



## ***Military Sexual Trauma (MST)*** ***The Quick Facts***

### **THE EPIDEMIC**

\* 3,230 military sexual assaults were reported in 2009, an increase of 11% from fiscal year 2008. 163 sexual assaults were reported in Iraq and Afghanistan in 2008.<sup>1</sup>

\* 79% of women serving in the military since Vietnam reported experiences of sexual harassment.<sup>2</sup>

### **BARRIERS TO JUSTICE**

\* While sexual assaults are notoriously under-reported, this problem is exacerbated in military settings. The Department of Defense (DoD) estimates that 80% of sexual assaults in the military go unreported.<sup>3</sup>

\* Prosecution rates for perpetrators of sexual violence are astoundingly low—while 40% of sex offenders are prosecuted in the civilian world, only 8% of perpetrators are prosecuted in the military.<sup>4</sup>

### **CONSEQUENCES OF MST**

\* MST is the primary causal factor of Post-Traumatic Stress Disorder (PTSD) for women, whereas combat experience is the strongest predictor of PTSD for men.<sup>5</sup>

\* MST and its attendant consequences are often risk factors for homelessness among women veterans. 40% of homeless women veterans have reported experiences of sexual assault in the military.<sup>6</sup>

\* Stress, depression, and other mental health issues that accompany MST make it more likely that survivors will experience high rates of substance abuse and will have difficulty finding work after discharge from the military.<sup>7</sup>

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

\* MST survivors who have used Veterans Health Administration (VHA)<sup>8</sup> services report experiencing a “second victimization” while under care, often reporting increased rates of depression and PTSD.<sup>9</sup>

\* Women MST survivors who have used VHA services reported a lower quality of care and dissatisfaction with VHA services compared to women using outside care.<sup>10</sup>

\* Women are less likely to receive a PTSD diagnosis compared to men, most likely because PTSD is strongly associated with combat experience.<sup>11</sup>

### **THE COSTS OF MST**

\* In 2009, the VHA treated 65,264 patients in connection with MST. 60% of survivors were women.<sup>12</sup>

\* The Veterans Administration (VA)<sup>13</sup> spends approximately \$10,880 on healthcare costs per military sexual assault survivor. Adjusting for inflation, this means that in 2009 alone, the VA spent almost \$820 million dollars on sexual assault-related healthcare expenditures.<sup>14</sup>

\* The Department of Defense (DoD) estimates that legal expenses that result from military sexual assault cases average \$40,000 per case. With 181 sexual assault-related courts-martial in 2008, DoD legal expenses total more than \$7 million dollars.<sup>15</sup>

\* Of women seeking VA disability benefits for PTSD, 62.9% of combat veterans and 74.5% of noncombat veterans reported an in-service sexual assault.<sup>16</sup>

\* Sexual harassment increases turnover risk by up to 32%. Adjusting for inflation, the average cost of attrition per servicemember in 2010 ranges from approximately \$34,621 - 53,251.<sup>17</sup>

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

--SWAN provides peer support, counseling referrals, and legal referrals to both male and female veterans who have experienced MST.

--SWAN's policy work on MST includes a national campaign to educate policymakers, the media, health professionals, and non-profit organizations about the causes and consequences of MST.

--SWAN organizes workshops and retreats to help MST survivors heal from their trauma in safe and supportive settings.

### **Service Women's Action Network (SWAN)**

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<sup>1</sup> Department of Defense, SAPRO. 2009. "Fiscal Year 2009 Annual Report on Sexual Assault in the Military." Available: [http://www.sapr.mil/media/pdf/reports/fy09\\_annual\\_report.pdf](http://www.sapr.mil/media/pdf/reports/fy09_annual_report.pdf); Erin Mulhall. 2009. "Women Warriors: Supporting She 'Who Has Borne the Battle.'" Iraq and Afghanistan Veterans of America.

<sup>2</sup> Sadler et al. 2003. "Factors Associated With Women's Risk of Rape in the Military Environment." *American Journal of Industrial Medicine* 43:262-273.

<sup>3</sup> Department of Defense. 2008. "2006 Workplace and Gender Relations Survey of Active Duty Members." Available: [http://www.sapr.mil/contents/references/WGRA\\_OverviewReport.pdf](http://www.sapr.mil/contents/references/WGRA_OverviewReport.pdf).

<sup>4</sup> Erin Mulhall. 2009. "Women Warriors: Supporting She 'Who Has Borne the Battle.'" Iraq and Afghanistan Veterans of America.

<sup>5</sup> Street et al. 2008. "Sexual harassment and assault experienced by reservists during military service: Prevalence and health correlates." *Journal of Rehabilitation Research and Development* 45: 409-420; Kang et al. 2005. "The role of sexual assault on the risk of PTSD among Gulf War veterans." *Annals of Epidemiology* 15(3):191-195.

<sup>6</sup> Vanessa Williamson and Erin Mulhall. 2009. "Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans." New York: Iraq and Afghanistan Veterans of America.

<sup>7</sup> Skinner et al. 2000. "The Prevalence of Military Sexual Assault Among Female Veterans' Administration Outpatients." *Journal of Interpersonal Violence* 15 (3):291-310.

<sup>8</sup> The VHA includes VA Medical Centers.

<sup>9</sup> Campbell and Raja. 2005. "The Sexual Assault and Secondary Victimization of Female Veterans: Help-Seeking Experiences with Military and Civilian Social Systems." *Psychology of Women Quarterly* 29 (1): 97-106.

<sup>10</sup> Kelly et al. 2008. "Effects of Military Trauma Exposure on Women Veterans' Use and Perceptions of Veterans Health Administration Care." *Journal of General Internal Medicine* 23 (6):741-747.

<sup>11</sup> Grossman et al. 1997. "Underdiagnosis of PTSD and substance abuse disorders in hospitalized female veterans." *Psychiatric Services* 48:393-395.

<sup>12</sup> Department of Veterans Affairs, Office of Inspector General. 2010. "Review of Inappropriate Copayment Billing for Treatment Related to Military Sexual Trauma." <http://www4.va.gov/oig/54/reports/VAOIG-09-01110-81.pdf>.

<sup>13</sup> The VA includes the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA).

<sup>14</sup> Suris et al. 2004. "Sexual Assault in Women Veterans: An Examination of PTSD Risk, Health Care Utilization, and Cost of Care." *Psychosomatic Medicine* 66: 749-756.

<sup>15</sup> Department of Defense, SAPRO. 2009. "Fiscal Year 2009 Annual Report on Sexual Assault in the Military." [http://www.sapr.mil/media/pdf/reports/fy09\\_annual\\_report.pdf](http://www.sapr.mil/media/pdf/reports/fy09_annual_report.pdf).

<sup>16</sup> Maureen Murdoch. 2004. "Prevalence of In-Service and Post-Service Sexual Assault among Combat and Noncombat Veterans Applying for Department of Veterans Affairs Posttraumatic Stress Disorder Disability Benefits." *Military Medicine* 169 (5): 392-394.

<sup>17</sup> Sims et al. 2005. "The Effects of Sexual Harassment on Turnover in the Military: Time-Dependent Modeling." *Journal of Applied Psychology* 90 (6): 1141-1152.