reprisal.\textsuperscript{169} Military Defense Counsel are located on most installations and offer important advocacy for survivors who are facing reprisal by leadership. They can fight to protect survivor’s rights, document and refute professional reprisals, and challenge other adverse command or administrative actions.\textsuperscript{170} Both legal programs are independent from installation command structures and therefore are not subject to the same power ceiling or allegiance conflicts as other resource systems, and their clearly defined roles enable them to vociferously advocate for survivors’ rights and protections. Although their reach may still be constrained in negative-destructive leadership climates and they may not be able to fully mitigate retaliation, they can help to subdue and contain its effects.

Legal counsel’s ability to advocate for and protect survivors against retaliation was directly related to their independence from command. This connection is nowhere more apparent than in Cindy’s case. Cindy retained both defense counsel and SVC after her leadership formed ranks against her for reporting ongoing harassment and assaults by multiple members of her

\textsuperscript{169} The Special Victims’ Counsel program was piloted by the Air Force and subsequently adopted by all service branches under the directive of the Department of Defense, and SVC/VLC representation is now required to be provided for every victim who files a restricted or unrestricted report of MSA. In the Air Force and Army, these specially trained attorneys are called Special Victims’ Counsel; in the Navy and Marine Corps, they are called Victims’ Legal Counsel. This program has been one of the most critical improvements in sexual assault response since the inception of SAPRO. Three focus group members discussed how important the SVC program has been for victims’ experiences. One NGO worker, who had spoken with hundreds of survivors, said, “The people…who benefited from an SVC really, really valued their experience with the SVCs, and if anything they wish they had known about them sooner” and described the program as “a very positive change.” A member of Protect Our Defenders said, “The SVCs are great. I mean, we’re definitely focused on strengthening the SVC program, empowering SVCs.” A former Air Force SVC described how SVCS try to reach survivors early, assess survivors’ needs, and help them determine legal options in line with those needs: “We get them before they go to the investigators: ‘What do you want to happen? What’s going to give you justice? What’s going to give you closure? Do you even need a conviction?... What do you need?’… So we try to start there from the beginning.”

\textsuperscript{170} For example, defense counsel could aid survivors in writing rebuttals to retaliatory paperwork they were receiving. Such rebuttals offer some corrective to professional retaliation in that they become part of the survivor’s file and may be reviewed by higher-level commanders if they are called to respond to disciplinary actions. Moreover, if a survivor is given a retaliatory discharge, there is some documentation that may help her case, should she decide to file with the Discharge Review Boards or the services’ respective Boards For Correction of Military (or Naval) Records. At the same time, survivors may be reluctant to seek out defense counsel even when being actively retaliated against, because they may perceive them as fighting for perpetrators and as biased against victims. Belle said, “I could have gone to ADC, but I did not. At that time, I was too paranoid.” In Belle’s case, the main reason she did not seek out defense counsel to help with the retaliation earlier on was because of ADC’s presentation at a sexual assault training earlier in her career, where they appeared ignorant to victims’ needs and focused exclusively on defending perpetrators, mentioning nothing about defending survivors from retaliation.
chain of command. Cindy described her attorneys as “two bulldogs” whose complementary expertise and fierce advocacy enabled her to survive a toxic situation under her negative-destructive leaders’ control. While her SVC fought for her rights and resources as a survivor of sexual assault and facilitated a critical connection with Protect Our Defenders (POD), her ADC took charge of the “administrative side” and fought hard against Cindy’s leaders’ reprisals and coercive control. Cindy explained how her attorneys’ combined expertise and independence from her installation command allowed them to be tenacious advocates:

[My ADC] didn't care what anybody's commander said, because his commander was somewhere else. So he didn't have to worry about it. He didn’t have those influences…. If [he] didn’t like something, he was just as nasty as they were. And he would dare them to say something to him. If he didn't agree, he didn't agree. And that’s what I loved about him. And then later on, Congress let us get SVC lawyers, so I was given [my SVC], which was another great avenue, because she had more insight on the sexual assault side. [My ADC], to be honest, had no idea [about sexual assault-related issues] but he knew that [my leadership] kicking me out was wrong, and that’s what he fought hard for. And she was more on the sexual assault side. But having them coincide together, I probably drove my command crazy with those two lawyers!... [These two lawyers] got a full blown colonel telling them that this is what they’re going to do to me, and [my lawyers] were like, “Okay, you can try that, but we’re not going to do it.” Like, you know, rank went out the door. It’s, “I’m telling you what is going to happen and there is nothing you can do to me about this. This is what Cindy’s going to do. We don't care what you’re saying.”
Together, these lawyers prevented Cindy’s leaders from pushing her out with a dishonorable discharge.\textsuperscript{171}

Despite their often-fierce advocacy, however, neither SVC/VLC nor defense counsel retained by survivors could prevent all retaliation. One focus group and POD staff member described how POD receives requests for assistance from many survivors who have an SVC but are not receiving help with retaliation: “They have an SVC but they’re not being assisted. And that really comes back to issues with retaliation, which has to do with just an understanding of what is retaliation and…what is included in that kind of expanding ripple effect that comes after you make a report.”\textsuperscript{172} Indeed, Cindy, Meena, and Belle retained both ADC and SVC/VLC\textsuperscript{173} but their leaders found ways to “legally” retaliate against them despite that advocacy. For example, Belle described how her leadership “maneuvered through” Air Force Instructions to create a paper trail against her in the aftermath of her report and in response to the mental health injuries

\textsuperscript{171} It is likely that individual counsel’s ability to provide such zealous advocacy in the rank-based structure of the military is also contingent on the level of support they have from their own leadership. As a former Air Force SVC explained in the focus group, “My bosses told me that I shouldn’t try too hard if I know that [clients’] cases basically suck.” Although this retired SVC tenaciously advocated for her clients regardless of such instruction, she noted that counsel rank could present barriers to advocacy, as she and other SVC encountered high-ranking “commanders who [were]—mind my language, but—assholes to us, or OSI commanders who were rude to us because of our rank, and they knew they could be.”

\textsuperscript{172} SVC/VLC’s representation was often limited to the duration of the reporting, investigation, and justice process, further limiting their abilities to protect their clients from the retaliation that so often continued well after case closure (see Namrow et al., 2017; Namrow et al., 2016). As one focus member put it: “Unfortunately, a lot of people…either didn’t have the benefit of an SVC or had problems that were outside the scope of the SVC’s representation or after the representation had ended.” But even beyond retaliation, this termination of representation is a serious issue when cases close at the investigation stage, as finding out that a case is not moving forward and also losing one’s legal advocate in relatively short order can be a “double-whammy” for survivors, who already experience difficulty finding and maintaining support in the military social ecology. In Meena’s case, she had just transferred to a new base where she knew no one, and her long-distance SVC was advising her on how to respond to the disciplinary paperwork she had begun to accrue. But she was notified that her case was closed, her SVC told her that “because they weren’t continuing the case…he could no longer help me.” Although Meena was given an ADC whom she knew from her work as a paralegal and thus felt comfortable with, it is likely that other survivors, many of whom rightfully struggle to trust new people, would not benefit from this lack of continuity and loss of support. The former Air Force SVC mentioned above stated that although she thinks the SVC program has helped survivors feel more supported through the reporting process, survivors still lack appropriate protections against retaliation like collateral misconduct, and the reporting process is still very difficult on survivors, some of whom drop out mid-process.

\textsuperscript{173} Tiffany was also provided a VLC after they became available. Because Tiffany’s leadership were positive-constructive, Tiffany’s VLC was able to focus his work on ensuring her statutory rights were protected in the investigation and justice process, rather than having to protect her from further harm by her leaders.
she had sustained because of her rapist’s crimes. Referencing the anti-retaliation provisions ratified in a recent National Defense Authorization Act (NDAA), Belle said,

Even with retaliation, they came out with the law, and I was talking to the SVC about this. I was like—I’m like, “Look at all these LORs. Look at this. Look at this. Look at all this. And like, this is clearly retaliation. But can I—do I have a case?” And she’s like, “No. Because like, they snake their way through the AFIs [Air Force Instructions], and they say like, ‘Well, no, she’s actually being a horrible person.’ And then they’re like, ‘Okay, well then it’s not retaliation.’”

Belle was also denied legal representation when her master sergeant threatened her with jail time if she did not sign a classified document revoking her security clearance. When she consulted with defense counsel after signing the document, they told her that they could not have helped her because the document was classified: “Our hands were tied, because they maneuver their way through the AFIs, and it’s legal.” Moreover, counsel could not always intervene in leadership’s retaliatory coercive control (e.g., Cindy’s leadership successfully fought to retain Cindy under their control despite her ADC’s vigorous attempts to have her moved).

Moreover, while counsel could help survivors write rebuttals to the reprisals they were experiencing, they could not ensure those rebuttals were taken seriously by the commanders charged with reviewing them. Indeed, Meena’s ADC worked with her to rebut the negative paperwork she was receiving on an almost-daily basis, but these rebuttals were ignored and Meena’s command persisted in creating a paper trail to justify her discharge:

I feel like I got to that base, and I was singled out. They were bound and determined to kick me out…. It was literally I would get paperwork, the next day there would be a decision on it against me. I would get an Article 15—it takes seven days, realistically, to
close out a 15, on that seventh day, that 15 was closed out. On the demotion, the next day there was a decision that I was getting demoted. On the discharge, two days, there was a decision that I was getting discharged. So there was no—I don’t even feel like they were reading my responses and taking into consideration everything that I was going through, everything I was trying to process. There was no consideration of that. There was no way, with that quick of a decision time, that they were taking into consideration my responses. Though retaliation is now considered a crime, proving that a crime occurred is difficult when negative-destructive leadership are intimately familiar with regulations and disciplinary options available to them. Moreover, when negative-destructive leaders control survivors’ careers and their narratives form the basis of the documentation contained in their records, anti-retaliation laws can do very little.

For some survivors, legal counsel was not available or could not be trusted in toxic environments. In Tina’s case, the Army SVC program was not yet available, and her requests for legal representation, which SHARP reassured her she would have, were repeatedly ignored. Similarly, Jane did not have the benefit of an SVC when her case was occurring in 2013. Diana’s assaults occurred between 2003 and 2008, meaning that she had no access to SAPR/SHARP, SVCs/VLCs, or newer legislative protections to help with the reprisals she faced. When her command began pushing for a medical retirement which would have deprived her of the full retirement she had earned following almost twenty years of service, Diana had to hire a civilian lawyer to protect her rights because she did not trust the legal counsel on base:

I had to end up hiring a lawyer…. He cost me a lot of money, because I had to fly him everywhere. I didn't trust—I couldn't trust anyone. I couldn't trust the JAG, the legal system in the military, so I had to hire a lawyer to fight for my [medical] board and tell
him everything that I'd been experiencing…. And I was able to make it to the end of my
retirement, but granted, I was still at the brigade, under [the perpetrator].
When those in charge of survivors’ careers are out to harm them, even the most robust legal
support can only do so much.

**Impact on victims.** In the enclosed military setting, survivors relied on the efficacy and
integrity of available supports to facilitate their safety and healing and to mitigate
retraumatization as they progressed through the military investigation and justice process. As
noted above, such support became increasingly important when survivors were isolated by unit
members and other military peers. When allowed to function without interference, such
resources could provide important support and dignified choices for survivors’ recovery that
helped them to feel connected and empowered to move forward. But negative-destructive leaders
limited the reach and efficacy of such care in various ways and interfered with survivors’
recovery and safety in the military environment. Instead of mitigating additional trauma, this
interference actually created new trauma and betrayal that reinforced distrust and hypervigilance.
Negative-destructive leaders’ direct interference in mental health treatment and punitive
approaches toward traumatic distress also inhibited survivors’ recoveries and disrupted treatment
gains, such that mental health injuries became more entrenched.

Survivors with access to supportive legal counsel felt validated by and protected from the
worst retaliation, which was helpful for their recovery. But many felt betrayed, demoralized, and
trapped after being shut down, disbelieved, or funneled back to negative-destructive command
by recourse systems, like IG, that were ostensibly there to help them. Diana described this
experience of increasing betrayal well when listing the multiple systems that either failed to help
her or that were “push[ed]…out of the way” by those in authority when they tried to help:
The command, that's one. The EO, that's two. The IG, that's three. The Pentagon. The FORSCOM. The CID. I mean, how many more systems is there? I went to them all! And they failed me. But, you know, I see there was—even the ones that tried to help, there was somebody there to push them out of the way to make the system not work. So for every three that are good, there is that one that has the authority to make it bad…. To silence the ones that are trying to do the right thing.

The result of such lack of recourse was a sense of being trapped and punitively controlled, as Diana described: “I was trapped. [Crying softly.] I felt like imprisoned. I felt like I was confined, my life was taken away from me, like I had nowhere to turn.” This experience of dependency upon, control by, and lack of protection against a powerful abusive other is a defining feature of complex trauma (Herman, 1997; Van der Kolk et al., 2005). Recovery becomes impossible while one remains in the unsafe and traumatic environment.

**Extra-Military Resources**

Given the above issues, extra-military resource systems became critical for protecting survivors’ rights and intervening in retaliation. Such resources included Congress, advocacy groups, extra-military legal counsel, public media, and family and friends. These resources became voices for speaking truth to power when survivors were barred from doing so, documenting and combatting escalating retaliation, and working to preserve victims’ dignity and

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174 I use the term “extra-military” to refer to resources and supports that were completely independent of both the survivors’ installation command. Family and friends could be civilians or veterans. While family are included in the military system, I include them here to demonstrate their distinct separation from the limitations placed on servicemembers and how that can be used to advocate for proper treatment.

175 Individuals give up many rights when entering the military. Active duty service members have tight restrictions around their ability to partake in partisan political activities while they are in uniform. In a well-functioning military with positive-constructive leadership, these restrictions help to preserve mission integrity, reduce conflict, and strengthen force unity, and issues or conflicts that arise may be effectively and fairly addressed by one of several intra-military resources without unlawful command influence. In settings overseen by negative-destructive leadership, the response system breaks down, and supports and recourse options are neutralized or rendered impotent. It is in such cases that intelligent advocacy by family and friends, dedicated advocacy groups or non-profit organizations, and public media can really make a difference.
rights. Though extra-military supports offered only partial or temporary reprieve when leaders had formed ranks against victims, at times they were able to mitigate the worst effects of that process (e.g., dishonorable discharge).

**Congressional complaints.** Congressional complaints are powerful tools, if survivors or those writing on their behalves find sympathetic Senators or Congresspersons. When servicemembers file a congressional complaint with their Senators or Congresspersons, those parties can initiate an inquiry into identified issues and/or designate an investigating party to conduct a swift and thorough investigation. In Cindy’s case, both she and her mother filed congressional complaints after a new female commander followed in her old commander’s footsteps and continued to push for a dishonorable discharge. Cindy said:

> [After we filed the congressionals,] we finally got a response…. That’s when IG finally got involved. I didn’t really have faith in them based off what I had previously dealt with them with, but [my defense attorney] was telling me, “Because it’s a Congressional, they now have to do things a lot differently.” And he was like, “They have a shorter time frame to do their investigation…. Even though it’s a shorter time frame, it has to be more thorough.” So the IG came in, and all of a sudden they found things that I was supposedly lying about to be true. All of a sudden, the case is changing now: “Oh yeah, this did happen.”

Congressional inquiries could uncover issues and apply important pressure to negative-destructive leaders, but they rarely ended their abuses of power and could still be maneuvered through in ways that masked wrongdoing. For example, the Navy was finally forced to respond to Tiffany’s complaints when she filed a Congressional complaint with her Senator. But as part
of the Navy’s response to the official inquiry, the Naval Criminal Investigative Service (NCIS) provided inaccurate information about her case:

They responded with a formal letter to the Senator that I was raped on the [incorrect ship], I was raped in [incorrect location], and it was just like, “What?!” Like the whole report, I was like, “That is not me!” I was like, “First off, I was never on that ship, this never happened in [location]”…. And we were like, “Did they just investigate the wrong ship? How is this even—how is this even possible?”

While such inaccuracies may have been a genuine mistake, they are disconcerting given the obstruction Tiffany faced throughout the investigation and justice process (detailed last chapter and in the proceeding section). In Diana’s case, her congressional complaint was finally investigated, but her leadership’s formal documentation painted her as making things up in order to dodge duty: “The Congressional came back, saying that, basically in my mind, I wasn’t being [retaliated against]—it just looked that way, you know? And they tried to make it look like I was doing things to avoid deployment.”

Advocacy groups, extra-military legal counsel, and “going public.”” Advocacy groups like Protect Our Defenders (POD) play vital roles in advocating for MSA-related policy reform. Such groups also provided critical links between survivors and effective recourse to which they did not have access while in the military, such as pro bono counsel and media venues ready to share their stories.\footnote{Unfortunately, similar to SVCs/VLCs, Belle, Jane, and Meena did not learn about POD until after they were separated from service, and Linda and Diana were separated before advocacy groups like POD had formed and drawn increasing attention to MSA.} Tina, Tiffany, and Cindy connected with POD during service. In Tina’s case, she found POD online and contacted them after repeated mistakes by SHARP, such as failing to connect her with legal counsel and to inform her about the location of her rapist. She
said, “I had to call and get civilians get involved. And the Army hates that. They hate when civilians [get involved]—but it pushes them.” Her case picked up after POD connected her with civilian pro bono attorneys. POD also connected Tiffany with a civilian pro bono lawyer who tenaciously fought for Tiffany’s rights and effectively drew upon recent policy reforms to do so. For example, prior to policy reforms, victims were required to testify at preliminary (Article 32) hearings, making these hearings prime discovery tools for defense counsel wishing to discredit victims. Tiffany’s attorney drew upon policy changes to protect her right to attend while declining to testify in the hearing against her rapist. She said, “They wanted to interview me, and my lawyer, my pro bono guy, found another policy change that just came out that was like, nope! It says right here she doesn't have to.” Indeed, POD and other advocacy groups had successfully advocated for this very policy change, as well as multiple others that have progressively increased support and protection for military survivors (POD, 2015, n.d.-c).

In Cindy’s case, when the Congressional inquiry and resulting IG report failed to reverse her command’s efforts to give her a dishonorable discharge, her SVC contacted POD, who agreed to take her case. POD got in touch with a prominent news outlet, who agreed to publish her story. A few days before it was to be published, the journalist contacted Cindy and her command separately, in order to give both parties a chance to comment. Cindy said, “That same day, I get called into the commander’s office: ‘This is your official letter saying that you’re not going to be discharged’…. They knew that this story was going to break. That’s the only reason why they stopped with the discharge.” Referring to POD, Cindy said,

I’m forever indebted to them for helping get my story out. Because like I said, if they would’ve never had it released to the public, I would’ve probably had a dishonorable
discharge under my belt right now. But they did! And then like I said, a couple of days before it was released, magically it disappears.

In addition to the critical roles played by advocacy groups in policy reform, their strategic deployment of individual-level resources—pro bono counsel—and societal-level “going public”—sharing stories or issues with the civilian sector, including social and public media outlets—was extremely effective for inciting change. Civilian pro bono counsel was not bound by the rank structure of the military and could provide tenacious advocacy for individual victims, and “going public” could reach the larger population, including, potentially, the legislative and executive branches of government tasked with civilian oversight of military functioning. Along these lines, the Air Force SVC who participated in the focus group described how “going public” about a gap she had seen in the SVC program had resulted in a significant and almost-immediate change to SVCs’ ability to strongly advocate for their clients: “Something that I advocated hard and they told me would not happen until the summer, as soon as I went public, they [implemented].”

Family and friends. In addition to the important emotional support they could provide, family and friends were often powerful allies in the fight against negative-destructive leaders when survivors disclosed what they were experiencing.177 Cindy, Diana, and Belle’s mothers attempted to intervene on their behalves, whether directly with command or through contacting relevant governmental entities and with varying success based on the receiving party. Belle’s mother actively tried to protect her daughter and followed up with Belle’s leadership and resource systems to ensure her safety. Cindy’s mother actually flew out twice to meet face-to-

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177 But such support was not always available. Neither Tina nor Linda disclosed to their families during their time in the military. In Jane’s case, family were themselves part of the retaliation process. Her family of origin had turned a blind eye when she was sexually abused as a child, and they failed to support and sometimes castigated her as an adult rape victim. Jane’s in-laws also actively blamed her, telling her that “there’s no such thing as rape,” “women don't have the right to report when they're raped,” “you shouldn't report it,” and “you can't ruin his life.”
face with her daughter’s base commander to address the retaliation Cindy was facing under his watch. But as Cindy said, “When the meeting would come time, all of a sudden the commander would have something else to do or something else would come up…. So my mom got tired of that…. She started writing the Congressional.” Diana’s mother wrote then-President Bush about the abuse and retaliation Diana was experiencing; although she received a response, it did not ultimately help her daughter. Belle’s mother contacted her Congressperson’s office to get her daughter help, but she was shut down. When Diana finally told her ex-husband about her rape, he contacted the IG on her behalf to file a complaint.

Parents were not restricted by the same military regulations as their active duty daughters and could offer creative and powerful advocacy. As a case in point, Cindy’s mother went to the media, who began to publish stories about the retaliation Cindy was experiencing. As Cindy explained, “When you’re active duty, we can’t just go to the media. But my parents can!... You can’t touch them!” These media leaks infuriated her command, who demanded to know how her mother got hold of the negative paperwork they were giving Cindy. Cindy would tell them, “Well, I’m bad at keeping up with things, but my mom isn’t. So I sent it to her…. I have no control over her…. But it’s not me leaking it.”

**Summary.** Military survivors depended upon the optimal functioning of the response system provided for their support, recovery, and protection in the aftermath of critical incidents. But in turn, the functioning of that response system and the resources within it depended in part upon the nature of the leadership overseeing them and charged with survivors’ well-being. When negative-destructive leaders were in charge, the response system broke down. Negative-destructive leaders placed a power ceiling on resources’ interventional efficacy: the resources set
up for survivors’ support and protection failed, and the recourse systems tasked with ensuring accountability were rendered ineffective.

When resources were not independent from installation command, personnel were often afraid to advocate for survivors’ appropriate treatment, and when they did, survivors’ chains of command could disregard those recommendations. Retraumatization occurred when resources were staffed by negative-destructive leaders who further harmed survivors or by other compromised personnel who funneled survivors back to their leadership or shared disclosures with them. Resource systems structured to “serve two masters,” such as mental health, became potentially harmful as confidential disclosures and mental health injuries could be used against survivors by their commands. Moreover, even systems designed to ensure accountability and protection against power abuses failed to do so when negative-destructive installation commanders were in charge or negative-destructive leaders responded to inquiries. Even the most aggressive legal counsel could not protect survivors from all retaliation, as negative-destructive leaders with intimate knowledge of regulations could find ways to retaliate legally against survivors. Ultimately, resources failed when the power to control victims’ daily lives or to construct truth was held by powerful leaders who had formed ranks against them.

For some survivors, civilian recourse became necessary to protect them from the retaliation or obstruction they were experiencing from negative-destructive leaders. Congressional complaints and effective advocacy, such as going public, helped to hold command accountable when the military resources set up for that purpose failed survivors.

**Investigation and Justice Process**

Criminal justice, when successful in terms of conviction and punishment for rape, represents society’s public acknowledgment not only of the harm, but also that it should not occur; that rape is fundamentally an outrage to our collective values. In short,
criminal law is a fundamental means of both establishing and communicating normative standards of sexual conduct. —Nicola Henry, Asher Flynn, and Anastasia Powell, *Rape Justice: Beyond The Criminal Law*

If a perpetrator shows up at a court martial with a rack of ribbons and has four deployments and a Purple Heart, you know, there is certainly the risk that we might—we might be a little too forgiving of that particular crime. —18th Chairman of the Joint Chiefs of Staff General Martin Dempsey

The military justice system is “a command-directed system of justice” in which judicial decision-making ultimately rests with high-level commanders in various roles (e.g., initial disposition authorities, convening authorities, and authorities reviewing decision-making; see Chapter 1 and DoD, 2014a, p. 5).\(^{178}\) DoD has described this justice system as a “fair and equitable system of appropriate accountability that promotes justice and assists in maintaining good order and discipline in our military” (DoD, 2017c, p. 9). In this system, “DoD holds Service member subjects who have committed sexual assault appropriately accountable based on the evidence available” (DoD, 2017a, p. 5).

This justice system is highly controversial. It has been the subject of both vociferous defense and critique, as well as policy firefights, over the past twenty-five years. Military stakeholders have defended this highly portable, command-directed system of justice as critical for maintaining the good order and discipline necessary to ensure a well-functioning military regardless of location (see DoD, 2014a; Harding & Rockwell, 2013; POD, 2013). Human rights organizations, advocacy groups, and survivors have exposed the structural conflicts of interest

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\(^{178}\) DoD (2014a) describes the military justice system as performing two essential functions, operating as “both a modern criminal justice system and a tool commanders use to preserve good order and discipline within the military” (p. 5). We will focus predominantly on the former criminal justice system function (i.e., investigation and court-martial) in this section. (The latter function represents the range of adverse administrative actions [e.g., LOAs, LOCs, LORs, administrative discharge] and non-judicial [i.e., non-court-martial] punishments commanders can give to troops. These are frequently used as punishments for assault.)
and practical consequences created by granting decision-making authority to non-legal professionals who may have vested interests in case outcomes (POD, 2015).

In survivors’ cases, negative-destructive leaders impacted the investigation and justice process in three predominant ways, which ranged from explicit and direct to implicit and indirect: they controlled the process, they impacted the availability and behavior of witnesses, and they impacted case dispositions and justice outcomes. When negative-destructive leaders were involved in the investigation and justice process, high-status perpetrators were unlikely to see justice.

**Controlling the Investigation and Justice Process**

Leadership’s impact on the investigation and justice process was far-reaching. While in the best of cases, this structure carried inherent conflicts of interest, negative-destructive leaders capitalized on the structure of the military justice system to limit what could be done or moved forward and to neutralize the work of MCIOs and prosecutors. In two out of seven cases (i.e., for Cindy and Diana), negative-destructive leaders ignored survivors’ reports against their perpetrators, attempted to control the investigations that were eventually begun, and ultimately shut the investigations down. Cindy had reported multiple times, but her leadership had violated regulations and failed to document and initiate official investigations into the reported crimes. After Cindy received an Article 15 for dereliction of duty, was stripped of her security clearance, and was demoted—black marks on her record that would lead to discharge—she wrote a rebuttal detailing the sexual violence and command inaction she had endured over the three years she was at her base. This rebuttal was sent up to her commander, who had joined in forming ranks against her. Her commander was forced to initiate an investigation into her allegations, but Cindy said, “My commander, being the douchebag that he was, he decides to do an in-squadron
investigation. That's not what you’re supposed to do…. *He selects* who investigates!” When his designated investigators “found no truth” to Cindy’s claims and he began to process Cindy for discharge, Cindy’s defense attorney went above him to initiate an official investigation. However, Cindy’s commander again breached policy to better control the investigative process. Despite new regulations requiring all sexual assault allegations to be investigated by specially trained investigators in service branches’ respective MCIOs, Cindy’s commander appointed Security Forces—military police unequipped to investigate serious criminal offenses but with whom her command had close contact and frequent communication—to conduct the investigation. Cindy recalled, “We tried to get it into OSI's hands, but they fought us tooth and nail, even though there was a new rule passed by Congress that OSI would handle all sexual assault cases. No, they *fought* us for that. They said no, because all my assaults *happened* from previous years.” Cindy’s leadership also fought her lawyers to keep her in her squadron while the investigation was ongoing, forcing her to interact daily with unit peers who had turned against her. Security Forces did such a poor job that they had to redo the investigation multiple times:

They had to do their investigation *three times*. Because we would give them witnesses to talk to, and they would decide whether or not they wanted to talk to those individuals. *That* is how my case went. *They* would decide what questions they want to ask. And sometimes it wasn't even *about* the assaults or “has she ever complained about this or that” or “have you ever seen him do that.” It was more so about me: “Well, what do you think of Airman Parker? How is she at work?”

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179 MCIO investigation of these cases is essential for multiple reasons, but two stand out as primary: 1) trained investigators gather better evidence; 2) specially trained, trauma-informed investigators are less likely to engage in secondary victimization behaviors. Critically, the five victims who were interviewed by MCIOs may not have agreed with everything they did, but most felt that they were treated with respect and sensitivity.
It was only when Cindy’s Congressperson sent IG personnel to take over the investigation that it was conducted properly. The evidence gathered substantiated her complaints.

Diana’s commander similarly abused his power in the case against her rapist. After multiple members of Diana’s chain of command refused to respond to her reports of her perpetrator’s sexual misconduct over the first three years, she finally went outside of her chain to report the assaults and rape directly to Army Criminal Investigative Services (CID). The case agent began to find evidence against her perpetrator, and Diana believed that something might finally change. But soon Diana was approached by the prosecutor for the case. She said, “The guy who should’ve been prosecuting him, he came to me, and he’s looking around like he’s scared to talk to me. And he was like, ‘I believe you. I know he did it.’ And he says, ‘I want to prosecute him, but my hands are tied.’ That’s what he said.” Likewise, the CID agent who had been gathering evidence against her perpetrator also subsequently informed her that he was being moved elsewhere: “He came to me, and he says, ‘I want to see this guy go to jail, but I’m PCS’ing [Permanent Change of Station].’ I’m like, ‘Isn’t that ironic?’ He PCS’d, and so, ‘The colonel is taking over your case.’ ... It’s just funny how all of this stuff started happening.”

After commandeering the investigation, Diana’s commander directed Army Forces Command (FORSCOM)—Soldiers trained for combat operations, not investigating felony-level crimes—to investigate. These Soldiers treated Diana as if she was to blame for the rape as they played the “Good Cop, Bad Cop” scenario:

So you had the good one, you had the bad one. The bad cop, as I call him, "Why did you wait so long to report it?" But I didn't wait so long, I reported it when it happened. “Why did you take him to the airport? Why did—?” You know, it was just like, “Why? Why?"
So it was more like, "Okay, it's your fault. Why did you take him to the airport? Oh, does this have to do with the profile [of your physical limitations]?"

It should perhaps be unsurprising that leadership who had initially ignored reports and attempted to cover up leader-perpetrators’ crimes would also use their power to shut down the investigations against them. Neither case went to court-martial despite the evidence obtained. And despite criminal penalties for obstruction of justice under the UCMJ (i.e., Article 134), these commanders’ interference in the investigations easily passed as disposition authority.

Negative-destructive leaders’ roles in the investigation process manifested differently in cases of cross-service assault, where the offender’s chain of command could exert power from a distance. As mentioned last chapter, cases involving the most robust initial support for victims were cross-service cases—those with the greatest separation between perpetrators and victims’ leadership—but these same cases were those in which even the most positive-constructive leaders were “cut off at the knees” in their abilities to help victims and advocate for proper treatment. However, perpetrators’ leadership had no such constraints and sometimes used this system to obstruct the justice process. This occurred for Tiffany, as her officer-perpetrator’s commander directly capitalized on his control over the case and refused to cooperate with even Marine Corps generals, whose ability to help their Marine was limited due to policy constraints. Tiffany also encountered multiple barriers to her case. Evidence, including communication from her rapist in which he apologized for assaulting her, went missing. She experienced multiple reversals prior to the Article 32 hearing (i.e., being told her case was thrown out when it was not). The court-martial was delayed multiple times. Tiffany’s case was ultimately thrown out almost four years after it was first investigated (ostensibly due to problems with the Article 32 hearing), such that the investigation and justice process had to be redone. While definitively
attributing these issues to negative-destructive leadership involvement is impossible due to lack of procedural transparency, these reversals and delays are highly abnormal. For comparison, 2016 MIJES data indicates that the majority of cases are concluded within two years. Forty-five percent of cases take more than two years, but four years appears unusual (Namrow et al., 2017).

Beyond the immediate conflicts of interest created by leadership’s role in cross-service cases, it created practical and safety issues as well. In addition to the offender’s chain of command having decision-making authority over the cases against perpetrators, the offender’s command was also responsible for arranging the timing, location, and accommodations for preliminary hearings and courts-martial proceedings. For the two survivors whose cases proceeded to the preliminary hearing stage, this set-up was problematic and created unnecessary safety issues. As Tiffany said, “The offender’s command sets up everything. They set up my travel. They set up my hotel. They set up my flights. And I raised that flag in the beginning, I was like, ‘So you’re telling me that [the perpetrator] is going to not know where I’m staying?’” Tiffany refused to use the accommodations the Navy gave her and scheduled her own because she did not trust the Navy to maintain her privacy and safety. She said, “I was like, ‘Well I’m going to make my own reservations, and then you guys will pay me back on the flip side.’ Well that idiot [offender’s commander] jacked up the whole thing, and it took four months to get the money back.” In Jane’s case, she was actually placed in the same hotel as her perpetrator and had to be moved. She described the impact this had on her:

It was kind of scary, because I was there by myself and he was there. So I was honestly—like if I were to tell people, they probably would think I was being unreasonable, but I was a little nervous of him retaliating in any way, because he was on the same base and I didn't know where he was. And I heard all these stories about women downrange getting
killed after being raped, because [perpetrators] didn't want to be responsible for their actions. And same thing with men, they would get killed too in the military after they were raped, because they didn't want to be told on. So I was—I had those thoughts that something might happen to me.

**Impacting Witness Availability and Behavior**

Negative-destructive leadership affected the availability and behavior of witnesses by spreading defamatory narratives about survivors and also by creating climates of intimidation and retaliation that deterred additional victim-witnesses from coming forward. First, leader-perpetrators themselves turned witnesses against victims and jeopardized the integrity of the justice process. As noted previously, perpetrators capitalized on their power, status, and influence to prime communities with their narratives about victims and to spread defamatory narratives about survivors following their reports. When investigators interviewed perpetrators and their supports, these narratives were cycled. For example, Belle’s rapist was not only an NCO but also leadership’s “favorite child.” His high status meant that he had considerable influence over leadership’s perceptions, and they believed his narratives and took his side without question when he told everyone that he and Belle were in a consensual relationship. She said, “Even during the reports, no one was on my side. They’re like—they all thought we were having a sexual relationship. Because he knew all these people. He worked with all these people. It was horrific.” She described how her male leadership, like much of the military community, endorsed the false belief that an exemplary Airman could not commit such a horrendous crime: “The man who horrendously raped me, he was backed by everybody. They’re like, ‘I know this man. He’s a good Airman. He could never do this.’ And it’s like, ‘He did.’ And those are usually the ones that, you know, that hide. They hide behind this justice system.”
Further, negative-destructive leadership and perpetrators also cut Jane and Tina off from peer supports that might have acted as character witnesses in their respective courts-martial. For example, after the commander in charge of Jane’s agency had threatened to discharge her for drinking and to similarly punish her fellow agency peers when she reported, Jane’s ability to call on these peers as witnesses was jeopardized. Jane’s access to unit members who might act as witnesses was also compromised by her perpetrator’s defamatory narratives, which caused her own unit members to turn against her for “ruining his life.” Lacking other character witnesses, Jane was forced to use her sergeant and CO to do so, and she had to share the details of her rape with them: “I had to tell them both what happened, which was uncomfortable. So yeah, down to the detail, I had to tell them.”

Finding witnesses was also difficult for Tina, whose chain of command had aggressively abandoned her and whose unit had taken her perpetrator’s side. As mentioned earlier, Tina’s perpetrator spread his side of the story in her absence, and this defamation stretched into the court-martial, where he and his character witnesses lied. Tina recalled, “He brought in plenty of people who were his best friends, who like lied and said, ‘Oh we don't know him…we only know him professionally, and he's a great guy, and she's terrible, and she's a liar.’… And I'm like, ‘You're his best friend. You guys drink all weekend.’” Although the lies continued throughout their testimonies, panel members believed the defendant and defense witnesses, all of whom had sworn oaths to tell the truth. Tina said,

For people to go up there and lie on the stand, and for me to know that they’re lies, but for no one to really [realize that]…. The defendant raised his hand and swore to tell the truth, and he lied the whole way through! But, I mean, I don't know if they think, “Okay, Soldiers—because they’re Soldiers, if they swear that they're going to tell the truth,
they’re really going to tell the truth.” I just—they put too much weight on the whole
“they must be telling the truth, because they said they are.”

Additionally, negative-destructive leaders who retaliated against survivors for reporting also created a climate of intimidation that deterred additional victims from coming forward and supporting survivors’ accounts with their own testimonies. The leaders who assaulted Cindy and Diana had also harassed or assaulted other women, but these other victims remained silent after witnessing what Cindy and Diana faced after reporting. Cindy said, “I had a friend, she’s out now, she’s retired also. She was being harassed, too. She didn't file, but in the investigation, she said the reason why she didn't file is because what she saw me going through…. There were other victims, and I know one.” Diana’s had witnessed her perpetrator’s inappropriate public behavior with other lower-ranking females and had tried to protect them. When Diana reported her perpetrator after he raped her, other women came to tell her that she was their “hero,” but they refused to come forward themselves:

I had females come to me and say I was their hero. I was like, “I’m not trying to be a hero. If this man did something to you, I need you to come forward and say something.”

But why would they? Because they saw what was happening to me, so why would they want to come forward and go through the same thing I was going through, you know? ... Those who could've made a difference, who could've spoken up and said things that possibly happened to them, they were too afraid or they didn't because of the fear that was placed on dealing with me, my situation.

Negative-destructive leadership directly jeopardized case strength and perpetrator accountability by creating a climate of intimidation and fear surrounding reporting.

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180 Making false official statements and obstruction of justice are punishable under Articles 107 and 134, respectively, of the UCMJ and bring maximum sentences of 4 to 5 years.
Impacting Case Dispositions and Justice Outcomes

The foregoing behaviors coalesced with leadership decision-making to impact justice outcomes themselves and to reduce the likelihood that leader-perpetrators would be held accountable. Leader-perpetrators’ impunity began already when they selected lower-ranking victims (who were less likely to be believed within rank-based military structures), was strengthened by the assault-facilitation methods they often used (e.g., drugging or preying upon intoxicated victims), and was reinforced by the interpersonal tactics they employed to turn others against them (e.g., priming the community and spreading defamatory narratives). Such tactics were inordinately effective in affecting available evidence and its reliability, including the statements by victim-witnesses and perpetrator-supportive witnesses, and contributed to cases dismissed for “insufficient evidence” and “conflicting statements.” But beyond leader-perpetrators’ direct efforts to protect themselves and their careers, victims’ experiences and case outcomes also provide evidence that these perpetrators were protected by leaders equipped with decision-making authority. This decision-making occurred behind the scenes, removed from scrutiny and oversight.

Seven out of eight survivors participated in some stage of the justice process, reporting against a total of nine leader-perpetrators.\(^\text{181}\) Seven investigations were eventually begun; only three cases progressed to preliminary hearings and had courts-martial charges preferred. Of these, only two have actually seen courts-martial at the time of this writing. Of these two cases, only one resulted in a conviction: the perpetrator was sentenced to six weeks in jail for rape and required to register as a sex offender. He was released early for good behavior, finished out his military career, and retired honorably. One case is still pending after over four years.

\(^{181}\) The total number of perpetrators was ten. This number includes Linda’s leader-assailant, whom she did not report.
Meena, Belle, Cindy, and Diana’s cases died at the investigation stage. Other than the ostensible rationale for case closures, these victims were provided few details about their cases, and any additional information that they gleaned was based on their own efforts. Although Meena and Belle’s cases followed investigative protocols, they were deemed to have insufficient evidence to move forward. Meena was also told that her case was closed due to “conflicting statements.” And, indeed, Meena had reported the day after her assailant had drugged and raped her, such that her first statement was compromised by memory disruption in addition to acute traumatic disorganization. As she stabilized, she began to piece together what had happened. She said,

I think me not being able to remember a lot of what happened was used against me, because I went in there, like, the day after it happened, and, you know, I only remember one or two things that happened, and then a week or two later, you know, more is coming back to me, and I might’ve said something that completely conflicted what I said before…. I never got time to really sit down and figure out what happened.

Belle was only informed that there was insufficient evidence to proceed: “Nothing really came of the case. They said that there wasn’t enough evidence. It didn’t go to court…. I didn't even know what it said in the investigation. I didn't even know what was said against me…. [But] all the witnesses had backed his story instead of mine.”

Cindy’s commander violated multiple investigative protocols in her case and, unsurprisingly, she was informed that there was insufficient evidence for her case to move forward after it was investigated for the third and final time in 2014. Cindy recalled the letter she received from her command: “We found that Airman Parker’s workplace was a very hostile and inappropriate area. And those individuals involved have been dealt with appropriately. But due
to the Privacy Act, we cannot release what was given to those individuals.” When Cindy’s lawyers pushed for more information, her base commander replied that “he didn't feel there was enough evidence to go through a trial, but paperwork would’ve been sufficient.” This case disposition stands in direct contrast to evidence obtained during the IG investigation, in which one of her perpetrators admitted he had assaulted her. Cindy said,

He said, “Well, she never said no. She maybe said no once, but every time I did that after that, she never said no again.” That’s why he continued…. That was his excuse! Now, reading that, it’s like…that's not good enough for a full case? I did, I said no! He admits that I said no! One time, that's all it takes, at least that’s what the training says. If I say no one time, I said no! Of course after that, you’re not listening, my squadron’s not listening, so, yes, of course, after that I’m not saying no anymore, because nobody’s listening to me say no…. He is 100% correct. I said no in the beginning, and then after that I just didn't say anything. I let it happen, because that’s all I could do at that point.

Regardless of this evidence, Cindy’s three leader-perpetrators never saw court-martial. Cindy learned from a friend that one of her perpetrators was eventually forced to retire from the military—but returned to base shortly thereafter as a civilian contractor.

Diana was never formally notified regarding the outcome of the investigation against her perpetrator after her commander took over the case, but her perpetrator was never court-martialed. Instead, he was forced to retire—honorially and with full benefits—and in her Personnel capacity, she was forced to out-process him:

They knew this man had sexually harassed me, assaulted me, and they actually made, pretty much forced me to see him leave…. It was just another slap in my face, like, “We don't care what happened, who you told…. We’re still in control of things. And you're
going to do what we say.” ... And, you know, to see him basically—that's a slap in the face, too. It’s like, “Hey, I'm going home, nothing’s happening to me! I'm still getting my retirement!” You know what I’m saying? "I'm still getting my benefits. I'm just leaving.”

When cases did not move forward, victims had no further rights to information about their perpetrators. Ostensibly due to the Privacy Act, this opacity obscured the punishments given—if they were given at all—and who ultimately determined the merits of the case and evidence obtained.

Tina, Jane, and Tiffany’s cases had courts-martial charges preferred at Article 32 hearings, but only Tina and Jane’s cases have gone to courts-martial as of this manuscript’s writing. In both cases, survivors were maligned by defense counsel and defense witnesses, intimidated by the leader-perpetrators’ supports, and rendered peripheral to prosecutors’ (Military Trial Counsel [MTC]) strategies in their role as government witnesses. In Tina’s case, the MTC played a clean but naïve game, while defense counsel painted her as “bipolar” and “psychotic,” and both defense witnesses and her rapist called her a liar while committing perjury themselves. These rape myth-based strategies served to introduce reasonable doubt to the panel of officers charged with determining the offender’s guilt, and Tina’s rapist was acquitted of all charges and enabled to resume his leadership position and to receive new female Soldiers under his care.

Jane’s case against her senior NCO rapist followed a similar trajectory. Her perpetrator had retained both military defense counsel and a private defense attorney, who was prior military and who specialized in defending servicemembers who were “wrongly accused” of sexual assault crimes. Tepid military rape shield and mental health record protections enabled defense counsel to attack Jane’s sexual history and to use her mental health records against her:
They dug pretty deep into my character, they asked me if I ever cheated on my husband, if he ever cheated, how our sex life was, if any of those assaults took place, if I ever reported anything before…. Then they also went into my mental health records, they asked me if I had any mental health problems before. I had to disclose my mental health records, because they wanted to know if I was mentally reliable, psychologically reliable. And then they found out about my childhood abuse, and then they brought that up in court, and like that was pretty invading…. The defense, or his side, he kept using the fact that I am a married woman and I went to his house and that I'm not a good wife because I did that. And I had to defend myself in front of everybody.\textsuperscript{182}

While Jane’s mental health and sexual history were assassinated, Jane’s perpetrator was never called to testify during the trial: “He didn’t have to say one word, and I had to defend myself the whole time and being accused of, yeah. So throughout the whole court hearing, he didn’t say…one…word…at…all…. His defense team talked for him the whole time.” Jane noted that prior to sentencing, her rapist was able to give a statement requesting lenience, in which he invoked his service record, good character, and role as a dedicated husband and father:

He actually got to make a statement, kind of like a plea statement to beg for them to not give him a harsh decision. And I listened to it and it was very like patriotic and—because he said something in the manner of like, “I am proud Air Force sergeant, I served my country, I’m an immigrant,” something about his dead parent, that he has an amazing wife and [three beautiful kids and a new baby on the way]. So he made himself like sound like this outstanding person, that this [rape] never happened.

\textsuperscript{182} For discussion of rape shield laws and recent reforms, see POD (2014)
Jane’s perpetrator’s sentence was determined not by a judge, but by a panel of officers and NCOs with no legal experience and no minimum sentencing guidelines. He was given six weeks for raping her, and although he was required to register as a sex offender, he was enabled to return to service after serving only 4 weeks’ jail time to finish out his 20-year career and retire honorably.

Confounded, Jane requested that the offender’s chain of command to review this decision in light of new policy implemented one month later requiring all convicted sex offenders to be dishonorably discharged or dismissed from the military. She explained,

The way I look at it is, they found him fit to serve in the military as a sex offender. And it just didn’t make sense in my head how this proud Air Force could have an NCO that was not only accused of it but was actually charged of misconduct as a registered sex offender and they still keep him within the ranks, and they want to give him the benefit of having lifetime retirement.

While the offender’s chain of command “reluctantly” convened a panel of senior NCOs to review her request, they ultimately decided in his favor. Jane said, “To them it was just a cruel decision, they felt. And it made me feel very upset after that last decision, because it felt like the culture was just so ingrained with protecting sexual assault perpetrators and men in general.”

As of this writing, Tiffany’s case has yet to see a courtroom—over four years after she initially reported. After several reversals, Tiffany’s case progressed to a pretrial hearing in 2015, where her perpetrator was charged with penetrative assault to be tried at court-martial. However, after numerous last-minute court-martial postponements, Tiffany received notification that the case had to be redone due to Article 32 issues. Her rapist continues to serve as in his position as Navy officer.
**High-status immunity and “expendability.”** Taken together, the above outcomes demonstrate how negative-destructive leadership ultimately operated with impunity throughout the command-directed military justice process—and *because* of the power structures that supported that process. In every case above, leader-perpetrators were high-ranking or mission-critical servicemembers. Their leadership and units rallied around them to “protect their own,” minimizing or denying their criminal misconduct in view of their military usefulness or positive service records. In other words, a critical and consistent outcome of the command-directed military investigation and justice process was **high-status immunity**: when military leaders or high-status servicemembers committed serious crimes under the UCMJ, they were largely immune to proportional consequences, often because they were valued by the military leaders charged with ensuring their accountability.

Meena directly witnessed this immunity in her work as a paralegal at two Air Force base legal offices. She noted that 90% of the cases processed at both bases involved some form of sexual misconduct by servicemembers, such as sexual abuse of a child or dependent, assault of a servicemember victim, or assault of a civilian victim. Speaking from this experience, Meena discussed how rank differentially factored into case dispositions for sexual assault crimes:

I think the rank structure is looked at far more than it should be when it comes to these things…. With the cases that I’ve worked on, I feel like if the accused was low-ranking, he got more of a punishment…. There definitely was a court-martial, and what he was sentenced to was pretty heavy. He was discharged. He got jail time. He was demoted…. [But] there haven't been a lot of court cases that I’ve seen that involved high-ranking individuals…. I would like to say that’s because they’re not doing these things, that they know better. But I know it’s because they have coverage; they have even higher-ranking
officers usually covering their backs for them, because they’re usually in positions of power. And if, you know, your commander or your supervisor of a unit is facing a court-martial, you have to find somebody who’s the same rank or higher to now watch over your unit. So there’s a lot of covering, I think, for their high-ranking. Whereas an Airman, you know, you can get another grunt to come in. You can get another flight-line technician to come in. They’re—we’re a dime a dozen…. I don't think I’ve seen any high-ranking sexual assault court cases the three years that I was a paralegal…. There was investigations that came across my desk. There were ROIs [Reports of Investigation] that they would dial. Yeah. Or the commander would decide, you know, “We’re going to handle this in house. We’re going to give him a[n Article] 15, maybe an admin demotion.” It was handled lower than what it should have been handled. Whereas, if it had been an E5 or lower, it would’ve gone to a court-martial like that [snaps fingers]. And I think that’s a big issue in the military.

Meena also experienced this lack of accountability first-hand, in the case against the Army sergeant first class (E7) who had raped her. Indeed, when she learned of his rank and central position at the Army headquarters on her base, she doubted her case would see trial. She explained, “Not only was he high-ranking, but he was in a high position as well. He had a lot of, I guess, sway over the people that he—that worked for him. So I feel like I was doomed from the very beginning.”

Other survivors pointed out the same power dynamics, highlighting decision-making authorities’ willingness to punish lower-status servicemembers while “protecting their own” high-ranking leaders. Linda stated that the justice system “works” when perpetrators are lower enlisted or junior NCOs, as leaders “have no problem throwing the book down on an E5.” But
like Meena, she identified the “expendability” dilemma faced by leadership when it came to cases involving a leader-perpetrator:

Who's expendable at this point in time: The chief who put 18 years of service in, who, you know, is the leader of all these people and has all these responsibilities, or the E5? At that time, guess who's expendable!... On a functionality, efficient business perspective, who are you going to pick? And they can't be touched!

Tiffany echoed this perspective as it related to the repeated delays and reversals she had experienced in her cross-service case: “There’s no reason why this is taking so long, other than the fact that it’s dual service and it’s an officer and an enlisted…. I mean I feel like if this had been between me and another sergeant, it would’ve been done like that [snaps fingers].”

Belle also described how perpetrators who were mission-critical rarely saw punishment, as their leadership had vested interests in keeping them in the military where they could meet operational demands:

We’re fighting these missions, and it’s constantly, yeah, these people are essential. They’re very good at their job, you know? And so, they have to make, like, the biased opinion and be like, “Well, I know you did something horrible to someone, but here is a slap on the wrist, you’re punished, go deploy.” So that’s what it is.

Describing the lack of accountability for her rapist and her VA who engaged in sexual misconduct, Belle illustrated the gender-based power dynamics pervading the military justice system and leaders’ often-unilateral say over perpetrators’ punishments:

They’re biased. They’re biased. Like, the VA—my Victim's Advocate—and the guy that did this to me, they were very, very good at their job, very good. I’ll give them that. So they had to keep deploying and keep—they had to keep them in the game. So they pretty
much did this [slaps wrist]. And so—the commanders, they have a very biased opinion…. Every time it was in the chain of command, it made it a hundred times worse. Because they chose the man. They chose this perfect male over [me] every time. Every time…. And these commanders give these “unbiased” opinions, and it’s like they’re like God in a way. And it’s just—it’s not right. It’s unjust.

Diana described how military leaders at her last base failed to uphold military values and to tackle the crimes occurring on their watch in favor of preserving their own careers and masculinist loyalties:

I know there's supposed to be a sense of honor, pride, respect, duty, you know, but a lot of them don't have it. And—and they're more into their careers and, you know, covering up instead of being truthful and speaking the truth about what's happening. They'd rather cover it up to protect their good ol’ boys systems. Yeah, so, that's the system. Will it change? I doubt it…. Like, it's obvious, they know how to speak things and put on a front to make it look like, "Oh yeah, we’re taking care of the situation," when in turn, it's not, they’re not. They tell you what they want you to hear.

**Impact on victims.** The investigation and justice process was already difficult without being problematized by negative-destructive leadership, who compounded the trauma already sustained and created new trauma by their interference in and impact on that process. Many survivors described a sense that their lives and recoveries were “on hold” until the investigations and cases were closed, but unsatisfying case outcomes only created additional distress and invalidation. By reporting their perpetrators, survivors had hoped to protect themselves or others from further harm, to find closure, and to hold the perpetrator accountable. Not only did the justice process deprive victims of these important outcomes, but victims were often denied
acknowledgement and validation throughout the system and from their leaders, assailants, and the wider military community for the harms they had sustained. In contrast, perpetrators were supported by the community and rewarded by the system despite the crimes they had committed. Survivors felt indignant rage at the ongoing miscarriage of justice and illegitimacy of this command-directed justice system and its betrayal of core military values. As Cindy said, “You have these predators with this—serving in the military and then to get an honorable retirement, that is something of honor and that a lot of people have earned. I don’t think any of these individuals earned that right.”

Further, survivors whose cases did not result in convictions were barred from knowing what happened to their perpetrators. Many survivors discussed how this uncertainty exacerbated legitimate safety fears, hypervigilance, and avoidance. Survivors who continued to live near their perpetrators and/or the bases where their assaults occurred were especially fearful of running into perpetrators or their friends and being revictimized or otherwise harmed. Tiffany’s case is still pending, and at the time of interview, she had moved apartments multiple times, because she feared that her perpetrator or his friends would find out where she was, and requesting a civilian protective order would have been counterproductive (i.e., her rapist would learn her general location).

Negative-destructive leadership also increased victims’ distrust of the justice system and impacted their motivation to participate in the process in the future. When Belle was asked to participate in further actions against her perpetrator after her case was already closed due to

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183 One focus group member described the impact of such common and poor justice outcomes on survivors’ recoveries: “Unfortunately, there are so few positive results in the criminal justice process that it’s hard to say that for that many people it’s satisfying. Right? I mean, I think for the people that I’ve spoken with who actually saw their perpetrators convicted of a sex offense…that was helpful in their recovery. But for others who are dragged through the mud only to see their perpetrator acquitted, I don’t think they view it as positively!”
“insufficient evidence” and witnesses having backed her rapist rather than her, she refused to do so because her trust had been broken. She said, “I was still getting calls from SVC. They were trying to, you know, get him for something else, and I was like, ‘Just give up.’” Tiffany felt demoralized by constant trial delays and obstruction by the offender’s command, and she considered dropping out of the case. Although she continued with the process, she described her increasing sense that her offender’s command wanted her to just “go away” or even take her own life:

My honest opinion of this entire thing, I feel like they want you just to kill yourself. It's like—it's like, you come forward, and I feel like the end result here is just for you to go away. Because that's exactly what I said yesterday [when the court-martial was again postponed], I was like, “What do they need? What do they need here?” I was like, “Are they putting this off until like I kill myself?” Because that’s honestly just the way I feel, because I don’t why this is happening. And I feel like there’s so much pressure to get the victim to quit. And I almost did once. I almost quit about two years ago. Because I was like, “This is ridiculous, because I’m never going to move forward until this is over.”

The military justice system was often the only justice mechanism available to victims, meaning that they were barred from further recourse when it failed them. This justice gap created distress for survivors, whose justice interests did not end when their cases were dismissed. As Meena said, “I want to appeal this decision. Just because I don't remember things, I don't feel like that’s done and over just like that.” But appealing decisions was a dead end; as Jane noted above, even appealing for the discharge of a convicted sex offender was denied. In Tina’s case, her acquitted rapist could not be tried twice for the same crimes. Belle said, “To this day, people are like, ‘Get a lawyer! Go fight! You should sue! You should sue the military!’ It’s like, how do
you sue—sue the military?... It’s impossible!” Receiving neither sufficient carceral justice nor validating closure, survivors were effectively trapped, voiceless, and, as Tina said, “stuck at a dead end.”

Summary. The structure of the command-directed military justice process itself carried inherent risk for abuse of power and decision-making authority. It enabled negative-destructive leadership—both leader-perpetrators and their leader-supporters—to operate with impunity. These powerful men controlled or interfered with the investigation process, intimidated or turned witnesses, and destroyed victims’ reputations and careers—and they were empowered to do so by the very policies and regulations structuring the justice process. One consistent outcome of these power structures was high-status immunity: leaders who assaulted their subordinates did not see appropriate justice. In contrast, victims were not only humiliated and defamed; they also had their careers destroyed, safety jeopardized, and lives impacted by a system that protected high-status perpetrators and too often viewed victims as expendable.

Separation Experiences

Many survivors had planned to remain in the military until retirement; strikingly, most wanted to remain in the military despite being assaulted. However, trauma sustained as a result of leader-perpetrators’ crimes created a burden of distress on survivors that was difficult to navigate in the military environment and was further exacerbated if negative-destructive leaders formed ranks against them. Most survivors experienced PTSD, depression, anxiety, and other expectable responses to sexual victimization, and some faced treatment issues and retaliation as

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184 The ultimate result of these justice experiences was that many victims regretted reporting. Tina said that the court-martial is what “keeps [her] up at night,” and that she is “filled with regret” at how the process went. Likewise, Meena felt ambivalent about her decision to report, since nothing happened to her rapist, while she suffered all of the harm: “I’m still struggling with if things would’ve been easier if I had just not reported it in the first place. I mean, the outcome wouldn’t have been any different. He wasn't charged with anything…. I mean, to go to a supervisor, to tell them what happened, to go through this process of being interviewed, of reliving this over and over and over again, for the person to not only to not be charged, but to not have any disciplinary action against them at all whatsoever is devastating.”
described above. Although all were capable of remaining in service had they been given appropriate time, support, and treatment, all survivors were ultimately separated from the military. Their leaders played various roles in their separations.

Military leaders have some say in whether or not survivors stay in the military and, if they are separated, the terms under which they leave. They can also impact survivors during the process of separation by offering support or, conversely, retaliating against them. There were three ways survivors were separated from the military: medical retirement (5), military retirement (1), and administrative discharge (2). Leadership contributed to the nature and process of these separations, and their impact on separation generally appeared on a spectrum from supportive to abandoning to retaliatory.

**Medical Retirement and Military Retirement**

Medical retirement can offer a humane and responsible means of separating servicemembers who sustain wounds, illnesses, or injuries (WII), like PTSD, that can render them unfit for duty. Medical retirement provides benefits like education and healthcare as well as compensation for the loss of military and civilian employability for these service-related conditions. The evaluation and determination process for medical retirement (“med board”) begins when a servicemember is referred by a physician to the Integrated Disability System (IDES), a joint DoD/VA effort tasked with evaluating and rendering determinations regarding a servicemember’s medical fitness for continued military service. The system involves a Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB)\(^{185}\) overseen by medical professionals (i.e., not the survivor’s treating professionals), and determinations involve a single examination of the servicemember, a review of medical records, and review of documentation

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\(^{185}\) The MEB rates whether a medical condition renders a servicemember unfit for duty, and the PEB determines whether that condition prevents the servicemember from doing her particular job.
provided by the servicemember’s commander. If a servicemember is judged not to meet medical retention standards due to a service-related WII, disability compensation ratings are determined based on VA ratings guidelines (DoD & VA, 2011; Air Force Wounded Warrior Program, 2016). The formal process from initiation to separation-reintegration typically takes 295 days, although the process can be expedited or take up to two years (DoD & VA, 2011; HRW, 2016). Servicemembers are provided a DoD Physical Evaluation Board Liaison Officer (PEBLO) and a VA Military Service Coordinator (MSC) to assist them through the process, and they may appeal or rebut the decisions made at multiple levels of the process and should be provided legal counsel to do so (Air Force Wounded Warrior Program, 2016). While referral to IDES is most often initiated by medical or mental health professionals themselves, commanders may also request that subordinates be referred for evaluation.

Tiffany, Jane, Belle, Tina, and Cindy were medically retired, but Diana was also referred for evaluation. In the first four cases, survivors’ treating professionals initiated the medical retirement process; in the latter two cases, survivors’ commanders used the medical board process in retaliatory fashion by referring them to a doctor to request that they be evaluated.

While leadership could not control the medical retirement process or its outcome, they could impact survivors’ experience during the process in a number of ways, including their level of supportiveness during the process. Such leadership responses varied from supportive to abandoning to retaliatory. For example, Tiffany’s leadership were supportive in the context of

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186 Medical retirement provides varying levels of compensation for a disability incurred during service that prevents servicemember from continuing employment in the military, while VA compensation targets the loss of civilian employability due to a disability incurred during service. Thus a servicemember who is medically retired receives both a medical retirement rating from DoD and a VA rating for service-connected disability. Importantly, medical retirement provides DoD benefits, like health care for servicemembers and their families as well as education benefits.

187 When survivors voluntarily seek medical or mental health treatment, they are submitting to evaluation of their fitness for duty. If a medical condition does not improve with treatment after one year, they are most often referred to the IDES (DoD & VA, 2011).
tremendous loss that came when her counselor referred her for a medical board when her PTSD was not “magically better” within a year of her rape. This process was a “huge blow” for Tiffany, who loved the Marine Corps and wanted to deploy with her unit: “They put me on a med board to medically retire me for PTSD for this assault. So, in that, they took away my rifle, so, without my rifle, I'm non-deployable, so that made me a complete useless Marine. I was like [claps], ‘So now I came forward, and now I can't even deploy again.’” Without her weapon, Tiffany could no longer work in her shop and felt unprotected from her perpetrator, so she transferred to another base. Her leadership at both bases were understanding of the mental health injuries she had sustained, and leaders at her new base attempted to find work for her to do in order to keep her active. However, Tiffany ultimately asked them to just let her separate because she knew that she would not be able to move forward until the investigation was finally over. (She is still waiting.)

But leadership could also effectively abandon survivors to the medical retirement process. For example, Jane had served for a decade in the Army before she was raped, and despite her rape, Jane finished her bachelors’ degree because she planned to become commissioned as an Air Force officer, finish out her next ten years, and retire. However, Jane’s counselor referred her for a medical board when she was not yet ready to deploy for fear of experiencing another rape downrange. She said,

I was found incompetent to keep serving because I was diagnosed with PTSD…. They said that I can't serve, because I'm mentally or psychologically incapable of serving [laughing]. So they're kicking me out…. Because I was considered non-deployable, I was forced out of the military. But I know that I could have done so many good things in the military if I were able to stay.
Although servicemembers are offered opportunities to contest the findings of a medical board and should be provided counsel to do so, Jane received neither: “That was their decision. And that's it. I didn't really have much say.” While the board was quick to medically retire her for PTSD due to the rape, Jane noted a gender bias in the medical retention determinations made for men with PTSD, stating, “I've known a lot of people that have PTSD who are men, and they stay in the military…. But as soon as that subject of sexual assault is touched upon, that’s like a faux pas that nobody wants to even hear or deal with and, ‘Let's boot these women out!’”

Leaders could also be retaliatory toward survivors during the med board process in a number of ways. For example, commanders were required to submit letters describing how the servicemembers’ medical condition (e.g., PTSD) impacted their fitness for duty, and these letters were taken into consideration when the MEB and PEB were determining disposition. While supportive leadership could use these letters to support the survivor’s medical retirement, negative-destructive commanders could use them to retaliate against them. For example, in the letter Belle’s commander submitted, he not only gave incorrect details about the deployment location where her rape occurred, but also echoed her rapist’s narrative, stating that “she alleged that she was the victim of sexual assault by someone that she was in a sexual relationship with at the deployed location,” that “her allegations were not substantiated,” and that “the Air Force would be better served with her leaving the service.” He refused to rewrite the letter until forced to by a senior commander.

Moreover, the medical retirement process itself could take up to two years, and leadership could impact survivors’ careers during the process and make their lives miserable while they were waiting to separate. For example, Tina’s doctor referred her for a medical board, and her leadership were resentful that she received it. Tina noted that such resentment by
leadership was common toward servicemembers who were medically retiring, whom they viewed as “broken,” “useless,” or “shit-bag Soldiers.” She said, “They see you as a waste of the Army's time, a waste of money, a waste of training. And then if you get out with any benefits, like, ‘Oh, you don't deserve the benefits, you don't deserve blah, blah, blah…. What did you achieve? You didn't go nowhere. It was a waste.’” At times, leadership were actively hostile toward survivors when boards decided survivors would be medically retired and granted high disability ratings. For example, Belle’s leadership had labeled her rape-related PTSD as malingering, and when they found out that she was being medically retired at a high rating, their retaliation increased. She explained,

At that time I was getting out. They learned that I was getting 60% disability rating, and they were just—they were very bitter against that. Pretty much, I was just waiting for orders to out-process. It was like the very tail end, but that’s when it got really bad…. This master sergeant was just like trying to throw me under the bus…. I was like, “Just back off.” I was like, “All I want to do is get my orders and get out.”

Belle’s leadership threatened to give her an Article 15 for her mental health issues and to cancel her medical board, which was blatantly illegal. Belle enlisted the help of defense counsel to help her write rebuttals to the reprisals she was experiencing, and she was able to medically retire.

Cindy and Diana’s leaders attempted to use the medical board process in a retaliatory fashion, by referring these women to medical professionals for evaluation in hopes of initiating the medical board process and thereby separating survivors from service. In Cindy’s case, her leaders used this process to separate her from the military after her their attempts to dishonorably discharge her had failed when her story had gone public due to POD’s advocacy, as described above. She said,
They go, “Your mental state of mind is in question right now, Airman Parker. You need to see a therapist. And, depending on what that therapist stated, will determine whether or not you stay in.” I already knew. They were trying to get me out. I already had a suicide attempt under my belt. I was depressed—of course. And no, I didn’t want to be there.

The psychiatrist conducting her evaluation was thorough and diagnosed her with PTSD, depression, and anxiety. However, Cindy’s leadership were pushing for a diagnosis of borderline personality disorder, and although the psychiatrist fought against this weaponized diagnosis, the Air Force nevertheless included it on her separation paperwork:

She didn’t put the borderline personality disorder in there…in her paperwork, she basically fought against it. She said that she didn't see the same characteristics. But the Air Force still went with that…. They were basically saying that that was a preexisting disorder that I had, and that I shouldn't have been in the military anyways, and that was the reasoning for the medical discharge. The PTSD was brought on because of what happened to me, so that wasn’t my fault, and the major depression and anxiety wasn’t my fault, but the borderline personality disorder was, so I’m not fit so stay in the military, because it was a preexisting disorder. But it wasn't! Because I went through mental health to get in the military, and I was fine [laughing], but now all of a sudden I have this disorder! … [The psychiatrist] agreed with everything else, but she was like, “Ah, no, I don't see that.” But, you know, they kept it in my file, and then they got me out.

Although Cindy was able to medically retire with benefits and compensation, the weaponized diagnosis on her separation paperwork represented a final—and enduring—retaliatory gesture by the leaders who had formed ranks against her.
Diana was similarly referred for a medical evaluation as her leadership attempted to deprive her of her full military retirement after almost 20 years of service. They tried to argue that Diana’s physical limitations rendered her unfit for duty, despite the fact that these limitations neither prevented her from doing her job nor had presented a problem for her command—until she filed a report against her perpetrator. She said,

I went there with a profile [physical limitations], so now they was pushing this medical board on me to get me out of the military, saying that I wasn’t fit for duty and all of this…. But in turn, I was like, “I’m at 19 years and six months. There is no way you're going to medically board me and I not retire like I served all this time to do.” And I had a good doctor that was over my medical board, and my psychiatrist, and my counselor, they were all on my side to help me.

Although these providers did what they could, Diana still needed to hire a lawyer to successfully fight so that she could finish out her last six months and to retire normally. However, Diana was ultimately deprived of her retirement ceremony and honors:

The brigade commander said from downrange, he wanted me gone. He wanted me gone sooner, surely gone before they got back [from deployment]. So I didn't do—I didn't receive an award. I didn't do my retirement end ceremony where you get honored. I told them I didn't want to do it. So my last five years destroyed the first 15 good years.

Everything I had worked for and worked towards, you know, in the end, it just didn't matter.

**Administrative Separation**

Leadership who wished to remove survivors from the military could initiate or approve administrative separations that not only stripped survivors of DoD benefits and compensation for
the time they had served and the service-connected injuries they had sustained, but also brought considerable stigma and other long-term repercussions. An administrative separation is an early and often involuntary termination of an enlisted member’s military service.\textsuperscript{188} Such a separation is most often initiated by the servicemember’s command but can also be recommended by medical providers for approval by command or separation authorities (e.g., in the case of pre-existing medical conditions, such as personality disorders). Both Meena and Linda received administrative separations following being sexually assaulted by military leaders.

Just over two months after arriving to her second base and less than seven months after she was raped by a senior NCO in the Army, Meena’s command forced her out of the Air Force with a general discharge. This “bad paper” ended a beloved career, deprived her of healthcare and education benefits, and carried repercussions for future employment.\textsuperscript{189} Meena said, “If it had been my preference, I would still be in [the Air Force] right now…. [But] I got to that base, and I was singled out. They were bound and determined to kick me out.” As noted previously, Meena received disciplinary paperwork from the time she arrived at her new base, and her leadership disregarded her rebuttals concerning her legitimate posttraumatic distress and medication issues. When Meena was notified of the discharge action against her, she responded to the paperwork and stated, “I’ve accepted that my journey in the military has ended. All I ask of you…is that you give me an honorable discharge or maybe even consider a medical retirement.” Despite her official report and her documented rape-related posttraumatic distress,

\textsuperscript{188} While there are five forms of discharge, three of these are classified as administrative (i.e., non-judicial) separations, which means that they are not the result of judicial proceedings: honorable discharge, general under honorable conditions discharge, and other than honorable discharge. The remaining two forms of discharge are punitive discharges (i.e., judicial), meaning that the servicemember in question receives them following a court-martial or equivalent proceeding: bad conduct discharge and dishonorable discharge (see Smith, 2016).

\textsuperscript{189} Although a general under honorable conditions discharge sounds positive, it is used to denote a pattern of negative conduct on the part of an enlisted servicemember (i.e., their negative conduct significantly outweighed their positive conduct). Along with other than honorable, bad conduct, and dishonorable discharges, a general discharge is considered a “bad paper” discharge and deprives servicemembers of various forms of compensation and benefits. The \textit{only} positive form of discharge/administrative separation is an honorable discharge (see Smith, 2016).
her leadership not only gave her a general discharge, but on her DD 214, they also listed the reason for discharge as “misconduct: drug abuse.” Meena had never been drug tested, and she had been taking her medication cocktail as prescribed. On the day she was discharged, she was “escorted” off base by her supervisor and a Security Forces agent, as if she were a “felon” who was “going to hurt someone.”

After being sexually terrorized for six months by her duty section officer, Linda was administratively separated in 2007—with a “personality disorder.” This inappropriate diagnosis, considered to be a pre-existing, non-disability medical condition, obviated the military’s responsibility to compensate her for service-related traumatic injuries while facilitating her expeditious separation. The circumstances surrounding this discharge are disconcerting and ethically questionable. As mentioned previously, Linda’s leadership had threatened to “get [her] out” of the Navy when she manifested assault-related posttraumatic distress and became overwhelmed with concurrent life stressors. When Linda was admitted to a Military Treatment Facility (MTF) after overdosing on Vicodin, her treating psychiatrist cursorily assessed her risk and mental health, failing to inquire into the traumatic circumstances contributing to her overdose and her clear distress at the prospect of returning to her ship. Desperate to avoid her perpetrator, Linda was relieved when her providers offered her a choice to leave service—without details about what that would mean—and she took it:

If it was going back to the ship or going home, I wanted to go home…. In a traumatic experience, we all want certain things that aren’t necessarily healthy for us, you know? I mean, if somebody is detoxing from alcohol, right, how many of them want to have a drink because it just—they need to have it stop hurting? … At boot camp, I wanted to go home. You know? I was scared. And nobody at boot camp was saying, “Okay, you’re
scared, we’re going to let you go home.”… And they wouldn’t do that to a male who was fighting PTSD or depression…who was going through a period of trauma, right? They would say, “Let us get you set up. Let’s send you to MTF. Let’s send you to inpatient facility. Let’s get you some help, and let’s see what’s going on there.” That’s what they would’ve done. So why with me would they just give me an administrative discharge at my request? When did my request matter?... Why did they listen to me there?... I think because it benefitted them and the other ways didn’t benefit them. That’s the only argument I can find.190

Linda noted that the protocol followed by the MTF—recommending discharge at her “request”—fit well with her leadership’s desires to expedite her separation from service. She explained:

This has to be protocol, because it came from different commands [i.e., from both her own and the MTF command]. This has to be a protocol that’s in the military, which is a completely unethical, wrong protocol. So while they’re sitting there talking about this SAPR and the support system, there is another protocol in there that is this. Not once was I ever told that if you were sexually assaulted, you would be processed out of the military at the desires of the servicemember. It was, you get support, you'll get these things, you'll get this, you'll get that, and you'll continue.

190 Presenting the appearance of choice and the promise of relief to an extremely distressed, traumatized survivor of sexual assault while simultaneously stigmatizing and jeopardizing her long-term future is both manipulative and unethical from a mental health perspective, especially when viewed in light of her treating professionals’ failures to assess for traumatic exposures in the context of her “cry for help.” Linda equated her MTF providers’ provision of choice to someone struggling through a Physical Readiness Test (PRT) that they should just give up: “I didn't want to be on the ship! … I mean, you're talking about somebody who's so broke down that, you know, if...I'm trying to find an example for it. If you are running a PRT and things are getting really hard, you know, and you're halfway done, and you're just like, ‘I can't do it anymore, I can't do it.’ How many people are going to tell you, ‘Okay, just give up, take a break.’ They're not! They're going to be like, ‘We're going to—come on!’ And you have somebody egging you on, supporting you, trying to get you through to the end so you can—so you can pass. Nobody did that with me. They were just like, ‘Yep, you can’t handle it anymore. See you later.’ Versus building the strengths up and—yeah! I mean, if they did that, stuff that I deal with today, I wouldn't have that. You know, I wouldn't have to battle with that, the ‘what if’s.’”
Although Linda had been told that she would be recommended for discharge for adjustment disorder and the written assessment conducted by the psychiatrist recommended she be separated for that disorder, the actual Navy regulation quoted in the psychiatrist’s documentation was for an administrative discharge for personality disorder at the convenience of the government (i.e., NAV-PERSMAN-1910-122). Although Linda was told by her treating professionals that they would see how things went and it would take some time before her leaders determined whether she would leave, she was discharged less than a week after she got out of the treatment facility.\(^{191}\)

**Impact on victims.** Separation was difficult on every survivor, as they were dedicated to their careers and many had planned to remain in service until retirement. Although most survivors were so worn down at the end of their reporting experiences that they capitulated to the separation process, many expressed a sense of deep loss\(^{192}\) and betrayal by leaders and the military institution connected to their separation experiences, as well as enduring harms as a result of those experiences.

\(^{191}\) Leadership’s role in administrative separations related to personality disorders is difficult to establish. However, certain assumptions can be made concerning Linda’s case: her MTF providers or their commander would have needed to communicate with Linda’s command during her hospital stay and prior to her discharge from the MTF. In the course of such communication, Linda’s command would have had opportunity to provide their perspective on her wellbeing and fitness for duty (which, given their past retaliation against her and threats to get her out, one can assume would have been negative). Moreover, Linda’s discharge recommendation was just that—a recommendation; a commander with separation authority would have needed to agree to discharge her and initiate the associated process and documentation. Even further, Linda was discharged in 2007, when wrongful personality disorder diagnoses for traumatized servicemembers were employed with impunity before legal and investigative reporting broke the story and Congress subsequently intervened, and some anecdotal evidence indicates that military leaders may attempt to influence mental health providers toward a personality disorder diagnosis (e.g., Dao, 2012). Moreover, a 2015 GAO report (GAO, 2015b) found that DoD officials failed to follow protocol for personality disorder discharges; disturbingly, a significant proportion of these diagnoses were not given by licensed mental health professionals (as also occurred for Cindy). Although these wrongful personality disorder discharges are less common today than ten years ago due to fierce advocacy and public outrage, some data indicate that “adjustment disorder” has simply replaced personality disorder as the mental health disorder under which survivors are expeditiously and wrongfully separated from the military (Sexual Assault in the Military, 2013; HRW, 2016).

\(^{192}\) Survivors expressed deep grief at being separated from careers to which they had devoted so much of their lives and identities. Many voiced a sense that others—and the military as a whole—do not understand what they have experienced or the loss their separations entailed. Cindy said, “Survivors, when we’re forced to leave, that we lose a lot, especially those that have devoted a lot into our craft…. I mean, you lose the passion. I lost the passion for a lot of things. I’m not as motivated as I used to be…. I had gotten to the point where I was afraid to become attached to things again, just in case they were taken away…. There’s a lot of things I want to do, but I can’t do it, or I don’t know how to do it, or I don’t know how to overcome these fears. So that’s just really hard to explain to people.”
Foremost was a sense of betrayal and injustice: perpetrators had committed the crimes, but survivors were held responsible for their consequences and often treated as expendable by their leaders and the larger military system. This unjust reversal was highlighted by nearly every survivor. For example, referring to the three men who had victimized her, Cindy said, “I see their careers are just still blossoming, still growing and mine came to a halt…. Mine came to a halt. I had a promising one. Mine came to a halt. Three predators are able to enjoy things that I probably should be able to enjoy right now. But I can't.” The injustice of this situation was also expressed by Belle, who felt a sense of stuck rage at being deprived recourse and remedy for the workplace sexual violence she experienced while being held accountable for trauma she did not cause:

I didn’t even cause this. I was doing my job, like doing what I had to do, deployed, doing everything just fine. And I didn't ask for this. And it’s like, this happened, you know, while I was in the military, and it’s your responsibility to fix me. Like, if I was at a regular job, like, I could’ve sued that person, people would’ve been fired, I could’ve sued the company, they would be paying my—like, they could be paying—like, I would be—oh my god! I would have more justice and more compensation. It’s disgusting. And, like, actually, survivors would talk about this, because one girl actually had to pick up her life and move. And her husband was so furious. He was like, “This sucks! Like, I have to move? Why can’t he leave? Like, I don't want to leave. I love my job here. I love my life here. But now we have to pick up and move, because this person harmed my wife.”

Belle expressed intense rage at the violations and invalidation she endured and the ways she was treated. She said, “It’s like all this anger, it’s just been turned into self. Like, I turned my anger in. Because I was like this rage—if I ever raged out, like, if I ever projected my rage outward, I would probably go to jail! And I feel horrible, because this is—it’s not me. I was never like this.” Belle said that prior to the rape and retaliation she experienced, she was “calm, sociable,” and “happy all the time.”
Even though Tiffany’s leaders were supportive during the separation process, she too felt betrayed after reporting her high-status perpetrator led to the loss of her career: “I don’t understand how I lost my paycheck to get this little bitty paycheck, and I’m supposed to be okay with that. Like, I gave up my career for—I took a $4000 pay cut a month, and like, why? Like why can’t I still be in the Marine Corps?”

Naturally, these betrayal experiences compounded the trauma victims had already sustained and interfered with their recovery following their separations. For example, Meena’s healing was hindered by a double betrayal—first by another servicemember, and then by the Air Force as a whole when she was retaliated against and discharged with bad paper. She said,

I feel like if all of the stuff in the military [after the rape] hadn't of happened, I feel like my recovery would’ve been smoother, quicker, easier. But now, because I have the assault and then I have the betrayal by a brother, someone I thought I could trust, and then I have the betrayal by the Air Force as a whole, I feel that just hindered my recovery quite a bit. I mean, I’m still going to therapy at the VA. I’m still talking about these things. I’m still trying to figure out how to move on from them, to—not necessarily recover and forget, but to just function in life after all of these things have happened. And I—to be completely honest, I don't even know which one hurts more, being discharged and betrayed by the Air Force, or being betrayed by a brother. I—I don't know which one has devastated more, to be completely honest.

Linda likewise described the enduring impact of her leadership’s treatment now that she is out of the military. She said, “The stuff with the actual assault, that's hard, but it's really the command stuff that still affects me.” Describing how leadership are “supposed to be there to support you,” she compared how leadership at her previous shore facility had helped her through reporting
threatening sexual misconduct by another Sailor, while leadership at her second station left her to “figure it out” on her own, which ultimately led to her separation from the Navy:

If the command sat there and supported me like what it was before, it would've been traumatic, but nothing—it wouldn't—you could get through, because you didn't feel like you had to go through it alone. But because of the way they did it, it was definitely something that I had to go through by myself. I was on my own, figure it out.194

Survivors’ separation experiences also created unexpected financial challenges, regardless of their separation characterizations. For example, Diana’s retirement savings were depleted as a result of having to retain a civilian lawyer to fight against her leadership’s attempt to wrongfully separate her with a medical board, and she had to pay a large sum in taxes when she left service. Meena’s discharge was so sudden that she did not have adequate time to prepare; she was evicted from her apartment, lost her car, and defaulted on loans that she had no way of paying back:

I feel like I was completely just thrown on my butt by the military. I mean, because everything happened so quickly, I had no time to save money, I had no time to figure out how I was going to pay for the apartment that I was living in, my car, how I was going to get all my stuff from one place to the other. So I was evicted from my apartment, I lost my car, I have loans and credit card debt—$20,000 worth at least, because I took out these loans, knowing in the military I would have a steady income. And now I don't have

194 Survivors’ separation experiences also soured their experience of the military and their trust in systems. Belle described how her leadership’s degradation destroyed her pride in her own service and identity as a veteran: “I don't even tell people that I’m a vet…. I'm not even proud that I’m a vet. I feel like I—like, I can't even take pride in what I did…. I've just had this hell of an experience, I can't even be proud of myself, of what I accomplished and what I did. Because I was so devalued. I was so—I was put down constantly, criticized constantly. It was bad.” Diana said that her leadership and leader-perpetrator’s coercive control and systemic betrayal has impacted her ability to trust systems: “I can't stand to feel like anybody has control of my freedom…. I don't trust systems. Especially if it's anything dealing with the military…. I don't trust who may still be in the system. And if I had to deal with something medically, and I had to trust one of them in that uniform to put me to sleep and I not know, I can't do it. So I still don't—I don't trust the military system to take care of me still, to this day.”
anything to pay for them. So I—it’s—I lost my career, and I lost everything after that, because there was no—like I said, I had no time to prepare myself for any of this to happen.

Meena would have been homeless if she had not met her husband shortly after her rape. Linda was required to pay her reenlistment bonus back, meaning that the government garnished her tax returns for five years following her discharge. She said,

I'm done paying it at this point in time, but it's still not right. I mean it's—I find that the same as if somebody went to Iraq, reenlisted, lost their leg, got discharged, and the military was requesting their reenlistment bonus back…. They need to write that off, because they need to hold some responsibility for their part.

Due to retaliatory separations, survivors were faced with unanticipated financial challenges.

Survivors’ separation experiences from their military employer created ramifications for subsequent employment as well. For Linda and Meena, the black marks on their DD 214s introduced employment barriers, and they were deprived of healthcare and education benefits that other survivors enjoyed. Meena explained,

When I’m trying to apply for a job here, and I give them my 214, it says “drug abuse” on it…. Nobody’s going to hire someone that they think abuses drugs! [Sighs.] So it’s—not only do I have a general, I lost all my education benefits, my GI bill, my 9/11 bill. I am not qualified for some benefits at the VA—luckily, I still get VA benefits, but not all of them. And now I have “misconduct: drug abuse” on my 214.

At the time of interview, Meena had been out of the military for a year and still had not been able to find a job. Linda recently finished her education to become a social worker, and she has focused on working with veterans. While she has found employment in the civilian sector, her
“diagnosis” significantly limits her ability to secure a government job working with veterans, such as at the VA:

I've gotten every interview, I’ve gotten every job that I've interviewed for…[but] I haven't been picked for any of the jobs for the VA or the DoD, and I have to submit that DD 214 for set up. I mean, I'm not one of those to do conspiracy theories, but for me it would be an impact. I know, for me it would be—if I had somebody with a personality disorder it would be difficult to hire that type of person, because they're difficult to work with.195

After Diana retired, she was recruited for a job as a civilian contractor, and the recruiters wanted her for the job so badly that they were willing to do whatever it took to hire her. Diana found herself questioning and distrusting their motives due to her experiences with leadership at her last base, and she ultimately did not take the job.

At the time of interview, three survivors were still fighting for recognition and recourse from the military system that had deprived them of dignity and the compensation they deserved for the injuries they sustained as a result of their employer’s failure to protect them from military-perpetrated sexual violence. Cindy was fighting to get her sergeant’s stripe back, which had been taken when she was demoted in retaliatory fashion. Meena was fighting to get her discharge upgraded and to have the retaliatory “drug abuse” stricken from her DD 214. Linda had been fighting for nine years to get the personality disorder stripped from her DD 214. As of the time of this writing, none of these women have had any success.

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195 The impacts of such retaliatory discharges extend into survivors’ relationships as well. For example, Linda’s “personality disorder” diagnosis created difficulty for her sister’s custody battle when this sister’s ex-husband found and used the inappropriate diagnosis on Linda’s DD 214 to argue that characterological issues ran in the family. As Linda said, “It's not hard to pull a DD 214. It's just not hard. And so, I mean it spills over to affect my entire family, and it's not even an accurate diagnosis. So where does defamation of character come in, you know?”
But even survivors who received compensation or retirement pay felt deeply ambivalent. Although they were grateful for the compensation and benefits they did receive, many indicated that compensation could never come close to making up for the losses they had sustained. Indeed, many spoke to the insufficiency of this transactional approach to the pervasive, life-alarming harms they sustained as a result of their employer’s failure to ensure a workplace free of sexual violence or to hold military leaders—perpetrators and retaliatory leaders alike—responsible for the direct harms they had caused. As Belle said, “I’m thankful that I was able to be medically retired, but 60 is not enough. It’ll never be enough. 100%’s even not enough…. You took my life away.”

Summary. Although leader-perpetrators committed the crimes, survivors carried the burden of those crimes and their careers were ultimately those that ended. While military leaders’ roles in those separations varied, they nevertheless impacted survivors’ experiences with the separation process. While one survivor experienced leadership support, the remaining seven survivors were either abandoned or treated poorly by leadership during the separation process. Among this latter group, some experienced resentment and retaliation from leadership when they received appropriate medical retirement dispositions for the service-related injuries they had sustained, and others experienced additional harms as leaders sought to weaponize separation mechanisms themselves (e.g., pushing medical boards, employing stigmatized documentation, discharging survivors with bad paper). In one case, mental health providers employed ethically questionable strategies and documentation to recommend the survivor’s discharge, which aligned with negative-destructive leaders’ intentions to separate the survivor from the military.

While separation was a loss for every survivor, survivors whose leaders were negatively involved in that process also felt deeply betrayed and angry at the injustice perpetrated against
them. Survivors’ treatment by leadership and the nature of their separations carried ramifications for their subsequent health, well-being, and recoveries, as well as consequences financially and for their civilian employability. Many are still battling today to correct unjust retaliatory discharges or other career harms and to restore the honor and dignity of which they were wrongfully deprived.

**Discussion**

**Summary of Findings**

Consistent with larger study goals to understand military leaders’ influence on victims’ experiences in the aftermath of MSA and reporting, in this chapter we explored leadership’s impacts on victims’ experiences in the larger military social ecology, with a focus on negative-destructive leader behaviors as they pertained to relationships and military community levels of that ecology. A number of key findings emerged. First, leaders may not be doing enough to combat social retaliation following critical incidents and may actually contribute to or encourage this destructive social process, thereby depriving survivors of relationships that are necessary for recovery and case integrity. Second, negative-destructive leaders have a damaging effect on the military sexual assault response system, creating a power ceiling that compromises resources’ integrity and limits their interventional efficacy. By affecting the resources set up for survivors’ support and protection as well as military accountability, these leaders also compromise survivors’ recoveries and safety and render outside civilian intervention necessary to combat escalating retaliation. Third, negative-destructive leaders compromise the justice process by influencing the process itself, intimidating witnesses or compromising their testimonies, and impacting case dispositions, such that high-status perpetrators are unlikely to see justice for their crimes. Fourth, leaders can negatively impact survivors’ separation experiences by abandoning
survivors, retaliating against them during the process, or weaponizing those processes themselves. While separation is difficult for most survivors, the ways in which they are treated by leaders leading up to their separations can have enduring effects on their post-separation well-being.

In short, leaders at all levels are the center of gravity for sexual assault prevention and response. When these leaders are off balance themselves, they compromise survivors’ experiences in the larger military social ecology and render them vulnerable to additional harm.

These findings carry significant implications, as described below.

**Leaders Play a Critical Role in Shaping the Response of Military Units to Critical Incidents**

**Leaders are part of the social retaliation problem.** Although DoD states that leaders are central to combatting retaliation (DoD, 2016b, p. 13), findings indicate that some leaders are foregoing their responsibility to guard against the development of retaliatory social processes and are sometimes part of those processes themselves. Previous research has shown that when leaders tolerate minor forms of misconduct or themselves engage in misconduct, risk for MSA increases, sometimes dramatically (Murdoch et al., 2009; Sadler et al., 2003; Sadler et al., 2017). This project supports and extends such research to show that unit leaders likewise shape their units’ responses following MSA-related critical incidents and that their failure to contain and address minor forms of retaliation (e.g., invasive questioning or speculation) enables these retaliatory processes to take root and to escalate. These findings are also consistent with MIJES and RMWS data showing that almost 2/3 of survivors who sought help to address harassment or retaliation indicated that nothing was done about their complaints, almost half were told by their leadership to drop the complaints, and retaliation continued or escalated over time (Morral et al., 2015a; Morral et al., 2015b; Namrow et al., 2017; Namrow et al., 2016).
Findings suggest that rather than stopping the retaliatory process, leaders are often involved themselves. Leaders may directly participate in or encourage social retaliation, whether by spreading defamatory narratives and/or by encouraging peers or subordinates to ostracize and form ranks against survivors. This disconcerting finding is consistent with MIJES data indicating that leaders in survivors’ own chains of command are involved in the majority of all forms of actionable retaliation, including social retaliation, and that high-ranking leaders outside those chains also contribute (Namrow et al., 2017; Namrow et al., 2016). It also aligns with DoD’s own qualitative data indicating that leaders spread rumors about survivors to other leaders or units (Namrow et al., 2017; Namrow et al., 2016; Rock et al., 2014).

In the cohesive, male-dominated, hierarchical power structure of the military, leaders who use their influence to encourage their peers, units, or subordinates to form ranks against female survivors can cause considerable damage. Such leadership misconduct promulgates toxic local norms (Murdoch et al., 2009) and destructive behaviors that deviate from formal DoD and service branch values and objectives. Findings on the involvement of leaders in social retaliation suggest that expecting leaders to police themselves and each other may be highly problematic and that current oversight mechanisms designed to ensure leaders are held “appropriately accountable” for the climates they set may be seriously inadequate to these aims.

**Leadership tolerance for social retaliation has serious consequences.** Findings also indicate that leadership tolerance for or participation in retaliation can have serious consequences for victims, unit morale and readiness, case integrity, and wider DoD efforts to combat MSA. In close-knit, male-dominated environments that prize group conformity over individual needs and frequently endorse rape myths, initial social interest and speculation about critical incidents can quickly take on a negative character. Left unchecked, escalating social retaliation can quickly
jeopardize survivors’ reputations, support systems, and recovery. Research indicates that
servicewomen with less unit support and cohesion experience worse health outcomes following
MSA (Laws et al., 2016) and that survivors who receive negative social reactions from informal
supports have higher rates of PTSD over time (Ullman & Peter-Hagene, 2016). The enclosed
nature of the military environment may potentiate such effects, as unit peers are often survivors’
primary supports and those with whom they have sustained daily contact. Rumors, defamatory
narratives, and ostracism from peers and leaders not only deprive survivors of necessary social
support, but also reinforce trauma and contribute to more negative health outcomes.

These retaliatory processes may constellate negative group dynamics that also
compromise unit cohesion and readiness. Social retaliation may operate as a faulty means of
reducing ambiguity and regaining cohesion by uniting against a common threat—the victim (see
DoD, 2016b). But social retaliation likely detracts from task cohesion and mission readiness (see
Segal, Smith, Segal, & Canuso, 2016) as hostility and ostracizing efforts absorb energy and
resources from units that could be better spent on task accomplishment. Even military peers who
feel conflicted about participating in such retaliation may feel forced to take sides due to
powerful pressures to conform, thus jeopardizing orienting personal values. Moreover, social
retaliation may weaken case integrity and perpetrator accountability. As social retaliation
escalates, survivors’ support diminishes and their pool of potential witnesses shrinks as peers
absorb perpetrators’ narratives and actively take their sides. Such rumors and defamatory
narratives may be uncritically absorbed as truth by peers who are interviewed during the
investigation, thus biasing cases against survivors. Social retaliation may be sufficiently
intimidating to cause victims to withdraw from the justice process, as occurred for almost one-
fifth of survivors who experienced legally actionable social retaliation after filing unrestricted
reports in one DoD data set (Namrow et al., 2017; Namrow et al., 2016). Lastly, social retaliation may reinforce reporting barriers and distrust in the system. Social retaliation may have its own ripple effects on the wider military social ecology, reinforcing interpersonal-social barriers to reporting (i.e., fears of being treated differently, blamed, or retaliated against) as well as confidentiality and privacy barriers (i.e., reinforcing concerns about “everyone knowing” about one’s report).

**Leaders must understand and intervene in conditions that increase risk for social retaliation.** These serious ramifications make prevention and immediate intervention in early signs of retaliation a critical leadership responsibility. Findings carry a number of implications for such prevention and intervention efforts. First, like other forms of retaliation discussed last chapter, social retaliation was not limited to reports of MSA. Indeed, MSA-related functional impairment, such as being unable to deploy, was just as likely to generate social interest, speculation, and rumors from peers as were MSA reports. It appears that in misconduct-tolerant climates, social retaliation may function as a means of sanctioning behavior that deviates from implicit norms, regardless of the nature of the violation. Thus while promoting climates of respect that preempt such retaliation are the best prevention, interventions at the normative level (e.g., addressing norms around non-deployability or around reporting another servicemember’s criminal activity) may be important in helping to modify and extinguish beliefs that promote retaliation.

Second, early intervention appears critical in stopping social retaliation from escalating. Critical incidents may generate workplace disruption and inevitable social interest from unit members, and this early social interest may be the best site for early intervention. For example, victims who file unrestricted reports may be absent from duty to attend meetings with SAPR,
investigators, or mental health providers, may take workplace phone-calls, and may exhibit unusual or changed behavior (e.g., withdrawal, irritability), all of which can generate questions from peers. Leaders may respectfully but swiftly redirect such social attention toward tasks and remind unit members of expectations for social conduct. Leaders’ own example and expectations for respectful and non-retaliatory conduct from subordinates can be reinforced through judicious use of the range of administrative and non-judicial punishments available to them under the UCMJ for ensuring the good order and discipline of their troops.

Third, findings indicate that certain conditions may increase risk for social retaliation following critical incidents, and may thus act as modifiable risk factors or sites for oversight and intervention. Clearly, cases of intra-unit assault require particular leadership vigilance due to splitting processes that can occur among unit members following MSA reports. Such cases may also require immediate higher-level oversight as intra-unit assaults are more likely to indicate a toxic or lax command climate (i.e., lack of leadership vigilance or modeling of disrespectful behavior creates a permissive environment for sexual misconduct). In other words, leaders in such climates may be incapable of effectively intervening themselves, making top-down intervention necessary.

Another modifiable risk factor for social retaliation involves victims’ absences from their units. Findings show that such absences significantly contributed to speculation and the spread of rumors that could quickly escalate in the absence of corrective information and when victims were no longer present to “defend” themselves. This effect was potentiated in cases of intra-unit assault, as victims’ absences allowed perpetrators to spread defamatory narratives and turn unit members against them. This finding suggests that the current process of moving survivors, rather than perpetrators or both parties, out of their units in cases of intra-unit assault is not only unfair,
but may actually facilitate the development of social retaliation. Moving perpetrators or both parties may be a better choice depending upon the unit climate. The option to remove perpetrators has been available to leaders for over a decade (DoD, 2004) but appears to be rarely used.

Moreover, cross-unit or cross-service assaults grant perpetrators more freedom to spread rumors and defamatory narratives without suffering consequences. Preventing such social retaliation from spreading represents a substantial challenge, as leaders who know about such social retaliation by accused servicemembers in their units may firmly stand with the accused and be unwilling to intervene. In such cases, other accountability structures or top-down legal intervention may be necessary (i.e., gag orders). A final condition involves leaders themselves, whom DoD argues must be held “appropriately accountable” for the climates that they set, as they are tasked with the well-being of their troops and setting examples for their subordinates to follow (DoD, 2016b). Given the greater power and influence available to leaders in comparison to their subordinates, harsher punishments for leaders who participate in these processes may be indicated. Such punishments may leverage anti-retaliation messaging by demonstrating that all servicemembers are expected to abide by the same standards of respect, regardless of their military status.

Leaders Can Damage the Response System Set Up for Support, Protection, and Accountability

Negative-destructive leaders jeopardize the functioning of systems set up for support, protection, and accountability. The overarching purpose of the sexual assault response system is to mitigate additional trauma for survivors by providing reporting options, support for recovery, and protection during an often-difficult reporting process. But findings
provide novel research showing that survivors’ abilities to benefit from that system may be damaged by negative-destructive leaders, who constrain that system’s interventional efficacy and compromise its integrity. Conditions strengthening negative-destructive leaders’ abilities to compromise victims’ experiences with these resources included providers lacking independence from installation command, having dual roles or competing priorities, and being themselves ethically compromised, and these conditions were often co-occurring and mutually reinforcing. These resources were often not structured to provide the support and protection survivors would need in toxic environments. Through their impacts on these resource systems (and sometimes involvement in them), negative-destructive leaders created additional trauma and often reinforced the powerlessness and abusive control victims had already experienced from perpetrators—the very retraumatization these systems were designed to mitigate.

Findings on the power ceiling created by negative-destructive command may shed light on previous research showing that survivors’ satisfaction with sexual assault response resources is linked with health outcomes (Bell et al., 2014). Negative-destructive leader behaviors like retaliation may neutralize the positive effects of mental health or victim advocacy support that is provided and burden those resources with additional protection demands that exceed their personal comfort levels, system capabilities, and/or formal power. When resources do not or cannot offer needed protection, victims may feel betrayed by system personnel in addition to leadership, both of which may reinforce negative health outcomes.\textsuperscript{196}

\textsuperscript{196} Indeed, negative-destructive leaders do not just harm survivors; they also harm resource personnel. Community resources are set up with the expectation that leaders will function with honor and integrity and do their part to protect victims from additional harm, so that those resources can focus on their own primary roles. Leaders who chose to act destructively toward victims divested themselves of their own responsibility for survivor-subordinates’ protection to resources that were unequipped with the formal power to actually do so and/or whose primary purposes lay elsewhere. For example, the SAPR program exists to facilitate communication between resource systems and command and to provide support and dignified reporting options to survivors. Their job is not to defend survivors from command, but they are put in this position when leaders are retaliating against survivors. Even the SVC/VLC program was not specifically designed to address retaliation from leadership; it was created to provide legal advice, support, and protection throughout the reporting process, especially if survivors were participating in the investigation and justice process. Although these attorneys can provide important advocacy against retaliation, doing so can
Findings also expand upon previous literature on secondary victimization by military legal officials and command (Campbell & Raja, 1999, 2005) to show how the very people tasked with ensuring survivors are supported following sexual trauma themselves sometimes perpetrate harm and betrayal. DoD has called positions like sexual assault UVAs “positions of trust,” because they offer support to victims at their most vulnerable and must be ethically grounded to be able to provide this support. To be solicited for nude photos by a person tasked with sexual assault response, to have one’s advocate fall asleep in an investigative interview, and to have a chaplain breach confidential disclosures are ultimate betrayals of trust that may mirror the betrayal and harm of the original traumatic injury. That two of these individuals held leadership positions in addition to their positions of trust is disconcerting and indicates need for serious oversight in the vetting process. Unfortunately, that such individuals attain such positions may indicate a lack of investment by upper-level command and military leadership in general, as well as the challenges of deploying a system of support without adequate funding (i.e., relying upon volunteers for collateral duty).

Disconcertingly, accountability structures were likewise compromised in toxic climates. One primary such system, Inspectors General, failed to hold negative-destructive leadership accountable for reprisal and instead funneled survivors back to negative-destructive commands or relied upon the integrity of commands who chose to be deceptive. In fact, installation Inspectors General appeared structurally incapable of addressing the very reprisals they were entrusted with mitigating. These findings are consistent with work by Human Rights Watch detract from other work and create additional burden on a developing program. Moreover, resource personnel may be personally affected by their experiences trying to defend survivors in toxic commands; one survivor suggested that one of her physicians left the military following her case because he grew frustrated fighting the system: “I think after my incident, believe it or not, I think my doctor that was up there, think he went on and retired. I think some people just—they’re fed up, they can’t fight the system. Because you just get tired.” Negative-destructive leaders thus may contribute to the attrition of qualified professionals from the military system, which may impact the availability and quality of care servicemembers can receive.
(HRW, 2015), which found that military whistleblower protections were outdated and that IGs were often unreliable for dealing with retaliation and limited in their power to address retaliation claims, although that was one of their ostensible functions. These findings are also consistent with MIJES data, which indicated that retaliation complaints filed with IG were not effectively addressed and that retaliation continued in spite of complaints (Morral et al., 2015a; Morral et al., 2015b; Namrow et al., 2017; Namrow et al., 2016). Indeed, survivors in HRW’s report stated that IGs may function to alert commanders to complaints that are filed so that they can cover their backs as necessary, rather than working to protect the survivors who are suffering actionable reprisal. These findings are particularly alarming, given that survivors have fewer rights than their civilian counterparts and thus depend upon the integrity of those whistleblower resources, especially when their own chains of command, who would normally function as a means of addressing problems, are involved in the retaliation (HRW, 2015).

Survivors rely upon the system they are provided, as they have little access to extra-military supports and are afforded less protections than civilian survivors (HRW, 2015). Thus any negative impacts to these systems may have deleterious effects on survivors’ safety, health, and abilities to recover while in the military environment. Negative-destructive leaders’ interference with these systems of support, protection, and accountability carried psychological ramifications for survivors, whose attempts to find safety and recourse were ultimately compromised. Research has shown that coercive control and inability to escape circumstances of traumatic dependency can create complex trauma that mimics the experiences of prisoners of war (Herman, 1997; Amnesty International, 1973). Further research indicates that feeling trapped, hopeless, and helpless can increase risk for suicidal ideation and behavior in a
population already known to be at increased risk for such behavior due to the nature of the traumatic injuries they sustained (see Belik et al., 2009).

**Leadership created mental health treatment barriers.** MSA survivors already have experienced trauma that confers a high risk for multiple deleterious mental health outcomes (Kimerling et al., 2007; Turchik & Wilson, 2010)—outcomes which may only worsen if they have experienced other military-connected traumas, such as combat. If they choose to proceed with a criminal investigation against their perpetrators, they face additional trauma from a system known to be hostile to victims’ needs (Herman, 2005). These issues render effective mental health treatment, as well as environmental safety, critical to provide support and to facilitate recovery in this potentially difficult context.

But this research indicates that some negative-destructive leaders directly interfere with survivors’ access to mental health care, compromise the integrity of mental health care, and jeopardize survivors’ safety and recoveries. Accessing mental health treatment is already fraught in the military cultural context due to pervasive mental health stigma and anti-disability bias (Hoge et al., 2004; Holland et al., 2016). Research indicates that MSA survivors already experience numerous mental health help-seeking barriers, including stigma and blame from peers and leaders (31.6%), confidentiality concerns (37.5%) as well as fear of career harm (36.2%; Mengeling et al., 2015). Negative-destructive leaders amplified such barriers and further compromised the accessibility and integrity of mental health resources by punishing survivors for mental health distress and common treatment issues, obstructing access to treatment, and rendering treatment unsafe through accessing survivors’ confidential information and “hijacking” sessions to give disciplinary paperwork. These findings expand upon other research demonstrating that leaders may retaliate against victims by referring them for mental health
evaluations (Namrow et al., 2017) or may discourage mental health or medical treatment (Mengeling et al., 2015) to specify additional ways negative-destructive leaders may jeopardize treatment integrity and survivors’ in-service recoveries. Although such leadership interference may be uncommon on a large scale (i.e., with one study of treatment barriers indicating that 10.4% of survivors did not receive treatment because their leadership discouraged it; see Mengeling et al., 2015), in this study, 3 out of 8 survivors experienced it. Moreover, such obstruction can have dire consequences when viewed in light of research demonstrating that sexual assault survivors are already at increased risk for suicide attempts and deaths (Belik et al., 2009; Kimerling et al., 2016; Monteith et al., 2016) and that active duty soldiers who file unrestricted reports and do not receive in-service treatment are at thrice-greater odds of attempting suicide while in service than those who are able to access such care (Kimerling, 2017; Rosellini et al., 2017). This study expands upon such research to show that even when survivors are engaged in care, command retaliation and interference in that care can literally jeopardize these women’s lives.

Moreover, as discussed last chapter, leadership stigmatization of and disregard for the seriousness of mental health issues stemming from sexual assault can create a vicious and potentially deadly cycle, where command minimize or deny issues, discourage treatment, interfere in survivors’ access, or otherwise jeopardize its efficacy and integrity, which increases survivors’ distress, compromises treatment gains, and inhibits recovery, which results in intensified symptoms and betrayal, which provide fuel for further retaliation, and so forth. When taken in light of the lack of recourse, social ostracism, and other issues described above, these issues can cause considerable harm and reinforce a cycle of retraumatization, distress, and
punishment that ultimately deprives survivors of the possibility of recovery while they remain in the military.

In the context of larger concerns about untreated mental health issues and suicide among troops and veterans, negative-destructive leaders’ active disregard for mental health issues and obstruction of needed treatment are issues for immediate Congressional oversight and policy reform. Leaders who interfere with treatment needs should suffer serious consequences, as they are directly jeopardizing the health—and lives—of their subordinates. Further research on leadership interference in mental health treatment and negative-punitive approaches to mental health is needed to understand the extent of this problem.

**Resource independence is essential to combat power abuses, with civilian recourse the most effective.** Findings indicate that the greater the independence between resource personnel and installation command, the greater their ability to advocate for survivors and to act with integrity. Legal counsel appears to be the most effective intra-military resource for protecting survivors’ rights and defending against retaliation, because they are independent from installation command and have increased formal power. Indeed, the combined advocacy of SVC/VLC and defense counsel appears to be an even more powerful check and balance to negative-destructive leaders’ attempts to reprise against survivors who report, if survivors are able and willing to retain defense counsel in addition to the SVC/VLC that should now be available across service branches based on policy reforms. But findings suggest that even the most tenacious attorneys are unable to prevent all forms of retaliation, as negative-destructive leaders can maneuver through regulations and find ways to harm survivors and facilitate their exits from the military.
Indeed, this research shows that civilian recourse remains the most effective route to disrupting power abuses when the military response system fails survivors, and this finding may help survivors who are currently experiencing retaliation by their commands. Power abuses thrive in secrecy and enclosed spaces, and the power of civilian recourse involves exposing these abuses to public scrutiny—and their perpetrators to potential career repercussions.

Congresspersons or Senators, advocacy groups like POD, family, and/or public media all represent recourse options for survivors when their military leaders have failed to protect them and are intent on harming them. However, some leaders attempt to prevent survivors from filing Congressional complaints; in 2016, 8% of survivors who participated in the MIJES experienced this illegal obstruction (Namrow et al., 2017). Survivors experiencing such obstruction or other retaliation might usefully reach out or be encouraged by SAPR or SVC/VLC to reach out to advocacy groups like POD or Service Women’s Action Network. These advocacy groups can use their influence to ensure survivors’ experiences are voiced and that they are protected to the greatest possible extent within the limitations imposed by active duty service.\textsuperscript{197} Intelligent advocacy and public media—“going public”—may be particularly effective for inciting immediate change, especially given increased public outrage and Congressional attention to these issues and the vociferous advocacy of some female Senators (e.g., Sen. Kirsten Gillibrand-D-NY) and Congresspersons (e.g., Rep. Jackie Speier-D-CA) as it relates to leadership involvement in MSA.\textsuperscript{198}

\textsuperscript{197} Although servicemembers have tight restrictions around their abilities to partake in partisan political activities and media events (i.e., they are not allowed to go to the media themselves), third parties may do so.

\textsuperscript{198} Indeed, such a political climate also can be usefully employed by intra-military resources to intervene in power abuses, as we saw with Jane’s case last chapter. When her agency commander threatened to charge her with collateral misconduct and discharge, her SARC and unit commander were able to use this political climate to caution him against this retaliatory course of action based on its negative career impacts. It appears that the most reliable means of ensuring negative-destructive leaders act with integrity are increased oversight and the threat of career sanction.
Leaders Can Negatively Influence the Investigation and Justice Process

The integrity of the justice process is suspect and transparency is lacking. Findings cast doubt on the integrity of the command-directed military justice process and case dispositions for high-ranking perpetrators due to negative-destructive leadership influence and multiple levels of non-transparency. Within this system, decision-making authority for serious crimes rests with the offender’s chain of command. Findings indicate that early case dispositions (i.e., those that do not proceed to courts-martial) may be especially suspect, with evidentiary issues compounded by negative-destructive leader involvement and lack of transparency regarding who is making the decisions and why.

Leaders at all levels have multiple opportunities to impact the process itself behind the scenes, regardless of whether or not they hold decision-making authority. Initial Disposition Authorities (IDAs) and Convening Authorities (CAs) hold adjudicative power over early dispositions and courts-martial dispositions, respectively, and the extent of their impact over those decisions is not transparent when decisions are rendered, as will be discussed below.\footnote{See Chapter 2, “Reporting” section for discussion of the investigation and justice process.}

Other members of offenders’ chains of command (who may or may not also be victims’ leaders) may contribute their opinions regarding the appropriate disposition of cases against offenders (e.g., argue that he is mission-critical) and may testify on their behalves during courts-martial. Moreover, when leaders are perpetrators themselves, they may also impact case disposition by biasing witnesses or spreading false accounts of the assault.\footnote{As mentioned above, they may also jeopardize the strength of cases against them by the very methods they use (e.g., drugging victims, which results in confusion and fragmented memory of the event).}

The military justice process itself already carries inherent conflicts of interest, as the offender’s commander judges the merits of the findings against him and decides his punishment. But victims’ experiences with this justice
system suggest that these conflicts of interest are only further compounded by lack of procedural transparency and negative-destructive leadership impact on early dispositions.

Disconcertingly, DoD data show that the majority of sexual assault cases each year do not proceed to court-martial, regardless of whether or not sexual assault charges are substantiated (DoD, 2017a, pp. 16-18). For example, in 2016 alone, a total of 66.15% of cases did not proceed to the court-martial phase. Of these, 26.43% (670/2,535) were closed due to insufficient evidence and 38.72% (1,007/2,535) were disposed of with lesser punishments (i.e., non-judicial punishment, administrative discharge, or adverse administrative action) even though sexual assault charges had been substantiated (see DoD, 2017a, pp. 16-18). The case dispositions against survivors’ perpetrators echo these rates, with 77.78% (7/9) of cases against individual perpetrators not proceeding to court-martial (66.67% [6/9] if one counts Tiffany’s case, which was sent to court-martial initially).

While early case closures may be based on legitimate rationales (e.g., lack of forensic or other evidence, witness testimony; SJAs recommending against trial due to insufficient case strength), victims’ experiences with the military justice process suggest that at least some portion of these closures may be premature or otherwise inappropriate, especially when the ostensible rationales provided are related to evidentiary issues. Leader-perpetrators may affect evidence obtained during interviews, some portion of cases may be disposed of improperly even based on

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201 These are conservative estimates, based on the total number of cases that were legitimately considerable for command action (2,535 cases out of a total of 2,982 cases that were considerable for command action). This 2,535 is a conservative total because it does not include cases in which victims declined to participate (n=252), unfounded cases (n=72), and cases in which the statute of limitations had expired (n=33), which would have inflated the rates of cases that were deemed to have insufficient evidence for command action and those that had sufficient evidence but did not proceed to courts-martial. This conservative estimate also includes cases in which sexual assault charges were substantiated and cases that had court-martial charges preferred for sexual assault offenses (n=791) as well as those for which only non-sexual assault offenses were preferred to court-martial (n=67); total cases with charges preferred to courts-martial was 858/2535 [33.85%]. It is important to note that cases in which victims declined to participate may indicate command or peer retaliation, as shown by MLIES data (Namrow et al., 2017; Namrow et al., 2016); if such cases are included, total cases that did not proceed represent 69.21% (1,929/2,787) of all cases that were legitimately considerable for command action.
available evidence, and evidence may go missing. For example, investigators rely upon the truthful accounts of witnesses to substantiate or dismiss allegations, especially when there was a delay in reporting (e.g., due to deployment or other unsafe environments or readiness factors that compromised the ability to obtain forensic evidence). But as we saw with Belle’s case, her leader-perpetrator’s early priming of the community already biased them toward his perspective, rendering witness testimony pointless from a justice perspective. Witnesses may or may not realize the truth of the allegations when they choose to back the perpetrator, but it is clear that leader-perpetrators use their influence to bias witnesses against victims.

Likewise, although DoD expects commanders to work closely with their Staff Judge Advocates (SJAs) and with integrity in rendering dispositions based on investigative reports and other feedback (DoD, 2014a), findings indicate that case dispositions may sometimes be based on commanders’ unilateral decisions to protect perpetrators regardless of the evidence obtained, as we saw in Diana’s earlier case (2006-2008) as well as Cindy’s later case (2013-2014).202 Indeed, these survivors’ experiences indicate that evidence accrued during investigations—including admissions of guilt—may be ignored by the leaders tasked with high-status perpetrators’ accountability. Even further, Tiffany’s case shows that evidence critical to a case may actually “go missing” in the course of an investigation. Even if cases actually go to trial after court-martial charges are preferred (i.e., charges are not dismissed; the accused does not receive a discharge or resignation in lieu of court-martial [DILO/RILO]), defense testimony may be compromised by false official statements that result in inappropriate acquittals, as we saw

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202 The functioning of the SJA in such cases is unknown. Although SJAs are independent from installation commanders, they work alongside them to provide legal advice to aid those commanders in decision-making. Like all justice system personnel, SJAs may work with integrity or may be themselves biased or subject to countervailing pressures from commanders or other authority figures.
with Tina’s case.\textsuperscript{203} In sum, these findings indicate that the quality of evidence obtained (and, in Tiffany’s case, whether or not it is \textit{retained}) may be compromised by negative-destructive leadership involvement (DoD, 2017a).

Moreover, these evidentiary issues are further compounded by procedural and decisional non-transparency—the fact that the justice process itself is largely opaque to the victim and that the party or parties making the decision \textit{and} the real rationale behind that decision is largely invisible. This lack of transparency is significant in light of recent reforms to the justice process that have created more oversight of both initial dispositions as well as court-martial dispositions but that still conduct this oversight internally, removed from scrutiny (see POD, n.d.-b). This lack of transparency increases the potential for power abuses, especially as it relates to early case dispositions. As above, cases deemed to have “insufficient evidence” may be based on legitimate evidentiary issues or other interference, but they may also indicate inappropriate command dispositions. Although IDAs’ dispositions should be made in light of findings by MCIOs and in consultation with SJAs, victims are not told who made these decisions. Thus while notification that there was “insufficient evidence” may indicate valid evidentiary issues (i.e., investigators and SJAs agree there insufficient evidence exists to proceed), it can also mean that an IDA chose not to pursue the case despite evidence obtained and actually may have interfered in the process,

\textsuperscript{203} In 2016, 39.51\% of penetrative assault cases (96/243) that actually went to trial received acquittals, but it is unclear whether compromised or false official statements played a role in such acquittals. It is also unclear to what extent military justice practices mitigate against submitting such false testimony, which is considered criminal activity under the military’s criminal justice code. But even when witnesses do not lie on behalf of the accused, they may clearly communicate their contempt for the victim. One focus group and POD staff member described testimony by an expert witness at a congressionally mandated panel who described courts-martial proceedings in which the accused’s entire unit turned against the victim and attended the court-martial: “I think that there really is...a perception and a reality that commands and units side with the accused... We heard some testimony recently at the Judicial Proceedings Panel by experts who were—you know, civilian experts who had been through courts-martial testifying for the victims. And they were talking about how it’s just such a stark contrast in the court room, where you see a commander and the entire—the commander and the entire unit sitting behind the accused throughout the trial and throughout the court-martial process and testifying on behalf of the accused about what a great person they are, or how valuable they are, or how they couldn’t have committed that type of a crime. And so it really is a reality that the entire unit sides against you, you know, in—throughout the process. And I can’t think of something that would be more chilling on reporting than watching your entire unit stick up for that person and try to fight for them.”
as occurred in Cindy’s case. Moreover, when cases do not proceed to courts-martial in favor of lesser punishments, it is unclear what punishments are actually given to perpetrators—and if they are given at all—since perpetrators are protected by the Privacy Act and victims are not entitled to this information. The fact that victims receive little information beyond the ostensible rationale further reinforces the potential for power abuses and their distrust in the system’s legitimacy.

This procedural and decision-making non-transparency intensifies in cross-service cases, as offenders’ commanders have authority over the case but often operate from afar, have no vested interests in protecting victims, and may be more motivated—and empowered—to preserve offenders’ careers. Thus the disconcerting issues Tiffany experienced in the case against the lieutenant commander who raped her—from being denied an MPO, to evidence going missing, to multiple investigation reversals, inexplicable trial delays, and the case being tossed out to begin anew—indicate a range of potential negative-destructive leadership behaviors by the offender’s chain of command. Indeed, Feaver (2003) has discussed how military leaders who disagree with or resent policies and practices mandated by their civilian leaders (whom they may view as meddling in military matters of which they have little understanding [e.g., the military justice system]) may “shirk” their responsibilities to follow those policies or practices (including “foot-dragging” or “slow rolling” their implementation or practice; see p. 68). Given the multiple

204 While many IDAs may adhere to principles of blind justice and seriously enforce good order and discipline, victims’ justice system experiences give reason to suspect that another contingent may abuse their decision-making authority to protect mission-critical perpetrators from those very things. Moreover, this latter contingent of IDAs may impact, ignore, or override the investigative work done by independent MCIOs and recommendations provided by their own staff judge advocates. In other words, MCIOs and judge advocates’ professionalism and investment mean little when the ultimate authority rests with the offender’s commander, whose judgment may be compromised by countervailing personal motives and investments. Although mechanisms are in place for review by upper level leadership when cases do not proceed to courts-martial and for respective service branch Secretary-level review when IDA and judge advocates’ decisions conflict (DoD, 2014a), such reviews rely upon appropriate attention and action by reviewing parties, which may be compromised when perpetrators are high-ranking or mission-critical. Moreover, while important for oversight purposes, this elaborate multi-layered review process has created a burdensome scaffold for decision-making, which can overburden the justice system, resulting in delays that contribute to case attrition and detract from survivors’ abilities to recover while the cases are ongoing (POD, n.d.-b).
new MSA-related (and victim-supportive) justice reforms implemented during the time Tiffany’s case has been in process, as well as the issues faced by Tiffany and the length of time her case dragged on before being thrown out to be redone, it is likely that some version of shirking was occurring. One may also speculate that case reversals (i.e., being told that her case was thrown out, then learning that it was not, and so forth) may also indicate the IDA’s decision to throw out the case being sent up for review by a higher-ranking officer, as is now policy (POD, n.d.-b).

Such findings may explain why substantial numbers of victims who remain silent each year do not believe anything would be done about their report (36.07%-54%), do not trust the process would be fair (29.97%), and fear that they would not be believed if they reported (25.17%-43%; DMDC, 2013; RAND, 2015). Findings also support over two decades of critiques of the military justice system by multiple civilian and military stakeholders, who have argued that removing commanders’ decision-making authority over felony-level crimes is critical for increasing military accountability (e.g., Gillibrand, 2016; Hunter, 2007; POD, 2015).

**High-status perpetrators are not held appropriately accountable.** DoD has ensured its civilian leaders, as well as the American public, that perpetrators will be held “appropriately accountable based on the evidence available” (DoD, 2017a, p. 5). But findings suggest that they may not be living up to this promise—or that they may be doing so for some portion of troops but not others. This research indicates that military status may differentially affect case dispositions, with high-status perpetrators unlikely to receive proportional punishments for their crimes.

205 Additional non-transparency occurs in the case of plea bargains, which offer reduced sentencing for guilty pleas. These bargains occur behind closed doors between defense counsel, the accused, and the CA; prosecutors, panel members, and military judges—and victims—are unaware of the caps placed on sentencing (DoD, 2014a; Tilghman, 2015).

206 Indeed, these stakeholders argue that allowing non-legal professionals with vested interests in case outcomes to adjudicate serious criminal offenses is the antithesis of blind justice, that this system may increase retaliation against victims by their own units and chains of command, and that even recent reforms remain limited for addressing the power abuses that may occur with this structure and may themselves render the system unnecessarily overburdened.
High-status immunity figured prominently into survivors’ experiences in the justice system as well as their understandings of the dispositions against the military leaders who sexually victimized them. High-status immunity represents a transactional approach to justice in which criminal accountability is titrated based on military expendability, and military usefulness and male loyalty are prioritized over the safety and bodily integrity of survivors and other servicemembers. Indeed, findings suggest that leaders who are tasked with ensuring appropriate accountability are faced with a dilemma when a report is brought against one of their own: believe victims and serve justice, or preserve male loyalties and mission-critical perpetrators. Military leaders have significant incentives to take the latter approach when perpetrators are friends or central to operational success, and findings indicate that negative-destructive leaders choose this approach.\textsuperscript{207} Out of nine leader-perpetrators whose crimes were reported, only two cases went to courts-martial, and only one of those perpetrators was convicted. He had admitted to assaulting the victim during a recorded phone-call, but served only 4 weeks in jail for rape, was allowed to finish out his career as a military leader, and was enabled to retire honorably despite an appeal for him to be dishonorably discharged. Other cases were thrown out despite evidence obtained during investigations. Survivors’ experiences highlight the significant disincentive for and unwillingness of some leaders to hold high-status perpetrators accountable, as well as the clear justice issues this creates. The outcome of this transactional approach to justice is the antithesis of the appropriate accountability DoD has promised.\textsuperscript{208}

\textsuperscript{207} Leader-perpetrators may themselves expect such lenience when they choose to prey upon lower-ranking servicemembers, knowing that other leaders will believe their accounts and “have their backs.” Indeed, leaders who select lower-ranking targets beyond their own service branches or duty stations may know that they are particularly well-positioned when they are mission-critical, as their commanders have control over the process and often-strong incentives to believe and retain them.

\textsuperscript{208} Numerous other factors, including perpetrators’ tactics and other evidentiary issues discussed above, also may play into this protection of high-status perpetrators. Another rationale may be operative as well as it relates to military status. It is unclear whether military leaders who support leader-perpetrators actually know but do not care about their sexual misconduct or whether they uncritically accept their perpetrators’ narratives and believe that victims are lying. In this latter contingent, some leaders may buy into the prevalent but faulty assumption that excellent or high-status servicemembers are incapable of committing sexual assault crimes, which predisposes them to take perpetrators’ sides and believe their accounts (as occurred in Belle’s case, along
At the same time as high-status immunity denies victims the possibility of justice against their perpetrators, it also may carry consequences for certain classes of perpetrators on a larger scale. After successfully lobbying against comprehensive reforms to the military justice system with arguments that commanders are central to ensuring justice is delivered (Carpenter, 2013; Harding & Rockwell, 2013; Samuelsohn, Summers, & Palmer, 2014), military leaders must convince Congressional watchdogs that they are living up to their promises and effectively addressing sexual assault in the ranks. In this climate of scrutiny, preserving high-status perpetrators may necessitate taking more frequent and harsher action against less powerful perpetrators in order to demonstrate that accountability is occurring. In other words, while it is important to hold all perpetrators accountable while protecting their rights to due process, high-status immunity may compromise some perpetrators’ due process rights. Such high-status immunity may play out, as Linda said, in leaders’ disproportionate willingness to “throw the book” at lower enlisted perpetrators in order to create the appearance of “doing something” while they deal with leader-perpetrators’ sexual crimes on lower levels than are indicated, as Meena illustrated. Indeed, such high-status immunity may play out in deeply racist ways as well, reflecting larger power dynamics and layers of skin-based privilege. Protect Our Defenders

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209 Given that sexual assault is by its very nature a violent abuse of power and control, a preponderance of harsh penalties against lower-ranking perpetrators does not mitigate the unrestrained abuse of power and authority, as well as entitlement, by negative-destructive leaders who by dint of the power and influence available to them may have an even more destructive impact on the larger military social ecology and the more positive norms the DoD is trying to inculcate among its troops.
(Christensen & Tsilker, 2017) analyzed data on race and judicial and disciplinary outcomes, obtained from all four service branches under the Freedom of Information Act. POD’s analysis showed that in comparison to white servicemembers, black servicemembers were anywhere from 1.29 to 2.61 times as likely to receive some sort disciplinary or justice action (Christensen & Tsilker, 2017). Thus black servicemembers carry the brunt of the military criminal justice system response, while white servicemembers are better able to operate with impunity, just as in the civilian world (Sentencing Project, 2013). This racial disparity may also play out in military justice outcomes for sexual assault perpetrators and may intersect with larger military status as well. Just as findings show how male power operates in the absence of appropriate oversight and accountability to reinforce powerful men’s access to less powerful women, differential military justice outcomes reflect the operation of multi-layered, intersecting power dynamics that compromise judicial integrity by delivering accountability to some classes of perpetrators while denying it for others.

Of course, it is unclear whether and how military status impacts disposition of cases on a larger scale. Indeed, survivors’ experiences within the military justice system may well be unique, and accountability for high-status perpetrators may actually occur on par with that of lower-status perpetrators. Unfortunately, ascertaining such relationships on a larger scale is currently impossible based on data provided by DoD. Indeed, although high-status perpetrators have represented a large contingent of perpetrators each year since DoD began collecting comprehensive data on MSA with the inception of SAPRO (DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Rock et al., 2011) and although DoD is congressionally mandated to submit case disposition data each fiscal year, the Department has never provided break-down of justice
data by rank (or by other important demographics, such as race).\textsuperscript{210} DoD does \textit{collect} data on subject and victim demographics that would permit aggregate-level analysis of such relationships quite easily, especially now that the Department Sexual Assault Incident Database (DSAID) is fully operational and case data are increasingly uniform (see DoD, 2017a). Future research must examine such relationships. Congressionally mandating and contracting out such analysis to an external agency with appropriate clearance may aid in ensuring the impartiality of such efforts.

Assessing the justice outcomes for leaders who commit sexual crimes versus their less powerful counterparts may serve to show areas for reform and increased accountability. Moreover, it would aid in DoD’s efforts to ensure that the leaders at all levels who form the center of gravity for sexual assault prevention and response are capable of handling that responsibility. Indeed, if this high-status immunity does exist on a larger scale, it may represent a significant though unspoken motivation for military leaders’ vociferous fight to retain decision-making control over sexual assault crimes—as well as a central reason to alleviate them of this critical justice responsibility.

\textbf{System bias and justice outcomes can have serious impacts on the wider military social ecology.} System bias and poor justice outcomes—for any class of perpetrators—may have extensive consequences for the wider military social ecology. First, despite DoD attempts to address military culture in its efforts to eradicate MSA, false allegations myths and victim-blaming tenaciously pervade the military social ecology and may be reinforced by inappropriate justice outcomes. As we have seen, perpetrators’ narratives are cycled widely and reflexively absorbed and perpetuated by community members, regardless of their gender or their personal

\textsuperscript{210} DoD does collect and provide data on rank, but not analysis of justice outcomes by rank. See, for example, DoD (2017a, p. 32).
connection to perpetrators or victims. Survivors’ accounts have little weight in a culture in which servicewomen are still suspect and, as Belle said, “It’s automatic to defend the perpetrator.” The myth of the lying victim around which perpetrators’ narratives and military community responses too often revolve stands in stark contrast to the most rigorous data (from FBI and other criminal investigative agencies), which estimate that between 2-8% of civilian sexual assault or rape cases are false (see also Lisak, Gardinier, Nicksa, & Cote, 2010; Lonsway, Archambault, & Lisak, 2009). Despite the stubborn persistence of the false allegation myth among military communities, military-specific data suggest that this rate is even lower. The most recent data from FY 2016 (DoD, 2017a) indicate that only 2.49% of all 2,892 command action-eligible sexual assault cases were determined to be “unfounded,” meaning “false or baseless” (p. 20).

Ironically, however, prominent male military leaders have been accused of unlawful command influence for estimating that (only) 80% of MSA cases are actually true (Slavin, 2013).

System bias and poor justice outcomes may partly explain the pervasiveness and stubborn persistence of these assault-conducive social norms. Cases that fail to progress through the justice system due to command bias, perpetrators’ false official statements or witness tampering, or evidentiary issues may be conflated with unfounded cases (false allegations). When victims decline to participate in an often-hostile investigative and justice process after unrestricted

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211 The impacts of real false allegations should not be dismissed, as these false claims can damage the accused’s career and life and real victims’ credibility in a system already biased against them. However, given that the overwhelming majority of these allegations are true and the well-documented hostility victims face when coming forward, the common sense, default assumption should be to believe victims who take the risk to report these crimes.

212 DoD (2017a) states, “Two potential situations can lead MCIOs to conclude that the allegations of a crime should be unfounded, meaning the allegation is categorized as false or baseless: (1) when evidence discovered demonstrates that the accused person did not commit the offense, and (2) when evidence refutes the occurrence of a crime. After examining the evidence in each case with a military attorney, commanders declined to take action in 72 cases, because available evidence indicated the allegations against these subjects were false or baseless (unfounded)” (p. 20).

213 Given the retaliation, career harms, and psychological ramifications faced by military victims established by this project and multiple other research studies, including DoD’s own (DMDC, 2013; Lipari et al., 2008; Morral et al., 2015b; Namrow et al., 2017; Namrow et al., 2016; Rock et al., 2011), one should wonder how even this 2.49% would submit false claims. This may be an area for future research—by an external agency and after the command-directed justice system is reformed.
reports are filed\textsuperscript{214} (8\% or more; see for example DoD, 2017a) or withdraw from that process in the face of retaliation by peers and leadership (21\% for professional retaliation; see Namrow et al., 2017), they may also be assumed to be lying. Moreover, acquittals at courts-martial may be taken as further confirmation that survivors lie about being assaulted, while findings here indicate that defendants and defense witnesses may themselves lie under oath to facilitate their own or their friends’ inappropriate exoneration. Such acquittals may also reflect bias on the part of the panels of military leaders (officers and/or NCOs) who themselves may harbor rape myths that view criminal sexual behavior and good military character as incompatible. Thus high-status immunity, lack of transparency and integrity, and poor carceral justice outcomes may perpetuate rape myths and increase the likelihood that victims who report will be disbelieved and turned against by military peers.

Second, these outcomes may affect future reporting of these crimes through reinforcing system distrust as well as other powerful interpersonal barriers among victims of these crimes. Institutional data indicate that victims are unwilling to report in climates in which they fear they will not be believed (25.17\%-43\%; DMDC, 2013; Morral et al., 2015b), they worry they will be blamed (38.14\%; Morral et al., 2015b), they distrust the system to fairly adjudicate the crimes committed against them (29.97\%), and they do not believe anything will be done about their reports (36.07\%-54\%; DMDC, 2013; Morral et al., 2015b). Poor justice outcomes may reinforce all of these reporting barriers and also decrease the likelihood that victims will be believed and supported by their peers. Moreover, witnessing other victims report and experience retaliation

\textsuperscript{214} These victims may include those who file unrestricted reports themselves or on whose behalves those are filed without their consent. The former Air Force SVC and other focus group members noted that both categories of victims may face serious challenges to continuing with the justice process, ranging from hostile investigators, defense attorneys, and even prosecutors to not being ready to continue with an investigation that it was not their choice to initiate.
from negative-destructive leadership, only to have their cases not move forward, may create significant distrust in the system and be a barrier to reporting (DMDC, 2013; Rock et al., 2011).

Finally, justice outcomes reflect normative values and standards of conduct. Poor criminal justice outcomes and high-status immunity thus have symbolic value that translates into practical communication of norms in the larger military social ecology—including what is acceptable behavior and who will be held accountable. Research shows that one-third of normal university men would consider raping a woman if insured of no repercussions (Check & Malamuth, 1985; Malamuth, 1981; Reilly, Lott, Caldwell, & DeLuca, 1992) and that military perpetrators who are not held accountable are likely to perpetrate again, sometimes in serial fashion (McWhorter et al., 2009; Stander et al., 2017). Thus absent tangible and forcible deterrents for sexual misconduct, formal injunctions and zero tolerance policies do little to prevent sexual violence (see Firestone et al., 2011, p. 447). Likewise, administrative and even non-judicial “slaps on the wrist,” forcible separations or retirements, or light sentences that are disproportionate to the crime create little deterrent for future behavior. Poor justice outcomes may thus encourage both potential and serial predation.

The denial of accountability for perpetrators in positions of leadership is especially disconcerting, given their increased formal power, ready access to less powerful victim-targets, and power to set command climates and shape their subordinates’ behavior, as well as their influence over the military community’s beliefs if they are accused of further crimes. Military-specific research unequivocally demonstrates that risk for MSA increases when leaders create harassment-tolerant climates and is greatly magnified when they themselves engage in sexual misconduct (Sadler et al., 2003; Sadler et al., 2017). Retaining such perpetrators—or even attempting to reform them while they remain in the military—is not only misguided, it is also
dangerous to military communities and antithetical to the good order and discipline necessary for military readiness. But similarly problematic is allowing high-status perpetrators to avoid criminal justice accountability through discharge, resignation, or retirement to the civilian world. Without record of their crimes, these separated perpetrators remain undetected in the civilian world, where they may perpetrate and evade responsibility for their crimes once again. All of this reinforces a culture of impunity for powerful leader-perpetrators and ensures a continuing cycle of sexual violence in both military and civilian social ecologies.

**Leaders Can Play Significant Roles in Survivors’ Separation Experiences**

*Some leaders weaponized separation mechanisms and processes.* Although some leaders may offer support during the separation process, findings indicate that leaders who seek to harm victims may find ways to weaponize that process both directly and indirectly. Whether such leaders initiate the process, compromise documentation, or retaliate against survivors during that process, they can jeopardize survivors’ well-being and cause considerable and lasting harm.

Findings expand upon previous research on administrative and bad paper discharges for MSA survivors (*Sexual Assault in the Military*, 2013; DoDIG, 2016; HRW, 2015) to show that an ostensibly humane means of separating servicemembers—medical retirement—may be employed in a retaliatory fashion, as occurred for both Cindy and Diana as their negative-destructive leaders tried to force them out of service when other discharge methods were closed to them. The character and integrity of the psychiatrists and physicians overseeing these survivors’ boards mitigated to some extent the potential retaliatory impact, but both survivors suffered consequences regardless of those evaluators’ integrity (i.e., personality disorder label om
DD 214; having to hire a lawyer to fight against the board process). Understanding how medical retirement may be used in retaliatory fashion on a larger scale may be important.

Findings on administrative separations are also consistent with a recent Inspector General (DoD IG, 2016) review showing that one-third of female MSA survivors who filed unrestricted reports were administratively separated within nine months of being assaulted, as well as with data from POD (2016) showing that MSA survivors are discharged with bad paper at disproportionate rates to servicemembers with general mental health issues (15.2% for general mental health issues vs. 24% for MSA). Such inappropriate discharges for in-service sexual assault may be the ultimate expression of negative-destructive leaders’ disregard for victims’ welfare and outright attempts to harm them. As we saw with Linda and Meena’s cases, a personality disorder or less than honorable discharge can have extensive consequences for future employment and benefits, with little hope for successful upgrades or other changes. Indeed, Human Rights Watch’s (2016) report on such wrongful discharges for MSA survivors found that the oversight bodies tasked with reviewing and potentially reversing such retaliatory discharges—the service branch Discharge Review Boards (DRB) and the Boards for Correction of Military (or Naval) Records (BCMR/BCNR)—are overburdened and notoriously ineffective. In 2012, just 4% of any servicemembers who applied to BCMR/BCNR for upgrade to general discharges succeeded, and analysis of 2013 BCMR data indicated that MSA survivors’ chances of success were not much higher, at 5.6%. This report also noted that the BCMR/BCNR deferred to military commanders’ judgments as they pertained to separation paperwork, rendering the review process itself often fruitless.\textsuperscript{215} Those filing discharge upgrade requests with service

\textsuperscript{215} As the authors note, “In order to get an upgrade, applicants must overcome the Board’s deference to command and presumption that the discharge was correct. As the Navy DRB points out on its website, ‘the Department of the Navy, in issuing a discharge will always presume it was correct in that action’ and so the burden is on the applicant to provide ‘clear and substantial evidence’ of error. This is a high burden to overcome” (90).
branch DRBs had only 10% success rates (HRW, 2016). And, indeed, neither Linda nor Meena has had success with their petitions. These inappropriate discharges are themselves a form of continuous retaliation—forcing survivors to fight, repeatedly—for the dignity, benefits, and compensation to which they were entitled in the first place.

**Leadership resentment of survivors’ medical retirement may indicate an implicit “hierarchy of trauma.”** As discussed last chapter, survivors may experience less support and more retaliation from military leaders due to the nature of the trauma they experienced. While many military leaders may lack understanding of trauma in general, they may have even less understanding of the experience and severity of sexual trauma in particular—and some may be unwilling to understand. Thus the resentment of some military leaders to sexual assault survivors’ being granted medical retirements and high rates of disability may indicate a larger misunderstanding of the severity of sexual trauma, wider rape-conducive social norms, minimization of servicewomen’s contributions, or other features of the male-dominated military environment. But such reactions also may be suggestive of a larger disability bias in the military, or at least a hierarchy of trauma, with physical injury at the top, followed by combat trauma, and sexual assault against servicewomen at the bottom. In other words, while all servicemembers deserve understanding for the traumas they sustain as a result of their service, a male servicemember who has lost a limb or who has sustained PTSD through killing or witnessing the deaths of others may be treated with more respect and understanding than a female servicewoman who was raped and rendered unfit to deploy due to PTSD—or even raped and exposed to combat during deployment. Moreover, some survivors indicated a gender bias in the way PTSD was handled, with male servicemembers who suffered PTSD being able to remain in service, while women with rape-related PTSD were pushed out. The invalidation and de-
legitimation of sexual trauma-related suffering by often-male military leaders and other servicemembers may further compound the betrayal and harms survivors experience both while they remain in service and after they are separated. Indeed, research indicates that these patterns may obtain in VBA disability compensation (SWAN et al., 2013). Despite the significant burden of illness MSA may bring even years following the assault, MSA survivors are less likely than combat survivors to receive trauma-related compensation from the VBA (Murdoch et al., 2003; Rosenthal & Korb, 2013; SWAN et al., 2013), with women receiving lower disability ratings than men (Invisible Wounds, 2012). This invalidating pattern is especially striking, given that physical injury and combat trauma are terrible yet expected risks of service in even the best military climates, while rape and assault by another servicemember—especially a military leader—should never be a part of a well-functioning military.

**There is a tension between treatment needs and larger military priorities.** But even beyond sexual trauma-specific issues and leaders’ responses to those issues, findings call attention to the costs of service on a larger scale and illuminate the tension between traumatized servicemembers’ mental health needs and larger military priorities. Our military relies upon servicemembers who are fully fit for duty in order to accomplish operational demands, but the traumas incurred in the course of meeting such demands can render those servicemembers temporarily unfit for full duty. For servicemembers who sustain wounds, illnesses, or injuries in the course of their service to our country, the availability, adequacy, and integrity of in-service treatment modulates their abilities to recover while they remain in service. But rather than providing meaningful options to help servicemembers recover and return to full duty, our military has shown a disconcerting pattern of discharging those who have developed expectable

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216 The nature of the command climate makes an enormous difference, as we have seen. Environmental safety (i.e., basic respect and support) plays a critical role in treatment effectiveness for trauma survivors.
mental health injuries following exposure to severe trauma and are perceived as no longer useful to the larger military organization (Ader et al., 2012; DoDIG, 2016; GAO, 2017; HRW, 2016). This practice of expediting the separations of traumatized servicemembers rather than enabling them a meaningful chance at in-service recovery is a wrongful solution to this tension between organizational and individual needs and must be addressed.

Mental health and medical providers play important roles in navigating this tension, and their decision-making can have serious impacts on traumatized servicemembers’ careers. When servicemembers voluntarily seek treatment in the military context, they are implicitly submitting to evaluation of their fitness for duty. Providers are thus tasked with dual—and sometimes competing—allegiances: both to servicemembers’ mental health and safety needs as well as military readiness demands. They must hold this tension ethically, as traumatized servicemembers overcome multiple trust and stigma-related barriers to seek care and rely upon providers to have their welfare at heart. While Cindy and Diana’s experiences show the positive advocacy mental health and medical professionals can provide, Linda’s personality disorder separation illustrates what happens when providers themselves use their power in negative-destructive and unethical ways. Indeed, an in-depth report by Human Rights Watch (HRW, 2016) on the inappropriate discharges of MSA survivors found that mental health providers may themselves be pressured or incentivized to act in unethical ways. Some providers admitted that they were deterred from diagnosing PTSD in favor of personality disorders or other disorders that obviate the military’s responsibility to provide benefits and compensation (e.g., De Yoanna & Benjamin, 2009), while other military stakeholders felt that mental health providers were incentivized to deny PTSD claims for the same patients whom civilian providers diagnosed with PTSD without issue (HRW, 2016).
When servicemembers *are* diagnosed with a service-incurred or -exacerbated mental health condition (like PTSD), they have a limited timeframe for in-service recovery and the quality of care they receive—and its fit to their needs—matters. The military has a general policy that servicemembers whose service-related conditions do not improve within one year of treatment are referred to medical boards, making early and effective treatment important (see DoD & VA, 2011; Air Force Wounded Warrior Program, 2016). Findings suggest that in this limited timeframe, management-focused therapy and medication treatment for severe trauma may not be adequate to facilitate substantial recovery and may sometimes introduce additional problems. While management-focused or crisis-oriented treatment may be temporarily indicated based on the nature of the trauma and servicemembers’ individual needs, treatment that remains geared toward getting servicemembers back into full duty as quickly as possible may be counterproductive in the long run, as it may strengthen avoidance coping and allow symptoms to become entrenched. Moreover, the role of medication in such management-focused treatment merits attention. Although medication may be an important component of treatment, findings suggest that it is sometimes over-employed when treating trauma survivors. Almost every survivor was prescribed multiple medications, often at high doses, and all experienced serious side effects (e.g., difficulty getting out of bed in the morning, sluggishness, drowsiness, numbness, increased anxiety, suicidal ideation). In tandem with the trauma-related injuries survivors faced, these medication-related treatment issues had the potential to create significant harm in unsupportive or negative-destructive commands, including contributing to one survivor’s bad paper discharge.²¹⁷ Moreover, overreliance on medication to treat interpersonal trauma may introduce safety issues for survivors and in the larger military social ecology.

²¹⁷ Like trauma-related injuries, such common *medical treatment* issues may play a larger role in retaliatory discharges than is understood by review boards. Their prevalence should be assessed in future research.
Indiscriminate prescribing provides sexual assault survivors—a group known to be at risk for suicidal ideation and attempts—with ready access to lethal means; two survivors in this study overdosed on medications they had received from military professionals. But such prescription practices on a wider scale may also provide perpetrators with potential means for drug-facilitated assault, as barbiturates and anxiolytics are often used to incapacitate targets. Management-focused treatment may be inadequate to treat severely traumatized servicemembers, and over-reliance on such management-focused approaches may actually deprive them of a fair chance at recovery while they remain in the military while creating additional treatment and safety issues.

But just as management- and medication-focused treatment may be insufficient to help severely traumatized servicemembers recover, introducing more intensive treatment while these survivors still work regular duty hours may be equally problematic. Some traumatized servicemembers may require convalescent leave to participate in higher levels of care. Intensive programs for wounded warriors or holistic recovery programs for active duty sexual assault survivors, such as Warrior Renew (Katz, 2015, 2016a; Katz, 2016b), may facilitate better recovery outcomes and the retention of these qualified and honorably serving servicemembers. Ultimately, the treatment strategy must fit the individual servicemember’s needs to the greatest extent possible, as research indicates that trauma survivors who have some degree of choice and control over their recoveries show better treatment outcomes (Herman, 1997; Najdowski & Ullman, 2009).

In short, if traumatized servicemembers wish to remain in service but have a limited window in which to recover, their military employer must provide them with meaningful choices, adequate resources, and relevant accommodations to do so while they remain in service. Positive-constructive military leaders and resource personnel can play critical roles in
encouraging such treatment, mitigating barriers, and supporting traumatized servicemembers’ recoveries so that they can return to full duty in the careers for which they have sacrificed so much.
CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

How many times has something like this been done and nothing has changed? So it’s very discouraging, I guess, to see how long the military has been in the limelight for this, and these things are still happening. The fact that they’re even happening to begin with is terrible, but then how they’re being handled, it just makes it that much worse. And people look at the military, and they think, you know, we’re the elite, like, this is the best of the general population, but there’s—some of the worst people are in the military. I think because we’re looked at as being elite, I feel like these people feel like they can get away with these things, because they’re not being scrutinized for this stuff. Because these things happen every single day.

—Meena

All the bad gets hidden down below…. I don’t think the people who do matter really see what’s going on.

—Tina

The cycle of abuse needs to stop. And it needs to stop now.

—Belle

A Theory of Forming Ranks

This project supports the Department of Defense’s contention that leaders at all levels are the center of gravity for sexual assault prevention and response (DoD, 2014a, 2014b, 2016b) by demonstrating the extensive responsibilities and impacts military leaders have in responding to survivors following MSA. Supplementing DoD’s predominant focus on positive-constructive leaders (DoD, 2014b, 2014c), this research shows what happens when negative-destructive leaders occupy the center of gravity for MSA response in the male-dominated, hierarchically organized system of military power. Participants’ insights and experiences form the basis of the provisional grounded theory that has emerged from data analysis. This theory describes the central role played by negative-destructive leaders in forming ranks against victims and contributing to the systemic degradation of support available to them. It is summarized briefly below.
**Forming ranks** is an escalating destructive social process. It occurs when negative-destructive military leaders seek to destroy the character, support, and careers of survivors, and work to remove them from the military setting. This process is constellated when leaders themselves perpetrate, affiliate with perpetrators, or otherwise compromise themselves. Forming ranks has wide-ranging and long-lasting damaging effects on victims and contributes to the **systemic degradation of support** available to them in the wider **military social ecology**.

Leader-perpetrators plant the seed of this destructive social process when they prey upon lower-ranking targets whose low sociocultural power translates into less credibility in the rank-based military environment. If survivors report these leader-perpetrators or display expectable trauma-related impairment, these **critical incidents** introduce workplace disruption and present **ongoing choice points** for military leaders. **Positive-constructive leaders** offer ongoing support and protection to survivors and are empowered to do so by top-down leadership involvement, healthy command climates, and independence from leader-perpetrators. **Negative-destructive leaders** disengage from or form ranks against survivors and are supported by permissive-toxic climates that protect perpetrators, prize invulnerability, and view survivors as threats to be removed from the workplace. Negative-destructive leaders capitalize on their status and influence in the close-knit, transitory, and male-dominated military environment to **recruit** others into forming ranks against victims. Negative-destructive leaders spread **defamatory narratives** to shape others’ perceptions of victims and precipitate social distancing from, punitive approaches toward, and denigration of survivors. These false accounts of victims’ behaviors, character, credibility, and suitability for the military environment present victims as problems and to blame for the issues that are constellated in the military environment, such that the military would be better off without them. Recruitment intensifies when leader-perpetrators
or their friends are in victims’ direct chains of command, but negative-destructive leaders outside of those chains can impact survivors through the narratives they spread and their impact on the justice process.

Forming ranks *escalates over time*, and it has predictable *consequences* for victims and their experiences in the wider military social ecology. As this destructive social process escalates, it potentiates the harms caused by the initial assault(s) and *systemically degrades* the support and protection available to victims across the military social ecology. At a *leadership* level, acts of retaliation or other intentional harm increase in intensity as upper-level leaders become recruited into the process and a paper trail is created against survivors. Positive-constructive leaders stationed in such climates are outnumbered, intimidated, or lack formal power to protect survivors, while those stationed in positive climates are neutralized in their abilities to protect survivors due to policies or the structure of the military justice system itself.

In the context of a *command-directed justice system*, negative-destructive leaders may variously contribute to *high-status immunity* for leader-perpetrators that compromises victims’ safety and trust in the justice process and leaves the military social ecology vulnerable to continued predation. At a *military community level*, forming ranks compromises the workings of the intra-military response system set up for survivors’ post-assault support and protection and military accountability, creating a *power ceiling* and rendering civilian intervention necessary. At a *relationships* level, forming ranks contributes to a degradation of support from military peers, who uncritically absorb defamatory narratives and turn against victims or distance themselves from survivors for fear of tarnishing their own reputations or careers. At an *individual level*, forming ranks perpetuates a *cycle of harm*. It compounds the assault-related trauma that survivors have already sustained, amplifies the stress of the investigation and justice
process, deprives survivors of critical resources for recovery, and ultimately contributes to their separations from the military.

When negative-destructive military leaders form ranks against survivors, they intentionally deprive them of validation, respect, voice, support, protection, justice, and healing as they variously work to degrade their characters, damage their careers, and remove them from the military. In such contexts, it should not be surprising that survivors suffer deleterious health outcomes that not only fail to remit while they remain in the military social ecology but also result in lasting harm after they are separated—often without their consent. Indeed, the process of forming ranks ensures that victims, rather than the negative-destructive military leaders who assaulted and criminally retaliated against them, will be forced to carry the daily burden of those leaders’ crimes, as well as the lasting effects of their military employer’s failure to protect them from preventable sexual and psychological violence.

**Implications**

As implications have been discussed at length in the previous two chapters, here I briefly highlight four overarching themes: forming ranks as a military-specific form of workplace mobbing, the toxicity of negative-destructive leadership, the retraumatization that occurs following MSA, and the necessity of feminist qualitative research that recontextualizes survivors’ experiences.

**Forming Ranks as a Form of Military Mobbing**

A central finding of this project relates to the systemic degradation of support for survivors of MSA that occurs when military leaders form ranks against victims. The term forming ranks includes but moves beyond the term “retaliation” to capture MSA survivors’
experiences of abandonment and ongoing retraumatization by military leaders and community members.

The process of forming ranks aligns with descriptions of workplace mobbing found in civilian social scientific research (see Duffy & Sperry, 2012, 2014; Leymann, 1990, 1996; Sperry, 2009). Workplace mobbing, like forming ranks, is a destructive social process that begins when an employee is targeted in the workplace and becomes the focus of increasing workplace gossip and other forms of informal sanction. The mobbing process truly takes hold when one or more manager(s) become involved and begin to formally sanction the targeted employee and to initiate that employee’s exit from the workplace. Like forming ranks, victims of workplace mobbing can suffer a range of acute and often-chronic health, relational, and occupational injuries. Leymann (1996) found that PTSD, psychosomatic complaints, and suicidal ideation or attempts were common among victims of mobbing, which he described as a form of “psychological terror” (p. 168; see also Balducci, Alfano, & Fraccaroli, 2009; Sperry, 2009).

Forming ranks can be seen as a military-specific form of this workplace aggression. However, aspects of the military environment may contribute to more severe mobbing behaviors by leaders and peers with even worse outcomes for MSA victims than for civilian mobbing victims. MSA survivors not only experience the very real terror of sexual violence and the ongoing threat posed by the perpetrator following the assault, they also experience the psychological terror of being turned against by those upon whom they often depend for their well-being and safety. Moreover, the process of mobbing itself may be intensified in the enclosed military environment. The group dynamics and social contagion present in civilian workplace mobbing are magnified in the cohesive military environment. Unlike most civilian organizations, the military is an organization that has perfected the art of war-fighting—of
leaders and servicemembers uniting against a common enemy in order to neutralize or eliminate the threat they pose. The enemy is dehumanized, objectified, or rendered “other” in order to facilitate the deployment of organized violence against them, and these powerful processes are turned against survivors when they report intra-unit assault. Unit cohesion renders otherwise-good peers and leaders unwilling to intervene in abusiveness so as not to compromise their own group membership.

**Negative-Destructive Leaders as a Cancer**

This project shows that negative-destructive leadership is a toxic force with extensive impacts for survivors and the larger military social ecology. While negative-destructive leaders represent only a fraction of the total military leadership force, their toxic influence does not remain self-contained. Instead, that influence acts as a cancer that metastasizes and infects healthy climates and command structures. When leader-perpetrators prey upon victims outside of their own units, installations, or service branches, they force positive-constructive leaders in those other units to address the destruction their crimes create—on victims, unit morale and readiness, and force-related concerns. When negative-destructive leaders attempt to recruit others into retaliatory approaches to survivors and begin to openly retaliate against them, otherwise positive-constructive leaders may become bystanders to ongoing abuse and other supports may be encouraged to shut down or withdraw from survivors. Negative-destructive leaders’ destructive influence appears to thrive in the absence of awareness, oversight, and accountability, making those three factors essential to intervention, as discussed in the recommendations for research and reform discussed below.
The Aftermath of MSA Can Be as Harmful as the Original Assault

This study also affirms a simple yet powerful truth: what happens in the aftermath of sexual trauma matters—indeed, can be as impactful on survivors as the original assaults themselves. The assaults survivors experienced were severe, with many occurring repeatedly and escalating over time and causing serious and predictable posttraumatic psychological, physical, and occupational injuries. But following these original attacks, many of the women in this study also suffered repeated psychological assaults by their own military leaders after reporting their high-status perpetrators or exhibiting signs of posttraumatic distress in the military context. The disbelief, blame, ostracism, retaliation, and lack of recourse these women experienced compounded their distress and rendered the military environment increasingly unsafe and triggering. Adding to this retraumatization was secondary victimization by investigators or defense counsel and ostracism by peers, as well as barriers to mental health care and guilt and self-blame that were reinforced by military culture. Although some authors have described such negative victim-system interactions as “the second rape,” this project demonstrates that survivors may also experience the third, fourth, fifth rapes—each time they are again humiliated, defamed, or otherwise degraded and retaliated against. When taking such experiences into account, it is not surprising that MSA is associated with greater risk for PTSD, other deleterious health outcomes, and suicidal behavior than civilian sexual trauma and combat trauma. Toxic military environments in the aftermath of sexual violence produce complex trauma.

Feminist Qualitative Research Helps to Contextualize and Repoliticize Sexual Violence

This study also highlights the critical role feminist qualitative research can play in researching and understanding MSA more broadly. This study’s feminist, social ecological, and grounded theory approach provides a contextualized understanding of survivors’ in-service post-
assault experiences, including the conditions and processes that support certain types of leadership responses to victims and contribute to their systemic degradation. By illuminating the social context in which these women’s suffering and help-seeking occurred and the roles played by powerful and predominantly male military leaders who responded to that suffering and help-seeking, this study repoliticizes what can too often be viewed as individual-level trauma and redirects attention to the ways in which some powerful individuals choose to compound rather than alleviate suffering. Moreover, prioritizing women’s lived experiences as the starting point for inquiry and understanding female survivors’ insider-outsider perspectives as contributing critical corrective perspectives to dominant narratives about MSA enables better understanding of the real challenges faced by female survivors when they consider reporting in the military context or suffer trauma-related harms.

Limitations and Contributions

Limitations

This study has a number of limitations and strengths, and the two are largely interlinked. This project sought to gain in-depth understanding of military leaders’ multifaceted roles and impacts on victims’ post-assault and reporting experiences that could be used to aid in larger-scale analysis and policy reform. This in-depth analysis necessitated a small sample size, which limits findings’ generalizability to some extent. That said, I attempted to broaden the usefulness and applicability of these findings in a couple of ways. First, the inclusion of an expert panel of advocacy group and retired military sexual assault response stakeholders in the first stage of the project provided information that has high generalizability to the military context. Advocacy group members’ insights are based in their direct experiences working with many survivors against leadership power abuses and for reform, and retired intra-military response system
personnel provided insights based in their own direct experiences with survivors and military leaders. As such, focus group members’ knowledge and recommendations are grounded in substantial expertise and experience, provide additional validity, and increase the usefulness and generalizability of findings. Moreover, every attempt was made to triangulate data with DoD’s own research and findings appear remarkably consistent with extant data on issues like retaliation, suggesting that findings are both reliable and valid. At the same time, this in-depth study illuminated areas that have heretofore been invisible in institutional data, such as how high-status perpetrators can negatively impact survivors’ reporting experiences while eluding appropriate accountability in the current justice system. Indeed, qualitative research plays a complementary—and at times corrective—role to quantitative research by illuminating critical but often neglected contextual conditions and dynamic relationships. Increased understanding of these conditions and relationships can complexify or contest dominant understandings of the research problem and can direct future, larger-scale data gathering.

Another limitation of this study is that insights generated from this research are based upon participants’ reports of leadership’s behaviors and actions, and corresponding data from leaders themselves was not available. The resulting understanding is necessarily survivor- and advocate-driven, and may or may not be consistent with leaders’ own descriptions of their behaviors and actions. No attempt was made to connect with the leaders described in victims’ accounts due to the clear confidentiality and safety issues this would have created. However, findings on negative-destructive leaders’ tactical uses of communication suggest that even were they to participate in such research, there is a high risk that they would underreport, deny, or distort their abusive behaviors in order to promote themselves and to discredit victims. Indeed, while these leaders’ accounts might provide important insight into the rationalizations behind
their behaviors, victims’ own descriptions may be more valid and truthful accountings of these leaders’ behaviors and their impacts than leaders would be incentivized to provide. This perspective is consistent with standpoint epistemology, which argues that less privileged “outsiders within” dominant cultures may be better positioned to offer more complete understandings of oppressive structures and processes than those who occupy more privileged social locations. Moreover, my stance as a feminist researcher is grounded in the knowledge—and is supported by substantial empirical research—that sexual assault victims tell the truth about their experiences, despite perpetrators’ efforts to discredit those victims and render their “perceptions” suspect (see Herman, 1997).

Both a limitation and strength, my standpoint as feminist researcher shaped the study and its interpretation. This constitutive positionality is interwoven with data collection, analysis, and interpretation, such that another researcher without feminist commitments might interpret the data differently—indeed, would likely ask very different questions in the first place. However, it is my sense that human rights violations like sexual assault require taking a position, and I chose to stand solidly with survivors of these violations. Acknowledged and owned, this positionality and political commitment is itself a strength, as it allowed me to engage potentially litigious areas, such as leadership predation and the involvement of negative-destructive leaders in the defamatory-retaliatory process of forming ranks. This feminist standpoint also sensitized me to what was missing from institutional data and alerted me to the wider context and power dynamics in which victims’ experiences were situated.

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218 Indeed, rigorous data indicates that when survivors take the risk of reporting their assaults, their accountings are overwhelmingly true (Lonsway et al., 2009). Other validation research on survivors’ secondary victimization experiences with response system personnel (Campbell, 2005) suggests strong interrater reliability between survivors’ reports of service delivery and secondary victimization experiences and response personnel’s own descriptions of their behaviors (although system personnel tended to minimize the impact they had on survivors).
A final limitation involved gender. This study focused on the experiences of female survivors, meaning that veterans who identified as a gender other than female were not included in the research. Data on male survivors of MSA indicates that few male survivors report, and those who do receive less support from and suffer worse treatment by leadership than do female survivors (Davis, Grifka, Williams, & Coffey, 2017; Morral et al., 2015b). Moreover, non-binary and transgendered servicemembers are at increased risk for all forms of violence in the general population, and recent DoD data indicates that LGBT servicemembers appear to be at almost twice the risk for sexual assault as their non-LGBT counterparts (Davis et al., 2017). Recent statements by Commander in Chief Donald Trump disparaging trans servicemembers’ service and arguing for reinstating the ban on their ability to serve may place them at increased risk for all forms of violence (Starr, Cohen, & Sciutto, 2017). Understanding the experiences of these survivor populations is critical for future research.

**Contributions**

Even taking these limitations into account, this study makes some important contributions. This is the first qualitative study to focus explicitly on leadership’s responses to and impact on survivors’ experiences following unrestricted reports of sexual assault or other critical incidents, including their impacts on the military social ecology and the resources provided for support and protection. Findings provide unique theoretical understanding of conditions that predispose toward negative-destructive responses and contribute to systemic degradation of support for survivors. The provisional theory of forming ranks illuminates the central role of recruitment through destructive communication in the process of retaliation. This is the first research to connect survivors’ well-documented experiences of retaliation with mobbing and to provide a military-specific description of how such a process might unfold as it
relates to MSA-related critical incidents. This study also expands upon burgeoning research on toxic leadership (Reed, 2004, 2015; Reed & Olsen, 2010; Steele, 2011a; Steele, 2011b) to show the dynamics behind negative leader and leader-perpetrator behaviors and how these play out after an assault occurs and in the presence of critical incidents. As such, this study contributes to a timely conversation about the presence of negative-destructive leadership in the ranks and the necessity of addressing this toxic influence head-on. It also provides in-depth insight that can be usefully assessed with larger-scale research.

Further, this study’s sample population is unique and important. DoD data indicate that only one-third of female survivors report these crimes and that only half of these file unrestricted or converted reports (DMDC, 2013; Morral et al., 2015b). Further, DoDIG (2016) data suggest that one-third of female MSA survivors who file unrestricted reports are separated from service, meaning that their experiences are not included in DoD assessments of progress on MSA and they have no opportunity to provide feedback or to voice their concerns. Thus the female veteran survivors interviewed for this project—seven of whom filed unrestricted reports and all of whom were separated from the military—provide important insight into the challenges and career harms faced by female survivors who do file unrestricted reports, and they illuminate areas for reform. Moreover, this group of survivors may have unique experiences based on their affiliations with POD. They may have experienced worse retaliation and harm than survivors who were able to remain in the military and did not have reason to contact advocacy groups, but their experiences also may have been better than those of survivors for whom such support was not available. Further, this is also the first qualitative study to include advocacy group stakeholders’ perspectives on MSA, reporting barriers, and military culture and leadership in data collection and analysis. This unique group of subject matter experts has substantial
experience and understanding of policy reform, and they deeply understand survivors’ in-service reporting challenges and experiences. The community-based partnership approach taken in this study aligns with increasing recognition in VA settings that research-clinical partnerships are critical in improving care for female veterans (see Yano et al., 2011). However, it moves beyond this clinical recognition to highlight the political importance of research-advocacy partnerships in understanding and addressing the ongoing structural and political arrangements that perpetuate military sexual violence and contribute to survivors’ diverse clinical needs.

Lastly, this study is unique in that it solicited survivor- and advocate-driven recommendations for reform in addition to research and practice implications. This solicitation of recommendations from those with direct experience was also conducted by Spence (2015) in her unique two-stage study of gender-based violence, which involved in-depth interviews and an anonymous survey of female veterans soliciting their recommendations for change. Such prioritizing of the voices of those who are most knowledgeable about and have been most affected by the system as it currently stands is both a critical feminist endeavor and a site for increased attention by policy makers. Given that the conversation on needed MSA reform has been largely centered around the needs and perspectives of powerful male military leaders, these women’s voices provide critical countervailing perspectives on what needs to change (see Appendix III).

**Recommendations for Research and Reform**

**Research Recommendations**

This project has highlighted a number of important areas for future research that could help to increase transparency, facilitate meaningful oversight, and contribute to better understanding of modifiable MSA- and retaliation-related risk and protective factors.
**Related to leaders.** This study has focused on survivors’ self-reported experiences with leadership. Future qualitative research with active duty or retired military leaders themselves could offer deeper insight into the challenges leaders face in responding to critical incidents like MSA reports and sexual trauma-related mental health injuries. Such research could also provide important information about retaliation, such as how leaders perceive and respond to speculation and rumors among their subordinates, or how they respond when witnessing other leaders’ negative or criminal behavior. Such understanding can facilitate discussion of support, guidance, and policies leadership may need to better support survivors and respond appropriately to problematic conduct with the power and authority available to them.

Further, this study clearly demonstrates that negative-destructive military leaders themselves perpetrate MSA, retaliate against survivors in the aftermath of MSA incidents, and attempt to recruit other leaders into such processes. However, the Army is the only branch of service that has devoted sustained research attention to the issue of toxic leadership (Reed, 2004, 2015; Reed & Olsen, 2010; Steele, 2011a; Steele, 2011b), and empirical study of toxic leadership as it relates to MSA is largely unavailable. Devoting research attention to this small but influential contingent of military leaders as it relates to MSA is critical for increasing military accountability, reducing risk for MSA, and mitigating survivor retraumatization. As negative-destructive leaders are often incapable of recognizing their own insufficiencies (Reed, 2015), subordinates’ experiences with such leaders as assessed through command climate assessments and other quantitative tools could be useful.

Moreover, given that negative command climates are a robust risk factor for sexual assault, DoD could use its biennially collected data to identify specific installations, ships, or locations that are associated with unusually high rates of reported MSA incidents. Consistent
with DoD’s commitment to holding commanders more accountable for the climates they set, such location-based analysis could help DoD to “flag” potentially high-risk locations for further review and direct resources for oversight and corrective action.\textsuperscript{219} Congressionally mandating such location-based analysis as part of DoD’s biennial \textit{WGRA} survey reporting requirements may be one method of ensuring some transparency around this known risk factor for sexual misconduct.

\textbf{Related to perpetrators.} Self-report data on military perpetrators is seriously lacking. Increasing understanding of military perpetration through research with perpetrators themselves represents an important step toward prevention. While gathering self-report data from undetected perpetrators may be challenging, perpetrators who are convicted of sexual assault offenses or wish to be discharged or to resign in lieu of courts-martial could be incentivized to participate in qualitative interviews and other structured assessments. Understanding military perpetrators’ motivations for and perceptions of their behaviors, as well as any victim grooming and community priming they did prior to and after the assaults, could illuminate points for prevention, intervention and risk reduction. Moreover, despite over a decade of data indicating that the majority of military perpetrators are individuals in leadership positions and over half of these are in victims’ direct chains of command (Sadler, 2003; DMDC, RAND), this risk factor has received little research attention. As mentioned last chapter, DoD could facilitate transparency about the military justice process by using the data it already collects on victims and subjects to show how rank factors into case dispositions and punishment intensity, and Congressional leaders could mandate such analysis to ensure it is done.

\textsuperscript{219} Of course, while this location-based analysis could help to identify potential outlier locations at which leaders are not taking appropriate steps to deter MSA, it is also an imperfect measure of risk. Many MSA incidents are perpetrated by individuals outside of survivors’ units, locations, or service branches (i.e., survivors’ own unit or installation climates could be positive), and fewer reports can indicate negative climates that deter reporting (i.e., while higher reports can mean greater trust in the system).
Related to survivors’ reporting decisions and experiences. Findings suggest that when perpetrators are high-ranking or high-status, that can negatively impact survivors’ reporting experiences and contribute to retaliation against them. Analyzing these relationships on a population-based scale could be done with already existing data from WGRA and RMWS assessments, which collected detailed data from survivors about perpetrator(s)’ identities (e.g., rank, relationship, service branch). These data could be used to analyze relationships between perpetrator identity and salient aspects of victims’ reporting experiences. For example, perpetrator rank or service branch (vis-à-vis survivors’) could be investigated in relation to victims’ reporting decisions and the types of reports that are filed. Such analysis could also examine whether or not different patterns of retaliatory responses (e.g., social retaliation, professional retaliation) occur based on the identity of the perpetrator (e.g., when he is in the victim’s unit or service branch versus outside them). Perpetrator identity variables could also be assessed in relation to survivors’ satisfaction with the responses of leaders and community resources to their MSA reports. There are many possibilities. Large-scale analysis of such patterns could help to identify modifiable risk factors and sites for intervention at various levels of the military social ecology.

Related to destructive communication. Findings show that destructive communication plays a central role in retaliatory processes against MSA survivors. However, communication is so central to human life, knowledge, and power that it can be easily taken-for-granted in any social environment. Further in-depth qualitative exploration of the communication that occurs in military environments could aid in understanding the specific retaliation that occurs against sexual assault survivors and other servicemembers who disrupt military norms. Such research could examine general communication between peers, between leaders, and between leaders and
subordinates and investigate how communication about MSA-related events is similar to or different from this general communication. Research could also usefully assess military stereotypes, how they function in military environments, and the circumstances under which they are deployed. Exploring how rumors spread in military environments and the conditions that normalize or disrupt such destructive communication could also be fruitful. Deeper understanding of such destructive communication could provide data on the damage such communication can cause to cohesion, good order and discipline, and the wider military social ecology. It may also illuminate areas in which leaders may intervene or areas for increased oversight and reform.

**Recommendations for Reform**

Military leaders are central to reducing risk for sexual assault, addressing survivors’ post-assault welfare, and holding perpetrators accountable. The following recommendations for reform related to leadership, the military justice system, retaliation, and community resources provide actionable strategies for change and are derived from project findings as well as survivors’ and advocates’ recommendations (see Appendix III for participants’ detailed recommendations).

**Related to leadership.**

*Acknowledge rather than deny negative-destructive leadership as a systemic problem.*

Negative-destructive leadership thrives when it is denied. Top-tier military leadership should set a strong example for all troops by speaking out about negative-destructive leadership and its impact on the military environment, including how it relates to MSA perpetration and retaliation. Recognizing that troops with less formal power suffer the brunt of negative-destructive leaders’ toxicity, installation commanders should solicit junior enlisted troops’ experiences with
supervisors, senior enlisted advisors, and commanding officers in order to identify toxic leaders, rather than relying solely on senior NCOs’ and COs’ feedback, to whom toxic leaders are often motivated to present professional appearances. Drawing upon the Army’s pioneering work on toxic leadership, the Secretary of Defense should direct Department-wide research initiatives to assess the behaviors, prevalence, and impacts of negative-destructive leaders. Congress can aid in efforts to root out leadership toxicity by mandating identification of high-risk installations or ships in SAPRO reports in order to direct appropriate monitoring and intervention.

*Provide trainings for NCOs and COs on trauma, retaliation, and “false allegations.”*

Training on sexual trauma and victim behaviors should supplement extant trainings on sexual assault and response protocols. Information on acute responses to sexual assault and markers of trauma should be provided to help command remain alert for and inquire into such signs, which can also facilitate reporting. Discussion of sexual assault’s strong relationship to mental health injuries like PTSD, depression, and suicidality, as well as its commonalities with and differences from combat trauma, can facilitate increased awareness of the seriousness of sexual trauma and the danger posed when leaders minimize or disregard sexual trauma-related mental health injuries. Discussion of the importance of social support and cohesion in recovery can help individual leaders identify ways that they can support survivors’ healing.

Training on retaliation should also be provided. Such training should connect early precipitants of social retaliation, such as invasive social interest or speculation, to rumors and defamatory narratives and emphasize that leaders will be held accountable for social retaliation in their units. Defamatory narratives should be explicitly discussed as deceitful tactics employed by perpetrators and their supports to retaliate against and discredit victims, and intervention strategies should be developed. Destructive inter-leader communication should also be discussed
as a form of retaliation for which leaders will be held to account. Professional training by knowledgeable civilian experts should be provided on the prevalence of *true and false sexual assault allegations* (in civilian and military environments) in order to disrupt the tenacious myth that victims lie about being assaulted. This training could increase leaders’ willingness to believe victims who come forward and encourage subordinates to do the same. External evaluation and oversight of all of the above trainings should be conducted to ensure that they are conducted with seriousness and integrity, as occurs for sexual assault trainings among junior enlisted troops.

**Empower leaders to respond supportively to MSA-related critical incidents.** Military leaders at all levels should be empowered to respond supportively to survivors following MSA-related critical incidents. Leaders should understand that following protocol is necessary but insufficient as a response to MSA reports, and that ongoing care and support is necessary and will take effort to sustain. Upper-level leadership should be involved from the outset of reports in order to reinforce expectations for survivors’ appropriate care and address issues that arise with the increased formal power available to them.

Leaders should be further empowered through Secretary-level guidance for responding to common trauma-related impairment, appearance, and conduct issues among MSA survivors. Such top-down guidance could encourage leaders to use their discretionary power to understand survivors’ challenges, support their access to relevant supports and treatment, and facilitate their recovery back to full duty (e.g., by providing relevant accommodations, refraining from punitive responses to treatment issues, and allowing time away for mental health treatment). When leadership transitions occur after a sexual assault report, new leaders should be briefed about survivors’ cases by outgoing leaders, upper-level leaders, and/or SAPR personnel in order to
facilitate continuity of care and understanding of survivors’ needs. Survivors should have the option to be present for such briefings.

The notion of critical incidents can act as a reminder that there are critical periods and responses required from leadership when workplace disruption occurs. Leaders must remain vigilant for early signs of splitting, retaliation, or other problematic behavior by their subordinates and intervene immediately in speculation or rumors of which they become aware. When reports are made, perpetrators should have tight restrictions on their ability to discuss the events (as do victims) and should suffer consequences for any efforts to defame victims. In cases of intra-unit assault, leaders should consider moving the perpetrator rather than the victim in order to mitigate against the perpetrator’s spreading defamatory narratives. Leaders who facilitate positive climates and do the work to sustain support for victims should be identified and rewarded for their efforts, and they should be given opportunity to teach other leaders how to lead in these positive-constructive ways.

**Related to the military justice system.** The command-directed military justice process should be rendered more transparent and accountable, and should be substantively reformed. Transparency and accountability should be facilitated through providing for victims’ rights to know outcomes of administrative and non-judicial punishment proceedings against perpetrators when cases do not proceed to courts-martial. Congress should mandate analysis of case dispositions by perpetrator rank and race and track these patterns over time in order to evaluate the functioning of the justice system and ensure accountability for judicial decision-making. Stopping the spread of toxic leadership and serial predation is contingent on assessing and addressing high-status immunity.
Clear Department-wide orders and guidance should be provided to ensure that cross-service cases are properly and consistently handled. Further, sentencing guidelines for sexual assault crimes should be provided for panel members in order to mitigate against lenient sentences (e.g., 6 weeks for rape) and conviction or acquittal should require panel members’ consensus rather than a simple majority, consistent with the civilian sector. If possible, punishments for leaders who commit sexual assault crimes should be commensurate to the level of responsibility accorded to them. Officers who sexually assault others should receive harsher sentences than lower enlisted who commit the same crimes. The current system, where leaders are not held appropriately accountable while lower enlisted suffer the majority of the punishment, is the antithesis of the appropriate accountability DoD has promised.

Ultimately, however, reforms to the military justice system that maintain commanders’ decision-making authority are stop-gap measures to an endemic problem that will only be remedied when commanders are removed from the justice process. Partial reforms (e.g., requiring higher-level review of cases that do not proceed) render the justice system inefficient and overburdened while still keeping decision-making opaque and “in-house.” Ultimately, decision-making authority must be removed from commanders, and an independent and impartial justice system must be created for prosecution of serious sexual assault crimes. Doing so would finally allow military leaders to take a strong stand against MSA and express vigorous support for survivors without the fear of engaging in unlawful command influence. It would also eliminate the profound conflicts of interest at the heart of the only justice system in the United States in which one’s boss ultimately decides what happens to one’s rapist.

**Related to retaliation.** Retaliation against military whistleblowers is considered a crime by current policy, but leaders too often disregard policy and minimize the seriousness of this
destructive social process. Retaliation policy and response should demonstrate unequivocally that retaliation against MSA survivors will not be tolerated regardless of the circumstances or rank of those retaliating, and that leaders who fail to act on known retaliation will face serious consequences. Leaders who interfere with servicemembers’ attempts to communicate with IG or Congress should also be punished. Graded administrative or non-judicial punishments should be employed for retaliation or failure to act on reports (i.e., punishments should be commensurate to the rank and responsibility of the person involved in the problematic actions, with higher rank meaning increased punishment). Such punishments can be publicized wherever possible in order to begin to counter cultural expectations of high-status immunity.

Congress should criminalize failure to act not only on reports of retaliation, but also in regards to MSA reports (i.e., failing to follow protocol to initiate an investigation). Interference in or obstruction of access to mental health treatment should likewise be considered as a form of retaliation given the increased risks for suicide and other adverse health outcomes for survivors who fail to receive treatment. Congress should also adapt retaliation legislation to adequately capture the powerful relational intent behind many acts of retaliation, making friendship with perpetrators a criminally actionable intent in cases of retaliation against military whistleblowers.

Follow-up concerning retaliation should be conducted for every survivor who files any type of sexual assault report. Retaliation reports by survivors to SAPR, command, or IGs and actions taken in response to them should be documented and tracked in a centralized database in order to ascertain patterns of response, progress, and areas for increased attention. Retaliatory discharges should be addressed by Secretary of Defense directives to ensure that survivors who are being processed for discharge following MSA reports are provided with legal counsel and receive automatic review of that discharge (with both survivors and counsel present).
Related to community resources. There is no true intra-military recourse for victims when their own command structures are retaliatory. Until the justice system is reformed, Congress and DoD should create independent oversight entities or provide current resources with adequate power to protect victims within the limited military system (i.e., in the event that installation command fails to act appropriately). If leaders cannot be trusted to fulfill their responsibilities to create climates of respect and treat survivors with dignity, then resources need to be structured with the assumption that they will need to fight command and should be given the independence and power to do so.

Military mental health and medical providers should be clear about their allegiances and unwavering in their ethical commitments. Compromised or uninvested professionals develop negative reputations that can be easily adduced (e.g., through anonymous surveys of servicemembers regarding the providers with whom they have worked). Those who are compromised should be provided options for remediation but should be separated if they fail to achieve the designated improvements. Adequate mental health treatment resources (military and non-military) should be provided to facilitate survivors’ recovery from traumas sustained during service if they wish to remain in the military. Survivors should have some say in the treatment they receive.

Adequate funding should be provided for SAPR programs, and personnel should receive recognition and compensation for the intensive nature of the services they provide to survivors. When collateral duty positions (e.g., UVAs) are required, intensive vetting must be performed to ensure volunteers can function in these important positions of trust. Survivors who wish to remain in the military and develop interest in using their experiences to help others should be given opportunity to staff these positions if they qualify in the vetting process.
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Appendix I: Sample Recruitment Items for Focus Group and Individual Interviews
Dear Affiliate of Protect Our Defenders,

My name is Jessica Payton, and I am a doctoral candidate in clinical psychology at Duquesne University under the supervision of Dr. Eva-Maria Simms. I am writing to you because Protect Our Defenders powerfully advocates for service members and veterans who have survived military sexual assault. I am conducting a three-part, mixed methods research study that seeks to collaborate with Protect Our Defenders to better understand the barriers to sexual assault reporting in the military context. Designed with survivors’ welfare and organizational relevance in mind, this study will ultimately explore military women’s reporting or non-reporting of military sexual assault during service, reasons for reporting or non-reporting, health outcomes of reporting or non-reporting, and what can be done to enable survivors of military sexual assault to feel safer reporting. It will also explore how research findings can be used to serve survivors and Protect Our Defenders’ mission.

For this portion of the study, I am looking for participants for a focus group composed of 8-10 people, which will be conducted via teleconference call and will last approximately 45-60 minutes. I would like to use this focus group to learn from individuals who are experts on military culture about challenges faced by survivors when reporting military sexual assault during service. Participants will be asked to participate with other participants in one focus group discussion. Focus group members’ contributions will inform the construction of a sensitive semi-structured interview protocol for interviews with female veteran survivors in the project’s second stage, as well as an anonymous online survey to be distributed to veteran survivors in the project’s final stage.

You are eligible to participate if you are a civilian or veteran with some knowledge of military sexual assault and reporting barriers, and if you work or collaborate with Protect Our Defenders in any of the following capacities:
- As an advisory board member
- As a member of leadership
- As a staff member
- As a volunteer or other collaborator

All genders are invited to participate in this focus group. Please note that due to the sensitive nature of this project, current active duty or reserve members and women who are pregnant will be respectfully asked not to participate.

This study has been approved by Duquesne University's Institutional Review Board. If you are interested in participating in this project in some way or have any questions, please do not hesitate to contact me by phone (xxx-xxx-xxxx) or email (paytonj@duq.edu). In addition, if you have further questions, please feel free to contact my director, Dr. Eva-Maria Simms, at 412-396-6515, or the Chair of Duquesne’s University Institutional Review Board, Dr. Linda Goodfellow, at 412-396-6326.

Thank you for the work you do, and for your consideration.

Very respectfully,
Jessica Payton, M.A.
Eva-Maria Simms, Ph.D.
Dear Veteran,

My name is Jessica Payton, and I am a doctoral student in clinical psychology at Duquesne University under the supervision of Dr. Eva-Maria Simms. I am writing to you regarding an interview study I am conducting to better understand the barriers to reporting of sexual assault in the military context from the perspective of female veterans who have experienced recent sexual assault during service. This study will explore military women’s reporting or non-reporting of military sexual assault during service, reasons for reporting or non-reporting, health outcomes of reporting or non-reporting, and what can be done to enable survivors of military sexual assault to feel safer reporting. This study is designed as a way to validate and understand the experiences of those who have survived military sexual assault, and to contribute to information on challenges still faced by women who have survived sexual assault in the military. It will also explore how research findings can be used to serve survivors and organizations, like Protect Our Defenders, whose mission is to end military sexual assault.

I am looking for female participants who have previously served in the military in any capacity and who have experienced sexual assault during service. Due to multiple changes in the military’s response to sexual assault over the past decade and especially the past few years, only women who experienced sexual assault since 2011 or 2012 will be asked to participate in this portion of the study. Sexual assault occurs when a person is forced or coerced to engage in unwanted sexual contact or otherwise subjected to contact of a sexual nature when that person does not or cannot consent (e.g., is intoxicated or incapacitated). Unwanted sexual contact includes things like someone else touching or grabbing a person, penetrating any part of that person’s body with a body part or object, or attempting these behaviors.

Each participant will be asked to do one confidential interview with me. Participant safety and care will be central to each interview, but due to the sensitive nature of the interviews, women who are current active duty or reserve members and women who are pregnant will be respectfully asked not to participate.

This study has been approved by Duquesne University's Institutional Review Board. If you or someone you know is interested in participating in this project, please do not hesitate to contact me by phone (xxx-xxx-xxxx) or email (paytonj@duq.edu) or to pass along my contact information. In addition, if you have further questions, please feel free to contact my director, Dr. Eva-Maria Simms, at 412-396-6515, or the Chair of Duquesne’s University Institutional Review Board, Dr. Linda Goodfellow, at 412-396-6326.

Thank you for your service and for your consideration.

Very respectfully,
Jessica Payton, M.A.
Eva-Maria Simms, Ph.D.
Dear Veteran,

My name is Jessica Payton, and I am a doctoral student in clinical psychology at Duquesne University under the supervision of Dr. Eva-Maria Simms. I am writing to you regarding an interview study I am conducting to better understand the barriers to reporting of sexual assault in the military context from the perspective of female veterans who have experienced sexual assault during service since 2004. This study will explore military women’s reporting or non-reporting of military sexual assault during service, reasons for reporting or non-reporting, health outcomes of reporting or non-reporting, and what can be done to enable survivors of military sexual assault to feel safer reporting. This study is designed as a way to validate and understand the experiences of those who have survived military sexual assault, and to contribute to information on challenges still faced by women who have survived sexual assault in the military. It will also explore how research findings can be used to serve survivors and organizations, like Protect Our Defenders, whose mission is to end military sexual assault.

I am looking for female participants who have previously served in the military in any capacity and who have experienced sexual assault during service. Due to multiple changes in the military’s response to sexual assault since 2004, only women who experienced sexual assault since that time will be asked to participate in this portion of the study. Sexual assault occurs when a person is forced or coerced to engage in unwanted sexual contact or otherwise subjected to contact of a sexual nature when that person does not or cannot consent (e.g., is intoxicated or incapacitated). Unwanted sexual contact includes things like someone else touching or grabbing a person, penetrating any part of that person’s body with a body part or object, or attempting these behaviors.

Each participant will be asked to do one confidential interview with me. Participant safety and care will be central to each interview, but due to the sensitive nature of the interviews, women who are current active duty or reserve members and women who are pregnant will be respectfully asked not to participate.

This study has been approved by Duquesne University's Institutional Review Board. If you or someone you know is interested in participating in this project, please do not hesitate to contact me by phone (xxx-xxx-xxxx) or email (paytonj@duq.edu) or to pass along my contact information. In addition, if you have further questions, please feel free to contact my director, Dr. Eva-Maria Simms, at 412-396-6515, or the Chair of Duquesne’s University Institutional Review Board, Dr. Linda Goodfellow, at 412-396-6326.

Thank you for your service and for your consideration.

Very respectfully,
Jessica Payton, M.A.
Eva-Maria Simms, Ph.D.
Appendix II: Consent Forms for Focus Group and Individual Interviews
CONSENT TO PARTICIPATE IN A RESEARCH STUDY: FOCUS GROUP

TITLE: Reporting Barriers and Outcomes Study: A Social Ecological-Contextual Approach

INVESTIGATOR: Eva-Maria Simms, Ph.D.
Professor of Psychology
Duquesne University 538 College Hall
Pittsburgh, PA 15282
412-396-6515; simms@duq.edu

CO-INVESTIGATOR: Jessica Payton, M.A.
Duquesne University 544 College Hall
Pittsburgh, PA 15282
xxx-xxx-xxxx (cell); paytonj@duq.edu

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in psychology at Duquesne University.

PURPOSE: This three-stage research project seeks to explore major challenges regarding sexual assault reporting in military culture and what can be done to enable survivors of military sexual assault to feel safer reporting. You are being asked to participate only in stage one: a single focus group composed of 8-10 participants that seeks to better understand military culture and reporting sexual assault in the military context, and to identify important themes to highlight in subsequent individual interviews with survivors of military sexual assault (stage two) and an online survey questionnaire (stage three). Each focus group participant is either a veteran or a person who works with survivors of military sexual assault (e.g., advocate, activist, mental health professional, etc.), and you are being invited to participate because you are also someone who works with military survivors of sexual assault or are yourself a veteran with insight into military life. The focus group will be conducted via telephone conference call and will last approximately 45-60 minutes.

During this single focus group discussion, you and other focus group participants will be asked to contribute your opinions and expertise regarding military culture in general, reporting of military sexual assault during service (and how military culture may impact reporting), and how survivors of military sexual assault may be affected when they report or remain silent. You will be asked for suggestions regarding important issues to highlight or questions to include in
subsequent research stages with veteran survivors (i.e., individual interviews and anonymous survey). You may also be asked how this research project may be used in advocacy on behalf of survivors.

The focus group discussion will be audio-recorded and then transcribed and edited at my home via computer transcription software. Insights from the focus group discussion will be used to help design a sensitive semi-structured interview protocol for use in subsequent interviews with survivors of military sexual assault and also to inform questions asked in a later survey questionnaire to be sent to survivors.

Upon completion of the full three-stage research project, findings will be shared with Protect Our Defenders based on suggestions generated during our focus group discussion (stage one) and on ideas from later individual interview participants (stage two) and survey respondents (stage three). I may also present findings publicly at a scholarly conference and/or in an academic journal or book. In all cases, the presentation may include anonymous, de-identified verbatim quotes from our focus group discussion and any feedback you may wish to provide me verbally or in writing. Any contextual information or details that may identify you or anyone you mention will be changed or omitted.

These are the only requests that will be made of you.

RISKS AND BENEFITS: Although you will be asked to discuss military sexual assault reporting in general and to provide your opinions on various connected issues, you will not be asked to disclose any personal experiences of sexual assault. However, sexual assault is a sensitive topic, and you may experience a range of emotions, like anger or sadness, when discussing this issue or providing your opinions and feedback. If you feel uncomfortable with some of the questions asked, you can choose not to answer such questions and/or opt out of the study. In addition, although I will abide by strict confidentiality and will ask participants to do so as well, I cannot control what other participants say outside of the focus group, so there is some risk that information may be shared outside the group at some time in the future. Participating in this study will give you an opportunity to contribute your expertise regarding challenges faced by military women who experience sexual assault and how they can feel safer reporting. Your own and other participants’ contributions will be used to develop a culturally appropriate, relevant, and respectful semi-structured interview protocol that I will follow in subsequent interviews with veterans who are survivors of military sexual assault. Your insights will also inform questions asked of military women in a later online survey questionnaire. Findings from this focus group and these later interviews will be shared with Protect Our Defenders in a way that contributes to its mission to confront military sexual assault. Findings may also have important policy implications.

COMPENSATION: You will not be paid for taking part in this focus group, but research findings will be communally shared in a way you help to define. Participation in the project will require no monetary cost to you.

CONFIDENTIALITY: I will use computer transcription software to transcribe verbatim the audio recordings of the focus group, and I will de-identify the transcription, replacing all names with pseudonyms, and changing or omitting all identifying contextual information. Your name or the name of any others you mention in the interview will not appear on any transcripts, written interpretations, or presentations on the findings. Portions of de-identified transcriptions may be
included in presentations or publications of the research results. Consent forms and contact information will be stored alone in one locked file in my home; audio recordings will be stored in another locked file in my home; and all other written materials and transcripts will be stored in a final, separate and locked file in my home. The laptop computer on which transcripts and interpretations are generated and typed will be password-protected, and digital data will be stored on a password-protected drive. All remaining identifying information (i.e. audio recordings; consent forms; contact information) will be kept for five years and then destroyed.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: You have been read the above statements and understand what is being requested of you. You also understand that your participation is voluntary and that you are free to withdraw your consent at any time, for any reason. On these terms, you certify that you are willing to participate in this research project. You understand that should you have any further questions about my participation in this study, you may call Dr. Eva-Maria Simms at 412-396-6515 and Dr. Linda Goodfellow, Chair of the Duquesne University Institutional Review Board at 412-396-6326.

RESEARCHER DOCUMENTATION OF ORAL CONSENT
I have read this form to the participant. An explanation of the research was given and questions from the participant were solicited and answered to the participant’s satisfaction. In my judgment, the participant has demonstrated comprehension of the information. The participant has provided oral consent to participate in this study.

________________________________________________
Name of Participant

________________________________________________
Name of Researcher Obtaining Consent (Print)

________________________________________________
Signature of Researcher Obtaining Consent

Date
CONSENT TO PARTICIPATE IN A RESEARCH STUDY: IN-PERSON INTERVIEW

TITLE: Reporting Barriers and Outcomes Study: A Social Ecological-Contextual Approach

INVESTIGATOR: Eva-Maria Simms, Ph.D.
Professor of Psychology
Duquesne University 538 College Hall
Pittsburgh, PA 15282
412-396-6515; simms@duq.edu

CO-INVESTIGATOR: Jessica Payton, M.A.
Duquesne University 544 College Hall
Pittsburgh, PA 15282
xxx-xxx-xxxx (cell); paytonj@duq.edu

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in psychology at Duquesne University.

PURPOSE: You are being asked to participate in a research project because you are a veteran who has experienced military sexual assault. This project seeks to explore your experience of reporting or not reporting military sexual assault during service, why you did or did not report, whether and to what extent you feel your reporting experiences affected your overall health and well-being, and what you think can be done to enable survivors of military sexual assault to feel safer reporting. This study is designed as a way to validate and understand the experiences of those who have survived military sexual assault, and to contribute to information on challenges still faced by women who have survived sexual assault in the military.

You will be asked to participate in one individual interview. The interview will take approximately 1.5-3 hours and will be conducted in a private location of your choosing. During this time, you will also be invited, but not required, to complete some short health-related questionnaires, which together will take about 15-20 minutes to complete. The interview will be audio-recorded and transcribed, and any completed questionnaires will be scored for use in a later part of the study to provide additional information on health and well-being. You are also invited, but not required, to participate in a possible follow-up telephone conversation within the first three months after your interview to answer questions that may not have emerged during the
initial interview or to clarify information. If you choose to participate in this follow-up telephone conversation and such questions arise, I will contact you via your preferred email or phone number, and we will organize a convenient time for a conversation lasting no more than 30 minutes. Lastly, you are invited to read and provide feedback on a version of the findings between one and four months after the initial interview, but doing so is entirely voluntary. Your choice to participate in reviewing a draft of the data would involve reading some portion of a typed draft of the written data analysis and offering your perspective and suggestions (e.g., whether and to what extent the analysis seems to capture barriers to or the experience of reporting military sexual assault during service; ideas concerning important factors I may not have considered and need to incorporate; other suggestions).

Upon completion of the research, I will share findings with Protect Our Defenders for use in their advocacy efforts. I may also present findings publicly at scholarly conferences and/or in academic journals or books. In all cases, the presentation may include anonymous, de-identified verbatim quotes from our interview discussion, the survey data, and/or any feedback you may wish to provide me verbally or in writing. Any contextual information or details that may identify you or anyone you mention will be changed or omitted.

These are the only requests that will be made of you.

**RISKS AND BENEFITS:** Sexual assault is a personal and sensitive topic, and you may remember difficult things and experience a range of emotions, like confusion, anger, and sadness, or even relief when talking about your reporting experiences. Questions such as “while in service, did you report or seek assistance from anyone after the assault?” or “what sort of social reactions did you receive, and how did those reactions affect you?” may evoke such normal emotional responses. Please remember that it is your choice what you disclose and to what extent you disclose; if you feel uncomfortable with some of the questions asked, you can choose not to answer such questions. You may also opt out of the interview at any time and for any reason without penalty, and I will have a list of referrals on hand in case you feel overwhelmed.

Participating in this study will give you an opportunity to talk about your reporting experiences in a private and confidential way. It will also give you an opportunity to contribute your first-hand experience regarding challenges faced by military women who experience sexual assault and suggestions concerning how they can feel safer reporting. Your contribution will provide the psychological community with a deeper understanding of these challenges and how reporting barriers and processes impact survivors’ post-assault experiences and health. Your insights will also inform questions asked in a subsequent survey questionnaire designed for military women who are survivors of sexual assault. Your participation may help others who have experienced or are experiencing military sexual assault, as it may have implications for treatment of military survivors and policy reforms that make it easier and safer for survivors to come forward and report a sexual assault. Your own and others’ voices will form the basis of the study’s research findings, which will be publically shared with Protect Our Defenders in order to contribute to its mission to serve survivors by confronting military sexual assault. These findings may also be presented in other academic or community forums or publications to raise consciousness of the reality of reporting challenges in the lives of service members who have experienced military sexual assault.
COMPENSATION: You will not be paid for taking part in this interview, but research findings will be shared with the Protect Our Defenders community for use in advocacy efforts. Participation in the project will require no monetary cost to you.

CONFIDENTIALITY: The audio recordings of the interview will be transcribed verbatim and de-identified. All names will be replaced with pseudonyms, and all identifying contextual information will be changed or omitted. Your name or the name of any others you mention in the interview will not appear on any transcripts, written interpretations, or presentations on the findings. Portions of de-identified transcriptions may be included in presentations or publications of the research results. Consent forms and contact information will be stored alone in one locked file in my home; audio recordings will be stored in another locked file in my home; and all other written materials and transcripts will be stored in a final, separate and locked file in my home. The laptop computer on which transcripts and interpretations are generated and typed will be password-protected, and digital data will be stored on a password-protected drive. All remaining identifying information (i.e. audio recordings; consent forms; contact information) will be kept for five years and then destroyed.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project. I understand that should I have any further questions about my participation in this study, I may call Dr. Eva-Maria Simms at 412-396-6515 and Dr. Linda Goodfellow, Chair of the Duquesne University Institutional Review Board at 412-396-6326.

Participant's Signature ___________________________________________ Date __________________________

Participant’s Printed Name ___________________________________________

Researcher's Signature ___________________________________________ Date __________________________

Researcher’s Printed Name ___________________________________________
Appendix III: Participants’ Recommendations for Reform

As subject matter experts on MSA and in-service reporting, participants in both stages of the research were asked to describe what they would change about the military’s current approach to sexual assault and to provide general recommendations for reform that they believed would better address MSA and improve survivors’ reporting experiences. The recommendations that are included here focus on survivors’ and advocates’ recommendations for reform as they pertain to the following areas examined in this study: leaders, retaliation, community resources, the military justice system, and military separation.

Below, significant recommendations related to each content area are briefly summarized before being provided in participants’ own words. Most content areas have several participant-driven themes, which differ somewhat in detail but are remarkably consistent in overall gist.

RELATED TO LEADERS AT ALL LEVELS

Leadership recommendations clustered into recommendations for top-down leadership that represents strong core values and integrity, believing and respecting survivors who come forward, involving upper-echelon officers in reports early on, using discretion in sharing case information, ensuring troops’ safety from perpetrators while investigations are ongoing, and providing an option to move perpetrators rather than survivors when reports are made. Additional recommendations included providing leaders with guidance and training for responding to victims and trauma-related mental health issues, empowering leaders to enforce true zero tolerance and zero favoritism standards, and flagging at-risk units or locations.

Lead from the front by modeling and enforcing standards

• In order for leadership and the unit to form as a whole, to be good, it starts at the top. And the good leaders, as I call them, they enforce the standards of the military, you know, the
zero tolerance for certain things, and they are about their values. Values has a lot to do with it. Good family values. Enforcing standards. And also being fair, you know? And that was one of my things, and I learned that through my leaders and, you know, my mentors. You could be firm, fair… [and] friendly. That was the triple Fs. You know, you took care of your Soldiers, you be firm, you be fair, but you could also be friendly…. And that's just how you take care of your Soldiers. And that's how I learned that, through the leaders, because that's how they treated me. Yes, from the top all the way down to my platoon sergeants, squad leaders. Yes, all the way from the top…. You can't lead from the front, you can't tell your Soldiers or be an example and try to enforce things if you're not doing it yourself. (Diana)

- I think that the possibilities start at the top. And when I say at the top, the head, which is Washington. You know? It has to start at the top…. The leaders at the top, they need to be willing—even the good [leaders]—to know, this is a problem! You know, don’t just look at it as, “Oh, our mission is war and protect.” You protect the ones that are fighting the war. Because what good is a male or a female if they don’t feel safe in their own organization? What good if their minds and their bodies have been [harmed by friendlies]—that’s not good! First you need to take care of your own and protect them before you can go protect your country. (Diana)

**WHEN A REPORT IS MADE**

**Believe and respect victims who come forward**

- I think every assault—report of a victimization should be treated as accurate. It should never be questioned. If somebody comes forward they need to treat it as if it [is true], you know, versus questionable. I think that’s the first step. (Linda)
• Because everybody—like they say, I know there are some that were accused and it wasn’t true, but everybody’s not lying, you know? You probably have more telling the truth than you do those that are not telling the truth. And before you start [disbelieving survivors], you know, listen!... Out of 10, probably 9 is telling the truth…. I know people will just say, “Well, if it happened….” You know, I used to hear that too, “If this happened.” You know I’m like, okay, I was like, “Instead of saying, if this happened, say tell me what happened, you know? Because no, it happened!” … Two words. Just tell me what happened, you know?... “Tell me what happened.” And that’s everybody throughout the entire system. “Tell me what happened.” It’s not saying that you’re telling the truth, it’s not saying you’re lying. Don’t come and say, “Well, if this happened…” If I had a choice in making that change in the future, that would be a goal of mine, to change the verbage. Tell me. Tell me what happened. (Diana)

• We’re still in that mindset that it’s the victim’s fault, that they shouldn’t have been wearing provocative clothes, or they shouldn’t have been out drinking that late, or they shouldn’t have been hanging around whoever it was they were hanging around with…. I don’t think there is anything that anyone could possibly do to warrant being raped or being sexually assaulted. And I—this has been going on for years and years and years. And I feel like in the news, things have changed, but on base, in the units, nothing has changed…. And I think that’s military-wide. We still view it like that, that it’s the victim’s fault. And it’s not the victim’s fault. (Meena)

Get high-echelon officers involved early on

• I think maybe immediately with any type of reporting, for someone higher up in the chain to get involved immediately. A lot of the miscommunication was because they like to
handle things on a unit level, or they like to keep things small and keep things covered up, right. But the issue is then certain people have no power…. It’s struggling through the chain, and people who need to make decisions don’t have the power to, or things get delayed. It’s better if someone—and yeah, it’s going to take the involvement of someone important who really doesn’t have time to deal with small petty things—it’s going to take one person to sort of get involved immediately, the person who has the power to make decisions. That way, he can do what he wants. Like, he can protect the victim, he can make the decisions. Instead of things getting passed along, things going through slowly, and then in hindsight, being like, “Why didn’t we do this? Well, we didn’t think we could, because he would have to approve it.” Just let it go. And then that means everyone below him, he can choose who needs to know. It helps with confidentiality. Instead of, “Oh, this guy doesn’t know, we have to read him in on it, this guy doesn’t know, we have to”…. And then things are getting spread incorrectly, or the victim herself is having to explain to someone, like, “Oh, this guy doesn’t know what’s going on, you have to tell him if you want.” Like, okay, if I don’t want to tell him, he’s going to be like, “What the heck are you doing here? Like where are all your appointments? Why are you never at work? Why are you at appointments, or why are you going to CID?” It’s better—because that’s how rumors start, that’s how questions start: people start making up stories. I think it’s better for a heavy hand to come down from the top than for it to be handled [at lower levels]—because sometimes the unit commander has to know, but this person doesn’t have to know. But you don’t realize that the Soldier is required to report to all these people. Some of them know, some of them don’t know. And some of them are going to treat her a certain way…. I think a lot of the higher-ups, the people who are in control, all
the bad gets hidden down below. Like someone somewhere is trying to—they don’t even know what’s going on, or they think they do, but they don’t see that things just get thrown under the rug…. I don’t think the people who do matter really see what’s going on until a) it’s too late, or it gets covered up and changed into something different. (Tina)

Use discretion and protect victims’ privacy better

- I think the level of privacy offered to victims should be guarded a little better. I mean, for me, it was very difficult to go in somewhere and feel like everyone knows what’s going on with you. (Meena)

Ensure troops are safe from perpetrator while investigation is ongoing

- To protect [the perpetrator’s rights], there’s not like a big flag over him saying, “Hey, he might—he’s been accused.” They’re just like, “Oh, something’s going on.” So no one knew, and no one was warning new Soldiers about him. And I understand, like, yeah, you can completely kill someone’s reputation with like a false accusation. But if it is a true accusation, nothing’s being done to protect future victims, like within the time between reporting and the trial. Like, he’s just free to do whatever. And they’re putting new Soldiers under him. Like he’s around new females. Like, he’s got a car-full of brand-new Soldiers. Like, does no one realize, I don’t care if you believe me or not, that you’re putting people in harm’s way? (Tina)

Provide an option to move perpetrators rather than victims

- Moving you makes you look like you’re the problem child. (Cindy)

- Moving the accused out of the unit is better than moving the victim…. Because [then] the victim is still surrounded by the people she’s worked with who know her. And so I’m not—I wouldn’t have been in a situation where he’s been around all my friends, all the
people who know me and anyone that I could’ve used as a character witness, filling their heads with lies for the last eight months, while I was moved into a brand new unit by myself…. [That] isolates the victim and anyone who knows her. Yet he’s there. But the issue is, “we can’t move him because he can see it as a punishment and it can be like we’re punishing him for something that he hasn’t been proven guilty for yet.” So then the victim gets moved, because the victim chooses. Like “I volunteer, move me, because I want to feel safe.” It hurts [the victim more]…. So instead of moving the victim, move the accused. Or just go through whatever you need to separate them…. Part of the reason I didn’t report was because of how I saw the unit turn on the girl who did report. The unit turned on her because she got moved out, and the guy stayed with us. So if she had stayed with us and he got moved out, just by perception, it would’ve been—and I know that’s why they don’t do it, because by perception, it’s “he moved, he did something wrong.” Whereas “she moved, she did something wrong,” or “he didn’t do anything wrong, he’s still here with us.” So it would probably help with reporting as well, where I’m around the people that I trust, I’m around people who know me. (Tina)

- People who’ve been there and who have friends and who have relationships…they don’t want to be separated from that command that they worked so hard to be a part of. So I think it needs to just be individualized to what the person needs. And if the person doesn’t want to go, don’t make them go. But, you know, protect them! And hold true to your word that if there are any repercussions, [people will be held accountable]. (Linda)

Provide guidance and training for responding to victims and trauma-related mental health issues

- One thing I’d suggest would be guidance that encourages commanders to be
accommodating of survivors in the aftermath of an attack and during criminal justice proceedings, rather than taking a strict disciplinarian approach. The latter can be just so traumatic, and commanders have enough discretion that they can be supportive of a survivor so that they can recover and serve. (POD staff member)

- A training on victim behaviors, as [someone else] mentioned, not only retaliation, but victim behaviors. Because a lot of victims, you know, they have—they’re going through a lot, PTSD and all that, and commanders just view that as “you’re not following military conduct” … they’re viewing it as disciplinary issues instead of, you know, taking care of them, following up on them, And making sure they get the support they need. So victim behaviors training [is needed]. (Former SVC)

- I think there should be more of a courtesy extended to survivors after everything is said and done…. I don’t think there’s going to be an assault survivor out there that does not have some kind of mental issues afterwards, whether it be depression, PTSD, anxiety, whatever. And I think that a lot people think the assault is done, so it’s over with, or the investigation is done, the case is closed, so it’s over with. There’s still a lot that we’re struggling with years later, and I don’t think people realize how difficult it is to struggle with that every single day, especially if…it was by another military member and you’re on base with that person, or you’re having to see friends of that person, or you’re having to go to the place that it happened every single day. It’s very difficult. And…I think people just, “It’s over with, so it’s done. Let’s forget about it.” And it’s not that easy for a victim to just forget about it. And I think that was my biggest issue, was I feel like that office thought, you know, that happened in [another location], it happened six months ago, so she should be over it by now. And it’s—you don’t get over it in six months, you
don’t get over it in a year, you don’t get over it in five years. It’s always going to be there. There’s always going to be some reminder, there’s always going to be a fear of going somewhere or seeing someone that looks like that person—that’s always there.

And I think…people should more mindful of the everyday struggles that survivors go through…. And the more support that we have from our supervisors, our coworkers, our friends, the easier it is for us to move along and get back to our everyday life. But when we have people writing us up or talking down about us or making comments, it hinders our recovery…. It just solidifies the betrayal that we’ve already received, especially if it was another military member that did it. You know, like I said earlier, your brother, your sister betrayed you, and now you have the military as a whole betraying you. (Meena)

• The Air Force is very concerned about their suicide rate as well. But they attribute it to poor family life or mental instability, but they don’t look at themselves. They don’t hold themselves responsible…. [They need] education about mental health in general. And they don’t know how dangerous—they don’t know how little of control people with PTSD, depression, bipolar have over their own lives. They have no control over themselves. It’s dangerous. In the military and out of the military, it’s dangerous and people just need to know that. (Belle)

• The first time that they told me that my case had been thrown out, I mean, I got that in a voicemail. I was like two years into this fight, and I get a voicemail saying that my case is thrown out? I was like, “Are you serious?!?” And the way I looked at that was like, if I was anybody else, I probably would’ve killed myself that night and been like, “Cool! I just wasted two years, and I lost my career for something that I got in a voicemail.” You know, like the psychological aspect of everything is like they don’t—no one really seems
to think that whatever they say has a repercussion…. Military suicide is such a big deal right now. You have to assume that everybody’s on the edge. (Tiffany)

**Change the culture by enforcing zero tolerance, zero favoritism, and zero exceptions**

- Well, first of all, it shouldn't be, “Salty dogs are going to be salty dogs. They've been in 20 years, they're not going to change.” We still need to change. It doesn't matter. Yes, you've been able to talk about your penis and her ass and her tits and everything like that, but you cannot do that anymore. It's inappropriate. And you need to change. And if you can't change, and if you don't like the way the Navy’s going, get out. That's just how it goes. “I don't want to deploy.” “I don't want to have to go IA to Afghanistan, because I have a family, and how am I going to let my daughter know?” Suck it up and do it, because that's what you signed up for. That's what they need to be saying to these guys about the sexual innuendos: “Suck it up, deal with it, don't do it anymore, and change the behavior. Because when you go out into the civilian side, it's unacceptable. You can't do that.” (Linda)

- And you need to not PCS [Permanent Change of Station (move)] the bad ones, you need to weed them out—pull them, pluck them, get rid of them…. Show that this is really what’s going to happen to you, this is not a game…. And stop PCSing. PCSing doesn’t fix the problem. All it does is take it somewhere else, and it becomes something else. I think—and the thing is they all try to end the victims’ careers. I think [perpetrators’] careers should end, and they should not leave out with full benefits! Something needs to happen to show them that this isn’t tolerated, you know? (Diana)

- If they followed they UCMJ, then it should’ve—it shouldn’t be an issue. They shouldn’t be doing it. But if they’re not going to follow the UCMJ and they’re not going to report
[when victims come forward], those people need to be held responsible, court-martialed, and taken control of. Even the commands who don’t do it. Even my chief who blew it off. And I think if you’re strict on it and you were stringent on it, you wouldn’t have it [happening]. (Linda)

Empower leaders through clear-cut, Department-wide policies and true zero tolerance

- In this situation, there’s going to be two people [victim and perpetrator], if not more. So there doesn’t need to be sides, there doesn’t need to be emotions, there just needs to be an order that makes it simple. I mean, you can give someone an MPO and be like, “Sorry man, I’ve known you forever, but I have to do this. instead of, “Well, I don’t really want to issue this, because, ah, you’re my drinking buddy.” So it’s kinda like, there just needs to be no emotions, there needs to be orders, because that’s what the military is. But the Marine Corps seems to be the only one that has cut-and-dry “this is what you’re going to do.” (Tiffany)

- I think if you assault somebody, you need to be out. I mean, they need to start it now, because that’s none of our core values. It’s not. The Navy’s core values—honor, courage, commitment—that doesn’t sit into any of it. Abuse of power—if you’re going to abuse your power, you lose your power. You’re done. And I think it does need to be strict, because it’s so out-of-control right now that there can’t be exceptions. Because there’s always exceptions. That’s the only problem. And I think it has to be black or white: you overstep, you’re done. You know the rules. These are the rules. You don’t do this, you don’t even communicate that. Done. You communicate it, you’re at fault, you go. Zero tolerance. True zero tolerance! Like I mean, if I smoke pot and I piss and have a drug test that comes back positive, I’m out! Zero tolerance. They don’t even do that with DUls! I
have had people who have been in the military with two DUIs, and because they have favoritism within the command, they protect them! … So there is not a standard for everybody. And that’s the problem. You make a standard for everybody, that’s it and that’s done…. I mean, the CO could be like, “Dude, I really like you, and I really want to keep you, and you’re a great Sailor! But I have no control, because this is zero tolerance. You’re out, you’re done. You shouldn’t have been drinking and driving.” And I don’t think you have to give everybody a dishonorable discharge, but an administrative discharge like what I got seems to be, you know…. That’s it! It’s not clouded. Because what happens then when that person goes from this command to this command? You’ve perpetrate—you’ve basically okayed bad behavior, and they always think they can get through it…. I mean, those are all the beliefs that I felt like, you know, you could implement in the military. The military is supposed to be very military, very authoritarian. So…why are there exceptions? Because authoritarian, there’s no exceptions. It’s black or white. It’s easy to follow. (Linda)

• Now the commander’s responsibilities were like the biggest thing, because it’s—the way that the Marine Corps policy was written was that you know, like, step one, you do these MPOs and stuff. And then the Navy’s order, their instruction was like, you know, you have the option to do this…there’s emotions in the Naval orders, and there’s no emotions in the Marines’ orders. Because it’s not—the Navy leaves it up to the commander to make a decision, and the Marine Corps tells you, “This is what you’re going to do.” And that’s the way it should be, so they should mirror each other. The whole Department of Defense should mirror each other. Yeah. There should be protocol. There isn’t a need for, “Oh well, the poor victim.” Or, “This person needs to do this.” It’s just you know, if
somebody comes forward, you need to separate those people. And, like, you don’t need to pick favorites or anything, but, like, there just needs to be a set, like, something.

(Tiffany)

**Identify at-risk units or locations**

- Any unit that has like any allegations for sexual harassment or whatever, I think their training or whatever should be—they should be put out on, you know how they put the “red alerts” as they call them? They should do additional training. (Diana)

**RELATED TO PERPETRATORS**

Recommendations related to perpetrators included addressing serial predation by creating a record of allegations or flagging perpetrators’ separation papers, giving victims as much support and protection as perpetrators receive, conducting research with perpetrators, and providing treatment for perpetrators.

**Create an offense record or flag perpetrators’ separation papers to reduce serial predation**

- I think regardless of whether or not a case goes to trial or the perpetrator is given paperwork, somehow that should be documented when that person gets out, so it translates in the civilian world. Because right now all three of my perpetrators have nothing on their civilian record. But this could happen again to somebody else on the civilian side. And if you’re not showing a pattern, then, you know, again on the civilian side, they can get away with a slap on the wrist, “Oh, well, this has never happened,” you know, depending on what the circumstances were…. The documentation of these incidents or whatever, “an investigation found that he did do this,” that needs to be documented. Okay, if you guys gave him a slap on the wrist, document that! Something needs to be shown that, hey, he may potentially be a predator, he may potentially have a
problem, and we need to keep an eye on this person. (Cindy)

- He’s somewhere now, on a job, receiving his benefits, probably has harassed. I think I heard he was a correctional officer. And my thing is, if he had been dealt with the right way, or even if he had got his 214 [DD 214 separation papers] stamped ‘accused of sexual [assault]’ or ‘predator,’ that stops it, even on the outside, you know? Because you’re not helping them, they continue! … And then if they’re convicted, they still should go out—even if they have a bad 214, they still should have a code or some type of stamp, just like a predator in the civilian sector. The history of that should carry onto the next [sector].… Because it’s someone that has a problem…. There should be a warning. And I say that not just for the people out here [in the civilian sector], I say that for the victims. Because you never know if you will see these people again. You never know if they—just like we sit and we have these feelings where our lives have been changed, who knows how someone may react if they saw the person that assaulted them, or that person that was accused? At least there’s some record that this happened, you know?… They need something. You know, it just doesn’t end, because it doesn’t stop for us. That red flag needs to come up even though—that hey, their lives need to be affected just like ours. I want to remind them, “I did that.” You know? (Diana)

- Treat it just like they do in the civilians…. When you have a predator come out, and they have to sign in, you know? … You’re a predator! There’s no other way to look at it. So you’re a predator whether they covered it up [or not]. But are you going into our school systems? … Are you working around children? You shouldn’t be allowed to work around children! You know, maybe I’m all over the top, but you know, these are things that the military needs to look at when they release these people and let them go to cover or to
save their careers, as they say. These are the things that they really need to ask themselves: “Would I want this person around my daughter? Would I want this person around my son? Would I want this person to PCS and perhaps come in contact with my cousin, a relative, a friend, someone’s wife?” (Diana)

**Give victims as much support as perpetrators receive**

- Well I don’t think that the perpetrator should have as many rights, but you know that’s the benefit of being an American, that you’re not guilty until proven guilty. [But] I think if they get that much support, then the victim should be able to get just as much support. Because I felt that he had a lot more legal support and rights than I did. (Jane)

**Conduct research with perpetrators**

- And I don’t know how much research [DoD and the civilian sector] does, but even if they just go and just look at how many people have been accused or found guilty of some type of sexual assault, harassment. Now, what happened after they got out [of the military], you know? Did it continue? Because I mean, this is research that you would have to look at. And then that would impact what do we need to do in the military. (Diana)

**Provide treatment for perpetrators**

- And I just think they need counseling, even though [they harmed us]. They need counseling, too…. I get upset, because I was like, “I’m getting—I’m the one getting counseling. I’m the one still going through all of this for something someone has done to me. Are they receiving counseling?” ... Soldiers who even, or leaders who even come into any type of questioning as far as doing anything as far as sexual harassment, they need counseling! They need to be forced to go to some form of counseling, for help. Because I think’s it’s a illness. And it’s also power to want to be in control…. They they need
counseling, too. Because someone who [assaults another person]—they have to have a problem! They cause us mental issues, what’s causing them to [do what they do]? Find out what’s the root of it, you know what I’m saying? Find the root! When you counsel enough of these people, see whether their minds are thinking alike, be able to recognize the signs before they [hurt someone]…. Maybe those signs are there before the people even join the military, you know? (Diana)

RELATED TO RETALIATION

Recommendations related to retaliation clustered into strengthening protections against retaliation, eliminating collateral misconduct or providing temporary immunity from such charges, holding leaders accountable for failing to address retaliation, and providing for increased accountability through enabling victims to sue their military employer.

Strengthen protections against retaliation

- Congress needs to find a way to stop reprisal. Because that’s hard to prove…. Like I said, the paperwork that I got because I didn’t say hi back to him, disrespect to an NCO. It’s very vague, but that’s what he gave it to me for. But you can get away with it [when you have the power]…. That needs to be addressed. How they would possibly do that, I don’t know because it’s just—it’s so hard! It’s just so hard to prove and to pick out…. That definitely needs to be changed. If I complain that this person is touching me, they probably shouldn’t be writing my performance rating! (Cindy)

- There are still a lot of areas where people are coming to us because they have an SVC but they’re not being assisted, and that really comes back to issues with retaliation, which has to do with just an understanding of what is retaliation and kind of what is included in that kind of expanding ripple effect that comes after you make a report. So we’re working on
that. (POD staff member)

Eliminate collateral misconduct.

- Talking about retaliation, I mean I think we want to see collateral misconduct be eliminated, or, you know, give some sort of immunity to people who make reports, for at least a period of time after they report. (POD staff member)

Hold leaders accountable for failing to address retaliation.

- [For] social ostracism and retaliation, much of it has to do with holding people accountable for it, period. I mean, basically if there are repercussions for, you know, that sort of bullying and harassment, and it’s taken seriously by command then it start to change the behavior. Because it does have an impact and not acting has a huge impact when the behaviors are tolerated. (Human rights worker)

- The other thing is survivors have no…recourse for retaliation…. The Whistleblower Protection Act is really outdated in the military, and they have less protections than anybody else. And technically sexual assault survivors who report are protected by Whistleblower Protection Acts, so one of the things that we had suggested…is holding commanders responsible for failing to address social retaliation when they knew or should’ve known about it. Right, so that’s just another way to try to get at the—to motivate people to respond appropriately. (Human rights worker)

- And some of it has to do with following up with survivors as well about specifically retaliation, because people who experience retaliation are unlikely to report more retaliation for fear of additional retaliation. Right, so it has to be something that people look into as a particular item and as part of the follow-up with survivors. (Human rights worker)
Provide for increased oversight and accountability through enabling victims to sue their employer

- I think if it comes down to sexual assault, the military doesn’t do their job, I should have every right to sue the military. There should be that ability that if the military does not follow through on the UCMJ, I should be able to sue. I really feel that…. [In the civilian world,] if I got sexually assaulted at my work, I could sue my work for not doing their job. I cannot sue the military. And because I can sue my work, guess what happens? They control it…. If I can make them responsible, they’re going to work to keep it under control. And I will report, because I’m going to sue them, because if I lose my job, I’m going to need to have some kind of support for me. (Linda)

RELATED TO COMMUNITY RESOURCES

General recommendations included increasing resources’ independence from installation command and resources taking a collaborative rather than siloed approach. SAPR/SHARP-specific recommendations included ensuring dedicated personnel (including victims) staff these positions of trust so that they can provide the quality and level of support needed. Mental health-related recommendations included providers being clear about their allegiances when working with survivors, allowing for civilian mental health options, giving convalescent leave for mental health treatment, and providing better treatment options so that survivors may recover and remain in the military.

GENERAL

Increase independence from installation command

- I don’t like the IG, I don’t like the SARC. I think the potential that they have there to be great avenues, it’s there, but you can’t have them under the same leadership. You cannot.
They have to stand on their own. And once you do that, I think there’s going to be hell to pay in the military…. I think the IG and SARC, they have great potential, but you can’t have them under the same roof as my commander. They can’t report to the same person that my commander reports to…. I wish they would set it up like the ADC or the SVC even, too…. I mean, you have these different units, these different programs, but you’re not really using them! … SARC is the best place to go for any sexual assault, anything—verbal, physical, all that, so why not make them a powerful entity? You kind of just have them as a babysitter. (Cindy)

**Collaborate on cases rather than taking a “silo” approach**

- And I think they all need to link up and work together as a whole to make the situation better, not different—“I’m IG,” “I’m EO.” Work together as a whole to solve the issue. Talk to one another…. So it doesn’t go from here, and then it’s here, and then it’s here, it’s here. They need to all be in one group…. They need to work on having all of these organizations in one place when it deals with sexual harassment and sexual assault. Have them in one location that identifies…. And that way, everyone is addressed at one time, and they can all work it however they need to. (Diana)

**SAPR/SHARP RESOURCES**

**Ensure dedicated individuals staff SAPR positions, including survivors themselves**

- As soon as that subject of sexual assault is touched upon, that’s like a faux pas that nobody wants to even hear or deal with and, “Let’s boot these women out!” And subconsciously I was thinking, “Oh, if only I was able to stay [in the military], how I would protect these women that were under me.”…. I imagine if I was allowed to stay, if I’m wearing this E7, E8 rank, I got my bachelor’s degree the same year when I was
assaulted, because I wanted to become an officer in the Air Force. And I was ready to just become an officer and continue my job for another ten years, but. And let’s say I was, and I became an officer, and they looked at me as an asset and said, “Well, she’s experienced this, she knows what it’s like. She can help other victims of sexual assault. We can put her in charge of a SARC program for enlisted people. Because enlisted work with civilians in that case. She can help with trainings, maybe policies.” And I was high-ranking enough, there’s whole units that do that. And I had the clearance, so that wasn’t the issue. And I could’ve contributed so much if they wanted to use me. (Jane)

- I would have victims go back into these units and work these systems. I would have victims go back, the ones that have dealt with it, know how it works, and that’s professional, and that know how it should [go] based on [their experiences]—and have them work the system. And that way they know the victims are being treated fairly, and they know that the systems are working. Yep. That would be a job that we would all probably impact and be good at it. And not be afraid. Because, what are you afraid of now? [Chuckles.]… You’ve been torn down; you can only build yourself back up. And the way you build yourself up is you go by helping others…. I know victims go and tell their stories to Washington, but they need to get a good group of victims to go around to installations and tell their stories on what happened and how their lives have been impacted…. And let [servicemembers] hear it. Not read it, but hear it, you know? That could be part of a training, so that they could see this is real…. “Let me tell you my experience. No, I didn’t go to war, but let me allow you to hear my wounds, my scars that are hidden. You know, I suffer from PTSD, just like a Soldier that went to war. You know, I suffer from depression, everything…. This is what comes out of all of this.” So.
I’m just saying…. Even if it’s just doing a sketch…. Because a lot of people are touched by what they see and what they hear…. In that crowd, you’re going to impact somebody, and it’s going to be more than one person. Also, you may possibly have some that they’re experiencing it, but they’re afraid to come forward. And it may allow more [to feel safer coming forward]. So the picture is there, “Oh, that happened to me. This happened to me.” … And you would know who’s the ones who possibly are the bad guys, because they’re the ones that’ll fight so hard against it. (Diana)

- And then the SHARP program—it’s a job that you’re chosen, or you volunteer for, and they vet you, and you’re good-to-go. But I guess the people who are in there see it as an extra thing to put on their resume or an extra job title, but are not actually—they don’t realize what it means. So better people in the SHARP positions. I know they’re trying to revamp it after, like, multiple SHARP reps have been, you know, perpetrators of SHARP-related stuff. But…it’s hard to find people unless they’ve been a victim themselves, who realize the weight of it and care about it. (Tina)

- Maybe someone more removed [should fill the SHARP positions]. I know they put people within the unit to like, “Oh this is someone you can trust.” But because of how the unit is set up, I don’t—I would trust a random stranger who’s more vetted and, like, more qualified than someone who I work with to deal with something like this, because I feel like it’s more professional. You want someone very professional. You don’t necessarily want someone who you’ve sat down and had a couple of drinks with to deal with this. You want someone removed and professional. So it’s not that important to have a SHARP rep who’s a part of the unit, more someone who is more qualified and better trained, who’s outside of the unit to take care of it…. But I think they also emphasize,
like, “We don’t want distance. We want someone who’s close to the unit, who you work with, who you trust.” But it doesn’t—that doesn’t play a factor. I don’t think it plays as big of a factor…. Because what if you—that one person you think everyone’s going to trust, you don’t trust him, or you work with him and he doesn’t like you? Then now you have an issue with finding someone else to trust. (Tina)

- This isn’t a nine-to-five job. Okay, that is something that I want brought up to somebody, because I went from an advocate who’s still my advocate. I went from someone who you can call at two in the morning, you can text at midnight to a nine-to-five advocate. And it was just like, I get it, if you’re being paid on an hourly basis, so maybe it needs to be a salary thing. Because, what is the motivation to care if you’re working your ass off 24/7. Like I know that…everyone is putting way more energy into this than the government is actually paying for them to do their jobs. So it’s like—it’s not a nine-to-five job, and that’s what the Department of Defense needs to understand. It’s like, you’re not hiring some normal person, you’re hiring someone who’s going to have to answer that phone-call at two in the morning, because if they don’t answer that phone-call, the next phone-call might be the sheriff saying that they just found a body. So it’s like, you know, I mean, I don’t want to be morbid about it, but I mean, honestly, if those people didn’t answer the phone-call that day, I would’ve wrapped my car around the pole. It’s just like, it’s such an emotional rollercoaster that you can’t miss a phone-call. You can’t call these people for help and them not answer that phone-call. Or, “Oh, so-and-so’s on leave.” And it’s like, “Oh, okay, cool. Well in three days, maybe I won’t, you know, be upset.” So it’s like, there has to be a fail-safe to fail-safe, to fail-safe…. The civilian victim advocate and the SARC were what changed this whole ballgame. Because that’s when it took me out of
the command. So if those are the best resources, then they need to be getting the best resources. So they need locations that are subtle, and they need salaries that are not some typical job, you know? You’re not working a normal job. You’re working in a special field. (Tiffany)

MENTAL HEALTH RESOURCES

Be clear about allegiances when providing mental health care

- The thing that just baffles me is there’s these people, and they’re the psychologists, and they’re the ones who are doing these evaluations, and they’re the ones presenting these diagnoses, and they are just as responsible [as the command]! … So I mean…those people at those MTF facilities, they really need to recognize who are they working for? Are they working for the commanders? Are they working for the majors? Or are they working for, you know, are they working for the client? And who are they there to advocate for? (Linda)

Allow for civilian MH evaluation and treatment

- If I could think of what I would do now, I would’ve gone outside, and I would have set up so much evidence on my case if I needed to with a civilian, non-biased mental health provider. I would’ve reported it to a civilian person…. It needs to go to a civilian person. Not a civilian person connected to the ship, not a civilian person who is at an MTF facility as a psychologist. Because just because they wear the uniform does not mean that they have the servicemember[’s back]; they still work in a military position. It needs to be a civilian person on the outside that has no significant standard. And it shouldn’t be somebody that any command knows about…. I mean, that’s the only way you could get—make sure it’s clean, safe. And then if somebody wants to do an unrestricted report,
they could! But, you know, to know that if I had my story written down in detail somewhere else and it was validated by somebody else, and I would have access to those records to use as evidence against them when I try to report them, that would mean a lot for me…. I think that just needs to be an option…. I mean, if I was somebody who was working for like, Fleet and Family Support Services, I would do that for somebody. I would have a secret record of the names and the actions and the events that were going down, so if something came down that was showing any kind of misguided trust or something was going down on that person, that person could utilize that to defend themselves…. This needs to be vocalized out in the community, so the community people are able to take their part and protect these servicemembers as well. Because that is a big thing. If I was a community provider helping a servicemember, I would write everything down and I would have a nice little folder there. And I’d would say, “You take this when you need it to your command. Here’s your right. Because I just evaluated everything that this person was telling me." And then…I would be very happy to be subpoenaed into something of that sort, you know? And I would just say, “You know, personality disorder? No." And then you have at least somebody who’s unbiased outside of the spectrum that is there to just protect the victim. There needs to be victim protection.

(Linda)

Provide convalescent leave for recovery

- Probably time away would’ve been helpful. I wonder if they gave me, you know, six weeks or so to focus on my mental health, to not have to go to the ship, to go to my treatments, and to maybe get protected—to get some support from my family, I think that would’ve kept me in…. If the military said, “You know, you went through this, we’re
going to go ahead and send you TAD, out to this facility," and separated me from the thing while the investigation goes, I would’ve been happy about that. That would’ve been—I would’ve been fine with that. I got away from the ship, I got help to deal with it, I don’t have to feel guilty about reporting it, I don’t have to worry about, you know. And I can just kind of ease through. And then I have the support services and everything like that. That would’ve been beneficial to me…. For somebody to go through an assault like that, they should be given a convalescent leave, which would be like a paid leave, to deal with their treatment.

**Allow for better treatment options so survivors can remain in the military**

- But because the military has a policy that if you’re non-deployable, then you’re not an asset to the military, I was discharged. But I think that maybe they should have an exemption, which seems very far-fetched because if they make an exemption for MST victims, then they might have to make exemptions for other people if they have a physical ailment or mental ailment, and keep all these disabled people in the military, which doesn’t seem like it would be an effective force. But at the same time, I felt like I could’ve contributed a lot if I stayed and then was able to retire normally. (Jane)

**RELATED TO THE MILITARY JUSTICE SYSTEM**

Recommendations related to the military justice system clustered into a single theme: removing commanders from their judicial decision-making roles and creating an independent justice system.

**Create an independent justice system**

- We’re really focused on independence and really getting the commander out of the justice process. And I think that goes back a lot to what we’ve been talking about in terms
of the commanders being—you know, that if you have a positive experience with your commander and they were able to kind of, you know, take a stand and really be supportive and be forceful on the issue, then that would have such a positive impact on the culture, on the climate, and also for that individual survivor’s ability to recover. And we just think that commanders have to be independent and separate from the justice process in order to really do that effectively. (POD staff member)

- One of the reasons why we’ve really focused on reform on a broader level in terms of removing commanders from the prosecution is because right now, commanders’ hands are a bit tied, in terms of at least the commanders who are involved in the prosecution of the case…. We’ve seen just cases where they just say, “We take sexual assault really seriously, anyone who’s caught, you know, is going to be prosecuted.” If you make those types of comments within your unit, it can be considered “unlawful command influence” and can actually be used to undermine or get a case dismissed, because it would be seen as basically violating the rights of the accused. And so…unlike the ability to speak out really strongly on behalf of an accused, I think there is a real hesitancy of commanders in terms of being very open when a case actually occurs, you know, so in an individual case, because of the fact that they think it will be used against them. That’s a real barrier. (POD staff member)

- I think those reforms are still needed along with taking out the commanders out of the justice process, so that commanders can focus on taking both care of the accused and the victim together and not worry about, well, who’s lying to them. That’s what commanders have told me: “I have to worry about who’s lying to me now, someone’s lying to me.” … This is why we need the commanders out out of the process….. I see where those
commanders, especially the ones who have the accused and the victims both in their unit, just felt that they couldn’t support either of them a lot because…they had to decide who was lying to them…. And so I think if we take it out of the commander’s hands, then, you know, we can focus on the commanders really getting training on retaliation and then, you know, focus on the chain of command: What is retaliation? What is social retaliation? How do we prevent this? And also the lawyers, the JAGs…have no idea about this either. So I think we need more training. And if we focus—the lawyers focus more on, you know, making prosecutorial decisions, and commanders and the chain of command training, training, then I think we would be better off. (Former SVC)

- Congress, for whatever reason, didn’t want to take the control that the commanders had [over the justice process]. They didn’t want to take it away from them. And I think that they should. You know, with all these different cases that keep coming up or have came up and will probably continue to come up, clearly the command’s not doing what they need to do, so you need to take it out of their hands. (Cindy)

- And the only way it’ll get better is if they take it out of the chain of command. Every time it was in the chain of command, it made it a hundred times worse. Because they chose the man. They chose this perfect male over [me] every time. Every time. Like, even with the man who horrifically raped me, he was backed by everybody. They’re like, “I know this man. He’s a good Airman. He could never do this.” And it’s like, “He did.” And those are usually the ones that, you know, that hide. They hide behind this justice system. And these commanders give these “unbiased” opinions, and it’s like they’re like god in a way. And it’s just—it’s not right. It’s unjust…. The evidence [to take it out of the chain of command] is overwhelming. The evidence is overwhelming. (Belle)
• It also takes away from the mission, too…. We’re fighting these missions, and it’s constantly, yeah, these people are essential. They’re very good at their job, you know? And so, [commanders] have to make, like, the biased opinion and be like, “Well, I know you did something horrible to someone, but here is a slap on the wrist, you’re punished, go deploy.” So that’s what it is. (Belle)

• Everything I thought worked, it didn’t…. The system has to work. If the system’s there, they have to work. If not, then the systems have to be eliminated, and there has to be a system on the outside that’s neutral, you know, one that’s impartial. That way the victim and the accused, whatever, they’re getting fair [treatment], you know? (Diana)

• I think that the military shouldn’t have the power to go ahead with those cases. (Cindy)

• I don’t know what’s better [i.e., moving the justice process to civilian prosecutors or keeping it in the military]. Because it seems like if it’s a civilian case, maybe there wouldn’t be all that “let’s protect his career, let’s be on his side, because he’s Air Force” and I’m not. Or “let’s feel that camaraderie,” “Oh, we gotta protect our staff sergeant or E7, because we all stand together.” I don’t know if there’s that bond that they had and whether it affected the decision, but if it’s a civilian, you take those factors out. So I don’t know if that would help, because I haven’t experienced the legal system from my [civilian] stance. It might be just as bad, or there’s more of it going on there. And it might be that they wouldn’t take it seriously either. But those biases might be taken out of consideration if it’s in the civilian force. (Jane)

• I do think these guys that are up in the Pentagon want to see a functioning military, because they want to see it effective. I don’t believe they want it to go this way. But there’s just so many people who can get away with it. And my command had a huge
advantage in not reporting anything and just getting rid of the problem children and sweeping it [under the rug]…. They weren’t going to get any—they weren’t going to have to have cameras in their facility. They weren’t going to be deemed responsible. There wasn’t going to be a huge investigation going on to make them behave appropriately, because they didn’t have any complaints happening…. And, you know, a CO on an amphibious carrier, they’re not retiring there…. This is where they start to get their leadership and they have a fleet. So for a CO…to have sexual assaults and victims and he doesn’t have control over his lower commands, it is not beneficial. The CO is not going to work for the enlistee, because it does not benefit him. And if that means that my career’s on the line and that means my chief’s career’s on the line, it sure as hell means that CO’s career is on the line. So, I mean, they don’t—they need to be out of the picture. Because their careers should not be on the line at all if they report something. (Linda)

- Sometimes victims are lying, and sometimes offenders are lying, but there should be a separation of power somewhere. Or it goes to somebody else, you know? Let someone else handle it. Pull it completely out of their custody, because I mean, I know that a lieutenant colonel I was with for three years is going to have my back, so I can only imagine a lieutenant commander with 27 years, who has his back. (Tiffany)

- [For cross-service cases,] there’s no reason that the offender’s command should have 100% power. If anything, 50/50. And when it comes to this Marine Corps-Navy stuff, like it should—you should never have to fear saying something because your CO is outranked by somebody else. Like, your CO should have the same power, you know? So if you’re going to mix services like that, you need to have some other way [of dealing with assault cases]. (Tiffany)
RELATED TO SEPARATION

The single recommendation related to military separation involved the military and its federal leaders taking responsibility for the inappropriate and unethical ways it has separated survivors.

Take responsibility for inappropriate separations

- I want research done on it! I wanted it to be looked into. Because I want those theories to be debunked…about how this [a personality disorder discharge] is just an isolated situation, because it’s not. And like I said, if I can go into a room or to any kind of sexual assault training, and I find somebody in the military with the same story as I have, I know it’s not isolated, and it’s very, very much still systematic. And there’s a lot of responsibility to be held on the federal government. The federal government has a lot of work to do. So I mean, I don’t think I’ll have justice until the federal government steps in.