

Military Sexual Assault and Posttraumatic Stress Disorder

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Introduction

Sexual assault in the military has become an epidemic. An anonymous Veterans Affairs survey published in 2012 reported that 25% of women serving in Iraq or Afghanistan have been sexually assaulted while in the military (Zoroya, 2012). In 2013, active duty female soldiers were 180 times more likely to be sexually assaulted by another soldier than to be killed by an enemy combatant, even in a war zone (The Week Staff, 2013).

One of the most widely publicized effects of trauma is Posttraumatic Stress Disorder (PTSD). While PTSD from combat in Iraq and Afghanistan is most commonly discussed, a study of female veterans found that victims of military sexual assault have higher rates of PTSD diagnosis than victims of any other type of trauma, including combat trauma (Yaeger, Himmelfarb, Cammack, & Mintz, 2006). Another study of female veterans reported that being assaulted in the military is a stronger predictor of being diagnosed with PTSD than childhood sexual assault or adult civilian sexual assault (Suris, Lind, Kashner, Borman, & Petty, 2004). This strong correlation in the clinical literature supports the notion that sexual assault in a military setting produces severe and distinctive psychological effects on a victim.

The unique post-assault experience of women who have been sexually assaulted in the military derives from their complicated roles as soldiers, victims and women. Although military sexual assault of men does occur at high rates in the military against men as well, this thesis will focus solely on women, as the factors leading to psychological distress may

be different for women and men¹. The victims and perpetrators of sexual assault in this context belong to a military structure that affects both the occurrence of sexual assault as well as the way that assault is handled afterwards. The military indoctrinates soldiers with ideas about hypermasculinity and weakness through their training and then strongly imposes blame on victims by ignoring assaults after they occur (Burke, 2004; Dick, 2012). I argue that the military's denial of sexual assault results in an individual and societal crisis of truth, a term coined by Cathy Caruth, in which victim suffering is not acknowledged (Caruth, 1995). PTSD was created as a way to give legitimacy to trauma survivors' pain, however it simultaneously can have negative effects on victims and society as a whole. The medicalization of trauma is a tool to keep public discourse focused on the individual instead of on understanding the social structures that create the trauma and exacerbate victim pain (Cvetkovich, 2003). I contend that the relationship between the American public and victims of military sexual assault exposes the desire to avoid dealing with atrocities and the American ideal of the nation as an innocent victim (Herman, 1992).

To explore the link between sexual assault and PTSD, I will first discuss the ways in which military culture and socialization promote ideas of hypermasculinity and amplify the occurrence of sexual assault. I will then explain the theories of accumulation of stress, loss of social support and victim guilt that are often cited as reasons for the intense psychological distress after an assault. Next, I will present my argument that the military's treatment of victims, in combination with the way trauma is psychologically processed, is

¹ While much of my analysis of military culture and PTSD could also be applied to men, male victims do encounter different stigmas such as questions of homosexuality as they are most often assaulted by other men. For these reasons, I found that focusing on women ensured that I would not combine two groups of victims that require separate analysis.

what most profoundly causes emotional suffering. I will then discuss the history of PTSD and the way that social movements shaped its development. Subsequently, I will examine the positive and negative effects of obtaining a diagnosis both on an individual and societal level. Finally, I will present the relationship between military sexual assault and the American public. First, I will explain the public's role in witnessing and substantiating this trauma. Then, I will explore ideas of the military as an emblem of the state and America's position as an innocent victim and their effects on combating the issue of sexual assault. Due to the obstacles to progress, I will discuss the potential of a social movement to call attention to the issue and the possibility of change occurring within established institutions. Overall, I argue that it is the convergence of so many powerful institutions with different goals and their interaction on the issue of sexual assault in the military that maintains the high prevalence rate and produces the unique post-assault experience of victims.

Military Culture and Sexual Assault

The tremendous incidence of sexual assault in the military is perpetuated by the culture of the United States military, disseminated through military training and socialization. In discussing military culture and its effects on women, folklorist Carol Burke describes culture as, "simply a way of life informed by those who came before us, by how we grow up, and by the beliefs we hold; it is manifest in the rituals we observe, the jokes we tell, the slang we use, the clothes we wear, the food we eat, the work we do and the ways we interact with those who share our workplace" (Burke, 2004). Burke's definition of culture accurately reflects all the aspects of a soldier's life that the military controls.

Military culture is distinct from civilian culture in order to prepare soldiers for the physical and mental rigors of war. To achieve this goal, the military strives to dominate every aspect of a soldier's life, either through structured training or socialization learned from their peers.

Military culture focuses on a rigid hierarchy and the value of hypermasculinity, indoctrinated in soldiers through basic training. The ostensible purpose of the official military culture is to improve combat readiness, instill military values, strengthen unit cohesion, enforce obedience and, ultimately, to effectively transform civilians into soldiers by forming a singular identity among soldiers (Burke, 2004; Finely, 2011). Although military socialization occurs throughout a soldier's career, the values and culture of the military are largely embedded during basic training. Basic training removes recruits from the civilian world, pushing them to extreme lengths both physically and mentally in the hopes of creating a fully prepared soldier (Burke, 2004).

Analyzing the military values of authority and hypermasculinity is important because sexual violence is not about sexual pleasure but about power and dominance. Second wave feminism emphasizes the roles that power, control and authority play in sexual assault, breaking away from the historical idea that rape is about males needing sexual fulfillment (Brownmiller, 1975; Darke, 1990). Power is a motivating factor for all sexual assault but it plays an especially important role in settings in which power differentials occur. Furthermore, military success through killing enemies is an unparalleled feeling of supremacy, which leads many men to seek that intense dominance feeling elsewhere, particularly via rape (Brownmiller, 1975). On the other hand, war can be extremely chaotic and therefore sexual assault is seen as a way to feel in control of oneself

again by dominating another. The military value of hypermasculinity emphasizes the desire for power, which motivates some soldiers to sexually assault others, and the hierarchy and power differential provides an avenue through which to do so.

The strict hierarchy of the military is imposed on cadets by the all-powerful drill instructors at basic training. Drill instructors have total control over a trainee's life and are viewed as the ultimate role models. Cadets are required to follow every order from a drill instructor, even when they give conflicting commands, as they often do to simulate the chaos of war. A cadet learns to follow a superior's instruction with blind submission, never pausing to think or question those instructions (Finley, 2011). The rigid hierarchy in the military is a defining feature of the institution itself, deemed essential for effective military operations, however it also poses a danger to female recruits (Burke, 2004). In fact, a 2002 study found that low occupational power, including lower pay grade in the military, was associated with greater likelihood of experiencing military sexual harassment and assault (Turchik & Wilson, 2010).

Given the association between power differential and sexual assault, it is not surprising that the military has been plagued with scandals involving high-ranking military officers abusing their power to exploit vulnerable female trainees. There are many more high-ranking male officers than female officers and this stark power disparity opens avenues for misuse of their authority and sexual assault. Abuse of power by drill instructors was largely hidden until the 1996 Aberdeen Scandal, when eleven drill instructors and one company commander were accused of sexual misconduct with female trainees at Aberdeen Proving Ground in Maryland. Eventually, one drill instructor was sentenced to 25 years in prison for raping six female cadets (Spinner, 1997). Although the

military attempted reforms, such as a hotline to report sexual misconduct, some drill instructors continue to use their power to exploit women, as seen in the Lackland Air Force Base Scandal (Ritchie, 2012). The investigation, which began in 2011, ultimately found that 32 training instructors had inappropriate sexual contact, ranging from harassment to rape, with 59 recruits (Lardner, 2013). Clearly, the current military hierarchy continues to provide authority figures with ample opportunities to use their power for sexual exploitation of cadets. Although the scandals largely focus on assaults of cadets during basic training, the abuse of power by superiors is rampant throughout the military institution. Exploitation of junior female soldiers occurs at haunting rates, with 25% of victims not reporting sexual assault because the person to report to, their superior, was also their assailant (Dick, 2012) However, victims of sexual assault within units are even more isolated and therefore the crimes are more easily hidden. This exploitation and violence is further perpetuated by military masculinity.

The most prominent feature of military culture is the obsession with hypermasculinity and the elimination of all perceived feminine attributes. Soldiers are taught that only through exemplifying traditional masculine traits, such as physical strength, self sacrifice, lack of emotion and heterosexuality, can they become effective and respected soldiers (Lutz, 2001). Traditionally, drill instructors infantilize then pejoratively feminize cadets to embarrass them, cause them to associate femininity with weakness and to subsequently rid them of all feminine characteristics (Burke, 2004). Men who fail to meet physical standards or make mistakes are labeled as “pussies”, “ladies” or “fairies”, blatantly equating demeaning feminine or homosexual descriptions with military failure (Burke, 2004). Through basic training, drill sergeants create a culture that is extremely

hostile to women and, therefore, it becomes easy for soldiers to see women as another enemy (Enloe, 2000).

This blatantly sexist work atmosphere is far more dangerous than it might appear. Men reporting high levels of hypermasculinity are more likely to commit rape and organizations that support traditional masculinity tend to have more tolerance and higher rates of sexual assault (Turchik & Wilson, 2010). In fact, 15% of incoming recruits attempted or committed rape before entering the military, which is twice the incidence of the average civilian population (Dick, 2012). Hostility towards women and non-acceptance of women as equal to men is associated with tolerance of sexual harassment in the Army (Turchik & Wilson, 2010). Furthermore, according to a 2003 survey of female veterans, female soldiers who reported a hostile work environment were six times more likely to report being raped (Sorcher, 2013). Extensions of this hypermasculinity, such as desensitization, ambition for power and male group identity, also may increase the incidence of sexual assault. Emphasizing violence and power has been associated with greater violence towards women (Enloe, 2000; Turchik & Wilson 2010). Finally, the establishment of anonymity through a singular group identity allows individuals to commit violent acts because military training decreases self-regulation, as a soldier becomes accustomed solely to outward regulation (Burke, 2004; Turchik & Wilson, 2010).

Unofficial military rituals also cement a hostile and sexist work environment. Military rituals include military chants, jokes, and secret initiations, which often include humiliation and abuse. This unofficial military culture acts in dichotomous balance with the official military culture, as it is often a parody of official military culture. The military

rituals and jokes allow soldiers to safely criticize and complain about struggles in the military, as well as to increase unit cohesion and maintain some levity in dire environments (Burke, 2004). The official culture relies on this unit cohesion and levity to maintain a healthy psychological state of soldiers during war. All unofficial military rituals are learned and passed from generation to generation and often viewed as imperative to the socialization of cadets. Therefore, although official and unofficial military cultures may appear distinct, both depend on the other to maintain the military's ultimate goal of physically and mentally preparing soldiers for war.

The problem with the unofficial culture is that many of songs and initiation rituals are humiliating, sexist, abusive and offensive. Take for example military marching chants, which aim to build morale and provide entertainment during boring or laborious tasks. While the desire to build morale is understandable, chants like "The S&M Man", sung to the tune of "Candy Man" are horribly offensive. The beginning lyrics are as follows:

"Who can take a chainsaw
 Cut the bitch in two,
 Fuck the bottom half
 and give the upper half to you...
 [Chorus] The S&M Man, the S&M Man,
 The S&M Man 'cause he mixes it with love
 And makes the hurt feel good!"

These lyrics are just some of a multitude of songs employed by the military to make light of terrifying situations (Burke 2004). These chants hail from a time in which units were all male and segregated by race. A unit solely composed of Caucasian men could sing discriminatory songs with humor to achieve full unit cohesion and not offend anyone in the group. However, today's military is much more heterogeneous than in the past. These

songs may still forge bonds among Caucasian men, however now this camaraderie is formed at the expense of minority groups within the unit. The denigration of racial groups and women in military chants establishes women and non-white soldiers as second-class citizens (Lutz, 2001). The belief of female soldiers as inferior to male soldiers creates an exceptionally hostile work environment. Additionally, these chants now alienate female service members and increase the tolerance of violence and exploitation of women (Burke, 2004).

Initiation into service academies or new units employs many secret rituals, often seen as rites of passage. Traditionally, upperclassmen at service academies initiate “plebes”, or freshman, through physical abuse and humiliation, often with homoerotic undertones (Burke, 2004). Similarly, there are many initiation rituals, such as those performed by veteran sailors, that utilize similar tactics. During “crossing-the-line ceremonies”, sailors crossing the equator for the first time are required to wear barely any clothing, crawl through old food, lick lard off a sailor’s belly and simulate oral sex on another sailor dressed as King Neptune (Burke, 2004). These ceremonies are clearly humiliating and seem inappropriate from the outside, as well as perpetuate the acceptance of abuse by superiors within the unit. With such an abundance of degradation and mistreatment, it is not surprising that some soldiers begin to tolerate and even perform demeaning, violent and inappropriate acts on other soldiers.

Due to the increasing attention paid to the problem of sexual assault, the military has implemented programs that attempt to prevent and cope with sexual harassment and assault. The Army’s current program, Sexual Harassment/Assault Response and Prevention (SHARP), focuses on education and training to prevent harassment and assault

(U. S. Army, n.d.). The SHARP program is composed of a PowerPoint presentation and online quiz during basic training as well as an annual refresher course. SHARP's focus has attempted to change from preventing potential victims through risk avoidance to preventing potential perpetrators through altering the culture that leads to sexual assault. In the past, posters and training would concentrate on the importance of a buddy system in preventing sexual assault, which in essence blames victims if an assault does occur (Dick, 2012). Now, SHARP holds all military personnel responsible for creating an environment of respect, focusing especially on diminishing sexual harassment, as sexual harassment most often precedes an assault. SHARP's new mantra is "I. AM. Strong" which stands for Intervene, Act and Motivate everyone to stop sexual harassment and violence (U.S. Army, n.d.).

The inadequacy of SHARP and other programs like it is twofold: it perpetuates a culture that encourages sexual assault and it continues to blame the victim. The rhetoric employed in the descriptions and training materials of SHARP has the same hypermasculine traits that create an environment in which women are seen as inferior. The cornerstone of the SHARP program is the I. AM. Strong campaign, which clearly uses language of strength and control, both commonly associated with men. Furthermore, SHARP's slogan, which appears on all of the training information, is "I am the force behind the fight" ("SHARP Unit Refresher", 2012). Again, the military is attempting to utilize the hypermasculine identity to combat sexual harassment and assault, when in fact this identity creates an environment suited for abuse. Additionally, even though the Army has tried to diverge from blaming the victim, the prevention strategies still insinuate that if prevention protocols are followed correctly there will be no assault. By using rhetoric of

control and strength for prevention, sexual assault victims are still portrayed as weak and powerless.

Military culture, and even to a certain extent attempts at sexual assault prevention, increase the prevalence of sexual assault within the military. Military culture and the military institution as a whole also affect the development of psychological distress after an assault has occurred.

Mediating Factors between Sexual Assault and PTSD Development

Just because there is an extremely high rate of sexual assault within the military does not explain why military sexual assault is cited as the most traumatic event in a female veterans' career, even over combat exposure (Yaeger et al., 2006). Most of the clinical literature emphasizes a variety of individual risk factors that are believed to amplify the development of intense psychological distress after a traumatic event. Three risk factors, the accumulation of stress, loss of social support, and victim guilt, will be explained before moving onto my argument that military denial is the primary mediating factor between sexual assault and emotional turmoil.

A growing theory in the development of PTSD postulates that an individual's history of stress plays a vital role in whether or not that individual will develop PTSD symptoms. The greater the accumulation of stress over a person's lifetime, the greater the likelihood that that him or her will develop PTSD after enduring a trauma (Finley, 2011; Fontana & Rosenheck, 1994). This has been empirically shown as certain childhood traumatic stressors, such as childhood abuse, are strong predictors of PTSD after a trauma is experienced in adulthood (Charuvastra & Cloitre, 2008). The accumulation of stress theory

is particularly relevant to victims of military sexual assault because female soldiers have been exposed to many stressful life events as part of military service. Due to the guerrilla nature of the wars in Iraq and Afghanistan, many women have been involved in combat situations even before women were formally authorized to fight in combat zones. These events themselves can be traumatic and therefore when a woman is assaulted, she is much more likely to develop PTSD symptoms due to the combination of traumas endured. In addition to the victim's history, stressful life events that occur in the months following a trauma can also increase the likelihood of experiencing psychological distress (Finley, 2011). The aftermath of an assault, especially in the military, can entail a series of stressful circumstances. For women who remain in the military after being assaulted, they are most often required to remain in the same unit as the man who assaulted them, causing immense fear, anxiety and daily stress. Moreover, for women who attempt to file a report that is not taken seriously, which will be further explained later, the habitual struggles to obtain justice affix yet another layer of stress. In addition to causing a tremendous amount of anxiety, the betrayal of trust leads to a loss of social support, which further increases PTSD prevalence.

Social support has been shown to be a protective barrier against many mental illnesses especially PTSD due to the individual variation in whether PTSD will develop following a traumatic event. Specifically for military sexual assault victims, social support has been reported to play a key role between sexual assault and the subsequent development of PTSD symptoms (Fontana & Rosenheck, 1998). Importantly, it is not actual social support but perceived social support that more strongly affects psychological distress (Charuvastra & Cloitre, 2008). Unit cohesion within the military is forged through

military socialization, leading to extremely strong bonds between service members. Unit cohesion serves many purposes such as increasing trust and teamwork but can also act as a protective barrier against the psychological distress of war (Suris et al., 2004). However, this unit cohesion is shattered for a victim of sexual assault, because most often the perpetrator is a fellow member of the unit (Suris et al., 2004). To exacerbate the problem further, sexual assault in the military can be the cause of additional loss of social support due to feelings of shame (Fontana & Rosenheck, 1998).

Guilt and shame are very common emotions experienced by victims of trauma that often cause intense psychological distress. In order to circumvent debates about whether a victim was to blame for a trauma, the DSM definition of PTSD portrays the trauma solely as an external event and therefore attempts to remove any guilt from the victim (Fassin & Rechtman, 2009). However, feelings of shame have been shown to be strong predictors of the development of PTSD symptoms in abuse victims (Street & Arias, 2001). Whether an individual is actually partially to blame for a trauma is irrelevant; it is the trauma survivor's own explanation for her role in the event that has been shown to contribute to the development and the severity of PTSD symptoms (Street & Arias, 2001). Feelings of guilt and shame may be especially strong in military sexual assault victims because of their socialization. As previously mentioned, soldiers are indoctrinated with the idea that emotion and victimhood are signs of weakness. Furthermore, the "I.Am.Strong" Campaign, previously described, insinuates that soldiers are fully in control of preventing sexual assault and therefore if they are assaulted then they are to blame. It is not only military socialization previous to the assault that increases guilt and shame but also the

blame the military places on victims after an assault that causes further psychological distress.

Although these individual risk factors play a role in the development of psychological pain, my argument is that the military's treatment of victims after a sexual assault causes the most profound harm to the victim's mental state. I base my claims on victim testimony and stories obtained from the 2012 documentary *The Invisible War* and military sexual assault victim blogs ("My Duty to Speak", 2014; Dick, 2012). After an assault, the military further traumatizes victims by denying the crime both on a personal and institutional level. The life events and emotions of a victim after an assault have a profound impact on the future suffering or healing of that victim. It is not surprising, therefore, that many victims claim that the way the military treated them after an assault was even more traumatizing than the event itself ("My Duty to Speak", 2014; Dick, 2012).

Victims of military sexual assault are habitually blamed for the crime committed against them and retaliated against for reporting sexual assault. *The Invisible War*, which focuses on sexual assault in the military, employs victim testimonials to highlight just this sort of treatment by the military. When a woman reports sexual assault, her commander frequently questions why she was at the scene or why she was alone, in an effort to blame the victim (Dick, 2012). From the legal side, a member of the Army Criminal Investigation Division claimed she was told by superiors to inform women reporting rape about the penalties of false statements, even when she knew the victims were not lying (Dick, 2012). The documentary also interviewed women raped at Marine Barracks, the oldest and most prestigious Marine post in the United States. Marine Barracks is supposed to house the best and brightest of the U.S. Marine Corps, and therefore descriptions of sexual assault at the

barracks show how widespread the problem is. Four of the five rape victims from Marine Barracks interviewed in the documentary were investigated or punished after they filed a claim. One of the women was even charged with adultery after she was raped because her rapist was married, even though she was single. None of the five perpetrators were charged (Dick, 2012).

An even more blatant example of military denial can be seen in Hannah Sewell's story. Hannah was a Navy trainee in 2008 when she was locked in a hotel room and raped by a fellow recruit. Hannah reported the crime but eventually the investigators told her that her rape kit, the pictures of her bruises and the nurse's report had been lost. When Hannah conducted her own research into the investigation, NCIS headquarters informed her that all the evidence reportedly lost was indeed accounted for but the case was closed and therefore no action could be taken. The military blatantly lied to Hannah in order to avoid prosecuting a Navy cadet (Dick, 2012). These personal stories are not uncommon. According to the Pentagon, 62% of sexual assault victims who filed a report were retaliated against professionally, socially or administratively (Sorcher, 2013).

Denial of sexual assault and victims' suffering is further perpetuated through the structure of investigation and prosecution in the military. Crimes within the military are reported, investigated and prosecuted separately from civilian crimes. Victims report sexual assault to their commander and the commander has the authority to investigate and determine if a trial should proceed (Dick, 2012). This structure discourages reporting because the commander has a relationship with both the victim and the perpetrator and therefore he may have a conflict of interest. According to the Department of Defense, 25% of women didn't report their rape because the person to report to was the rapist. An

additional 33% of women didn't report because the rapist was a friend of the commander who would be in charge of the investigation. Non-reporting is a tremendous problem in the military with 80% of victims not reporting assault, often due to the fear of retaliation (Dick, 2012).

Lack of prosecution of reported sexual assaults is another major form of denial. Of the sexual assaults that are actually reported, the military prosecutes less than 5% of sexual assault cases and less than a third of the 5% result in imprisonment (Dick, 2012). Specifically in 2012, complaints were filed against 3,374 perpetrators of sexual assault with only 238 of those resulting in conviction (Sorcher, 2013). The lack of justice for victims again stems from military structure. A commander may decide not to prosecute because a sexual assault within the unit is seen as a failure of leadership (Dick, 2012). Commanders often punish perpetrators simply with a slap on the wrist or additional administrative work instead of pursuing a trial.

Victim blaming and lack of prosecution have been two dominant features in the current case of Brigadier General Jeffrey A. Sinclair, the highest military official to date to be charged with sexual assault. Sinclair was charged with sexual assault, among other offenses, of a female army captain, with whom Sinclair had an extramarital affair. According to the victim, Sinclair threatened to kill her and her family if she told anyone of the affair and twice forced her to perform oral sex (Associated Press, March 7 2014). The defense utilized victim blaming by claiming the captain was simply an overly jealous woman who was obsessed with the general. Sinclair's lawyer read excerpts from the captain's journal claiming that she was in love with him, even after the alleged assaults, as if to insinuate that if she was in love with Sinclair then any sexual acts could not be

considered assault. The defense further claimed the Pentagon was only prosecuting Sinclair to portray to America that they were finally taking sexual assault seriously (Associated Press, March 10 2014). This widely publicized case had much of the public believing that the military was indeed putting words into action and punishing perpetrators of sexual assault. However, even with the political and public pressure, Sinclair was still let off the hook, as so many before him. Sinclair was offered a plea bargain, in which he would plead guilty to lesser offenses such as adultery as long as the prosecution dropped the sexual assault charge (Whitlock, 2014). Once again, the military justice system allowed a perpetrator of sexual assault to simply be slapped on the wrist for forcing a woman to perform oral sex.

A commander's role in investigating an alleged sexual assault has also been the focus of debate recently, especially in Congress. Senator Kirsten Gillibrand (D-NY) proposed to remove this power from a commander and instead place military lawyers in charge of investigating and prosecuting assault. This proposal was extremely controversial, as many senators insisted this would decrease commanders' role in preventing sexual assault. Furthermore, some senators believed that taking sexual assault out of military command would weaken the command itself (Brook, 2013). Without the necessary votes to pass it, Senator Gillibrand's proposal was removed from the defense authorization bill. Instead, lighter reforms including criminalizing retaliation against victims and providing special counsel to victims of assault were written into the bill (Crittenden, 2013). While these reforms may help, they completely neglect the larger problem of lack of prosecution and the military's overall denial of sexual assault victims.

Senator Gillibrand's proposal to remove the decision to prosecute from the chain of command later proceeded as its own bill. Just a few weeks ago, Gillibrand's bill fell five votes short of the sixty needed to get the bill to a floor vote. Senators in favor of the bill claim that the bill was not approved to come to a vote because the opposition knew that supporters had the majority to pass the bill (Cooper, 2014). It is interesting to note that Gillibrand's bill had bipartisan support but also faced bipartisan opposition. An outspoken critic of Gillibrand's proposal has been Senator Claire McCaskill, who is also a democrat (O'Keefe, 2014). The question of how to deal with the problem of sexual assault in the military crosses both party and gender lines, illuminating how complicated this issue is to resolve. By keeping prosecution in the hands of commanders, the lack of prosecution of sexual assault is bound to continue. Lack of prosecution and military denial are problems on an individual level because they cause victims to question their own truth and institutional problems because they allow sexual assault to continue on a wide scale by denying their occurrence.

The Crisis of Truth

The psychological trauma of sexual assault victims is perpetuated by the unique nature of experiencing and remembering a traumatic event. Cathy Caruth, a specialist in trauma theory, explains the idea that victims of traumatic events cannot fully experience the event as it occurs. Much of the event is experienced and integrated into memory after the incident has taken place. It is the belated and repeated nature of these trauma memories that cause as much trauma as the event itself. Traumatic memories, therefore,

cannot be confined to a single time or place, even if only a single traumatic event occurred (Caruth, 1995). Feminist theorist Ann Cvetkovich reiterates this idea. Cvetkovich describes her own incest trauma as unable to be restricted to the events of incest. Rather, the memories and complicated nature of experiencing the incest were yet other forms of trauma themselves (Cvetkovich, 2003).

The belatedness of experiencing a traumatic event and the memory gaps caused by the psychological processing of the trauma are also supported by clinical literature. Studies in the general population, focusing on adults who were molested as children, have shown that belated memories are quite common. One study reported that 59% of subjects had no memory of abuse at some point when they were under age 18 (Briere & Conte, 1993). Yet another found that 42% of subjects reported that there was some period of time when they had less memory of the abuse than at the time of the study (Elliot & Briere, 1995). While these studies focused on child abuse, other studies have found differences between traumatic memories and normal memories in adults. One study found that memories of adult rape were less clear, less well remembered and less temporally ordered than other adult memories (Tromp, Koss, Figueredo, & Tharan, 1995).

The belatedness of experiencing a trauma causes victims to discover new memories of the event long after the event has occurred. This leads to a “crisis of truth”, as Caruth describes it, because the victim does not know if the new memory is an accurate representation of the event (Caruth, 1995). According to Caruth, grappling with this crisis of truth, as well as the re-experiencing of the trauma, produces the intense psychological distress. In terms of the individual experience of military sexual assault, a victim’s commander refusing to prosecute or retaliating against her may heighten the crisis of truth.

Additionally, a commander's desire to hide an assault and withhold prosecution can be seen as a refusal to acknowledge that the crime occurred at all. The military's propensity to blame the victim or accuse her of false reporting can perpetuate a victim's questioning of her own memories and, therefore, amplify psychological trauma.

The crisis of truth can also occur on a broader scale, especially for sexual trauma, which is often invisible because of its place in the private sphere of life (Cvetkovich, 2003). Although the military will admit that sexual assault is a large problem, they refuse to acknowledge their part in the epidemic. As previously stated, the military emphasizes hypermasculinity and the perils of weakness through its training and socialization. The stated goals of this culture are largely to prepare soldiers both physically and mentally for the strains of war. The crisis of truth from the military as an institution, however, occurs precisely because they refuse to acknowledge that their emphasis on traditional masculinity may increase sexual violence towards women. These values are so ingrained in military culture that they are employed even as tools to prevent sexual assault through programs such as the "I. Am. Strong." Campaign, previously described. Without recognizing the institutional factors that enable sexual assault to occur at high rates, the military is doomed to perpetuate this crisis of truth. It is important to note the interplay between the institutional and individual crises of truth. Although the institutional crisis of truth manifests in culture and military policy, these institutional factors shape an individual commander's response to sexual assault and remove any opportunity for the victim's expression of her truth. Therefore, the institutional crisis of truth largely creates and perpetuates the individual crisis of truth.

The military also denies the suffering of victims in the subtleties of its language, most notably with the term Military Sexual Trauma. In all surveys and reports about sexual assault the military employs the term Military Sexual Trauma. According to the U.S. Department of Veterans Affairs' website, Military Sexual Trauma is defined as "sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military" (U.S. Department of Veterans Affairs, 2014). While seemingly not harmful, the term Military Sexual Trauma denies victim suffering by pathologizing the victim. The term Military Sexual Trauma also implies that there is something wrong with the victim. In fact, the description of Military Sexual Trauma on the VA website is located under the heading of mental illnesses. This location is confusing because MST is located next to mental illnesses such as Bipolar Disorder and Schizophrenia even though the definition clearly states that Military Sexual Trauma is the traumatic event itself, not psychological consequences of the event (U.S. Department of Veterans Affairs, 2014).

The military employs this term in an attempt to transfer sexual assault from the criminal world to the medical world (Kors, 2013) Avoiding the crime of sexual assault by focusing on the medicalization of the effect of the crime is similar to the way in which commanders blame victims of assault instead of dealing with the perpetrator's actions. In a similar way described below with the medicalization of trauma via PTSD, medicalization of the crime obscures the social and institutional factors that promote sexual assault (Cvetkovich, 2003). Furthermore, by shifting focus from the criminal to the medical world, responsibility is again removed from the perpetrator and onto the victim. Associating MST with mental illnesses on the VA website reproduces stigma and pathology about sexual assault in the military as mental illnesses are often accompanied with stigma.

The acronym MST is devastating because of the vast dissemination of the name beyond the VA, particularly in the clinical literature and the mass media. Due to the confusing nature of the term previously described, the widespread use of the acronym seems curious. The key to the dissemination of the name is that all clinical research on military health operates within the framework of the VA healthcare system. All statistics released by the Department of Defense and the VA about sexual assault use the term MST because that is the language used on their surveys and in their healthcare system. Therefore, the military not only uses the term MST but, because of its monopoly on the targeted research population, all large data sets about sexual assault must use the term MST as well. The mass media then employs the term MST precisely because the VA and clinicians, both seen as experts on military sexual assault, use the term. Therefore the medicalization of sexual assault is incorporated into the media discussion and subsequently internalized by the public (“Military Sexual Trauma”, 2014; Botelho, 2014). Medicalization of military sexual assault is so pervasive in American society that there is even a WebMD page about the issue (“Military Sexual Trauma-Topic Overview”, 2014).

The media’s use of MST is so important precisely because the acronym obscures the true nature of the crime. The military employs Military Sexual Trauma, or most commonly its acronym MST, to diminish the horror of the statistics. It is much less upsetting for the public to hear that 25% of women have experienced MST as opposed to 25% of women in the military have been raped while in military service by fellow servicemen. The military is extremely responsive to negative public perception, as seen with by the aftermath of the Walter Reed Scandal (Finley, 2011). Therefore, using the acronym MST allows the US military to evade truly facing the epidemic of sexual assault and the underlying structures

that perpetuate its high incidence rate. The scale of the problem and the social forces behind it are further obscured by the medicalization of the individual victim's suffering, most notably through a PTSD diagnosis. According to the VA, the event of MST can lead to PTSD, although the distinction between MST and PTSD is convoluted at best largely due to the vague nature of the MST term itself (U.S. Department of Veterans Affairs, 2014).

Posttraumatic Stress Disorder in Military Sexual Assault Victims

Posttraumatic Stress Disorder (PTSD) is the mental illness most commonly associated with sexual assault in the military, as well as combat trauma (U.S. Department of Veterans Affairs, 2014). Today, PTSD is frequently portrayed as a mental illness of individuals and focuses on healing the individual. There are some positive effects of a PTSD diagnosis, such as acknowledging victim suffering and legitimacy, but there are also many problems with PTSD. One consequence of its social movement history is that the traumas included in the PTSD definition are morally shaped. A trauma, in which a victim is truly seen as innocent, such as child abuse, is morally substantiated and accepted whereas the historically suspicious trauma of sexual assault has been underrepresented in PTSD diagnoses. Furthermore, PTSD is so highly associated with the military and with combat trauma that it is essentially the only way trauma is understood. This restriction on posttraumatic experiences narrows the ways a victim can deal with and heal from a trauma, often at the detriment to the victim. From a broader point of view, the medicalization of trauma and the focus on PTSD after a sexual assault hides the social structures contributing to the assault and the subsequent psychological distress. I will critique PTSD due to our inability to determine the normal reaction to trauma, the creation

of stigma, iatrogenic effects, moral shaping of the illness and the medication of trauma. It is important to note, however, that while I will criticize PTSD on these fronts, they do not necessarily take away from the benefits. The coexisting of the positive effects of a PTSD diagnosis and also its negative consequences is precisely what makes PTSD so fascinating.

Although PTSD was originally included in the third edition of the Diagnostic and Statistical Manual (DSM) in 1980, the definition of PTSD has expanded since then. The description of PTSD now includes more types of trauma, more symptoms, a decreased time requirement for symptom duration and even an expansion of how one can experience a trauma. The DSM-V, released in 2013, contains eight criteria that a victim must exhibit in order to receive a PTSD diagnosis. The most critical criterion, and the one that makes the definition of PTSD so distinct from other mental illnesses, is the actual traumatic event. Known as Criterion A, it specifies that a victim must have experienced “death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence” to be considered for PTSD (American Psychiatric Association & DSM-5 Task Force, 2013). Exposure to these traumas can be direct experience, witnessing the trauma in person, indirect witnessing by learning a close relative was exposed to the trauma or repeated and extreme indirect contact with a trauma, usually occurring in professional work. Although the DSM describes a multitude of different types of traumatic events that qualify, it is important to note that PTSD is the only mental illness that requires a specific external cause (Horwitz & Wakefield, 2012).

The next four criteria detail the symptoms that a victim must exhibit to warrant a PTSD diagnosis. Criterion B states that the victim must re-experience the trauma through intrusive symptoms, particularly involuntary invasive memories or traumatic nightmares.

Criterion C mandates that a victim must avoid distressing stimuli such as traumatic feelings or external reminders of the trauma including certain people and situations. Criterion D outlines the negative changes in mood or cognition such as dissociative amnesia, inappropriate self-blame or alienation that a victim must exhibit. Finally, Criterion E states that a victim must have multiple types of alternations in arousal or reactivity particularly hypervigilance, aggression or self-destructive behavior. Criteria F-G mandate that the symptoms must occur for more than one month, causing distress or functional impairment and must not be due to another diagnosis (American Psychiatric Association & DSM-5 Task Force, 2013).

Although PTSD was first included in the DSM in 1980, psychological distress due to trauma, specifically combat, has been studied since the Civil War (Finley, 2011). The history of trauma and mental illness prior to PTSD is essential to understanding how and why PTSD was established in the DSM-III. The first well-documented condition of this kind occurred during World War I. Military psychiatrists noticed that many soldiers developed “hysterical paralysis”, an inability to use a limb or sensory organs without a physical cause (Finley, 2011). Additionally, many soldiers exhibited symptoms common of psychiatric patients at the time such as tremors and blindness (Horwitz & Wakefield, 2012). The condition was nicknamed “shell shock” due to the nature of the weapons used in World War I. Military psychiatrists could not develop a consensus on how to deal with shell-shocked soldiers. Their treatment ranged from being considered wounded and given disability benefits, to being told to pull themselves together, to being shot for cowardice (Horwitz & Wakefield, 2012). The interest in shell shock diminished after World War I but the issue arose again during World War II. Now called combat neurosis, soldiers displayed

symptoms of psychological distress, particularly anxiety, depression and psychosomatic symptoms.

The lack of adequate psychiatric guidelines for the diagnosis led the VA to develop their own guidelines. This in turn pressured the American Psychiatric Association to develop the first DSM (Horwitz & Wakefield, 2012). The first edition of the DSM, published in 1952, included a diagnosis called Gross Stress Reaction, in which people developed different personality traits during an intense situation, such as combat. According to the DSM, an individual with Gross Stress Reaction would be absolved of the symptoms when they are removed from the situation. If the symptoms persisted then an individual was thought to have a susceptibility to mental illness and given a different diagnosis (Horwitz & Wakefield, 2012). The second edition of the DSM, released in 1968, removed any mention of a psychiatric diagnosis resulting from combat because little attention was paid to these conditions when large numbers of veterans were not returning from war. The history of mental illnesses associated with combat is important in the advent of PTSD because all of the diagnoses that preceded PTSD had intense stigma attached to them (Fassin & Rechtman, 2009). The elimination of a diagnosis due to combat trauma left a void that would soon demand to be filled.

The social and political context of the era preceding the DSM-III set the stage for the inclusion of PTSD in the DSM. Three extremely influential social movements of the 1960s and 1970s joined forces for the creation of PTSD as a diagnosis: the feminist movement, advocacy groups against child abuse and the Vietnam veterans' movement (Fassin & Rechtman, 2009). Although the overall goals of these three movements were vastly different, all three were demanding recognition of suffering and confirmation of

victimhood. The Vietnam Veterans' Against the War (VVAW) were particularly influential because they formed "rap groups" to discuss their opposition to the war as well as their psychiatric turmoil. They claimed that failure to include a diagnosis to address their trauma in the new DSM would effectively blame the veterans for their symptoms (Horwitz & Wakefield, 2012). At the same time, the psychiatric profession was attempting to regain legitimacy after attacks from the anti-psychiatry movement. The goal of the DSM-III was to increase reliability and validity of diagnoses and to rid the DSM of mental illnesses that lacked scientific evidence (Fassin & Rechtman, 2009). Reformers of the DSM sought support from the powerful social movements of the time and even appointed Robert Jay Lifton and Chaim Shatan, two prominent psychiatrists from the VVAW, to the committee responsible for reforming reaction disorders (Horwitz & Wakefield, 2012). These two psychiatrists spearheaded the drive to include a trauma diagnosis in the DSM-III and to remove the word neurosis, which had an intense negative connotation, and therefore to define PTSD to confer legitimacy on victims (Fassin & Rechtman, 2009). Considering the goal of the DSM reform, the creation of PTSD was ironic because no reliability tests or field trials for the diagnostic criteria were performed before the inclusion of PTSD in the DSM-III (Horwitz & Wakefield, 2012). The social context that created PTSD as a mental illness clearly shows that it was constructed to substantiate the suffering of trauma victims and not due to overwhelming scientific evidence (Rechtman, 2004).

For the 30 years that PTSD has existed in the DSM, it has been the most widely debated and researched anxiety disorder (Horwitz & Wakefield, 2012). The prevalence of PTSD in the media and subsequent debates about the diagnosis have increased dramatically in the 2000s due to the number of soldiers returning from Iraq and

Afghanistan with PTSD symptoms. Two important effects of obtaining a PTSD diagnosis from any military cause are healthcare and potential monetary payments. Victims of military sexual assault can obtain free medical treatment for all conditions resulting from the assault. Not only can physical ailments that are often the result of an assault be cured but also, importantly, mental health services are made available without consideration of ability to pay (U.S. Department of Veterans Affairs, 2014). A victim need not have officially reported the assault in order to receive treatment and there is no time limit to the duration of free treatment (U.S. Department of Veterans Affairs, 2014). A victim of military sexual assault is also eligible to apply for disability compensation, which is tax-free payment, based on obtaining a disability from sexual assault. Healthcare and disability payments can be crucial for veterans, especially since PTSD often interferes with a veteran's ability to maintain a job.

From a psychological perspective, obtaining a PTSD diagnosis can improve health, as many victims believe their suffering is finally substantiated (Fassin & Rechtman, 2009). The diagnosis can also confer legitimacy on their suffering, often giving an explanation for previously unexplained symptoms such as anger and depression. Here it is important to again note that the language of the PTSD diagnosis states that the traumatic event alone is necessary for the symptoms. The definition suggests that the symptoms of PTSD could occur in any individual given the trauma, which, in theory, absolves the victim of any blame not only for the trauma but also for her symptoms.

The ability of PTSD to absolve a victim of blame is crucially important for victims of sexual assault in the military. As previously discussed, the military goes to extreme lengths to deny that an assault occurred and then to blame the victim for allowing the crime to

transpire. Being diagnosed with PTSD implicitly confirms that the traumatic event did in fact occur and that the subsequent psychological distress is a direct result of the event and therefore not the fault of the victim. Considering many victims claim that the military's treatment of them after an assault may have been more traumatic than the event itself, the significance of this legitimacy cannot be overstated for many victims.

There have been many criticisms of PTSD, however, especially of the diagnosis itself and its effect on trauma victims. The critiques of PTSD and its negative consequences do not take away from the positive effects of PTSD but they often coexist with one another. The fundamental problem with any diagnosis based on trauma is the inability to determine the normal response to a trauma. Disorders are defined when symptoms do not match a situational context or the evolutionary response to a situation (Horwitz & Wakefield, 2012). A traumatic event is, by definition, one that occurs outside of normal human experience and therefore there is no way to determine the normal response to a trauma. The DSM-V does specify that the symptoms must last for longer than a month, however this time constraint seems quite arbitrary. In fact, when PTSD was first included in the DSM-III symptoms were required to remain for at least six months (Horwitz & Wakefield, 2012). Evidence suggests that PTSD symptoms are very common ways that people respond to trauma. This is especially true for veterans because they have been trained to deal with danger through tactics such as hypervigilance and therefore it would seem understandable that they would be hypervigilant after a trauma (Horwitz & Wakefield, 2012). Furthermore, PTSD symptoms are also common coping mechanisms for stressors that are not traumatic in nature, such as occupational or personal issues (Horwitz & Wakefield, 2012).

Even more important than the technical debate over PTSD is the potential harm the diagnosis can have on a victim. Although the language employed in the DSM is meant to eliminate stigma, PTSD does still arise stigma that is so common among mental illness. In her fieldwork with PTSD veterans, anthropologist Erin Finley quotes one veteran who did not tell people that he had PTSD because “people will think I’m going to go crazy and shoot up everything” (Finley, 2011). Furthermore, in a survey of veterans with PTSD, 59% feared seeking out mental healthcare would result in being seen as weak and 49% feared that their unit would have less confidence in them (Finley, 2011). This stigma can lead to less social support and lower self-esteem, both of which can lead to delayed treatment-seeking and prolonged duration of symptoms (Ritsher, 2003). Although the military is attempting to decrease the stigma of mental illness through better access to mental health treatment, stigma remains due to a military culture that scorns weakness and a broader American culture that is suspicious of mental illness (Finley, 2011).

Additional psychological harms may derive from obtaining a diagnosis in the first place. Some scholars believe that PTSD can actually perpetuate the symptoms because a victim maintains focus on the symptoms and internalizes the diagnosis (Horwitz & Wakefield, 2012). This internalization may change future behavior and therefore prevent natural healing and recovery from trauma. In a similar way, the expression of PTSD as the dominant consequence of a trauma narrows the ways in which victims can express their pain. The definition of PTSD mandates that a victim exhibit four types of symptoms, as described previously. However, there are a plethora of avenues in which a victim could cope and heal from a trauma, such as changes in movement and the

physical being (Wool, 2014). The focus on PTSD as the single way that trauma manifests ignores the suffering of victims who experience trauma in other ways.

The creation of PTSD to recognize victim suffering has also narrowed the ways that suffering can be substantiated. Survivors of trauma are forced to adopt the victim role, as it is the only way that they can be heard and recognized as legitimate (Fassin & Rechtman, 2009). The idea of victimhood is so engrained in American society that it is difficult to discuss violence without using the word victim. This issue can even be seen in this thesis, as up until now I have invoked the term victim most often in order to describe women who have experienced sexual assault. I wrestled with whether or not to include the word victim precisely for the struggle described above. On the one hand it offers legitimacy to sufferers but on the other it forces all women who have experienced sexual assault to embody the victim role.

PTSD can cause further harm to trauma victims because the traumatic event required by the diagnosis is defined based on social determinations of right and wrong (Fassin & Rectmanth, 2009). PTSD has historically been associated with veterans and children of abuse, two groups that are seen as innocent victims and therefore worthy of recognition of their suffering. Interestingly, the explicit inclusion of sexual assault as a Criterion A stressor was not added until the DSM-V, released in 2013 (American Psychiatric Association, 2013). Prior to 2013, female sexual abuse victims were diagnosed with PTSD but only by extending the trauma of threatened physical harm or death to sexual abuse. This may be associated with historical suspicion of female victims of sexual assault, specifically the question of their blame. The problem with the types of trauma included as Criterion A stressors is that they reflect socially acceptable forms of trauma. Therefore, any

socially unrecognized trauma would be left out of a PTSD diagnosis, potentially causing further alienation and stigma. This is important for sexual assault, particularly in the military where any expression of femininity or victimhood is viewed as a weakness. The focus on culturally acceptable forms of trauma even pervades diagnostic outcomes. A study found that women veterans are less likely than men to receive a PTSD diagnosis even when displaying symptoms. The researchers believe that one explanation for the results is that clinicians are biased to recognize the way combat PTSD is manifested but not PTSD due to sexual assault (Murdoch, Polusny, Hodges, & O'Brien, 2004).

The medicalization of trauma also causes harm on a societal level. The concentration of PTSD as the consequence of a trauma focuses too narrowly on individual victims. While providing victims with the mental healthcare they need to recover from psychological distress is extremely important, the societal and institutional components of trauma are lost through mass medicalization (Cvetkovich, 2003). Medicalization stems from two arbitrary distinctions that are fundamental to Western biomedicine and culture: the mind versus the body and the individual versus the social. Medicalization results in the sole focus on the body and the individual at the expense of the mind and the social (Scheper-Hughes & Lock, 1987). Western biomedicine attempts to discover physiological effects of a mental illness believing them to be the “real” etiology of an illness. In the case of PTSD, researchers are searching for the changes that occur in the brain of a sufferer of PTSD (Felmingham et al 2010, Sapolsky 1998). The implicit motivation for this research is that if changes in the brainstem or different neurotransmitters can be found then potentially a drug can be developed to counteract these changes and a victim of trauma can be “cured”. However, by focusing on physiological effects, biomedicine isolates the body from the mind and fails to

understand the comprehensive effects of trauma. In a similar fashion, identifying physiological symptoms separates the individual body from the social elements of psychological distress. Social conditions within the institution of the military, such as those previously described, are immensely intertwined with a victim's suffering. Medicalization can further advance the military's denial of its role in sexual assault and the subsequent psychological pain of victims.

Military Sexual Assault and the American Public

Sexual assault in the military and the intense psychological distress that follows are often seen as an individual problem for the victim. However, as previously described, the focus on the individual diverts attention from the underlying social structures that facilitate the assault and psychological trauma. The focus on the individual allows the American public to absolve themselves of their responsibility of witnessing the collective trauma and to maintain the military as the emblem of the state while still viewing the United States as altruistic. American society's desire not to deal with the issue of military sexual assault not only perpetuates the status quo but also prevents true progress to combat the issue.

Trauma psychiatrist and theorist Judith Herman brilliantly describes the complicated role of a witness or bystander of a trauma. Although Herman focuses on individual bystanders, her ideas are even more applicable to the American public as a bystander in the military sexual assault epidemic. Witnesses of trauma undergo a struggle of intrusive memories and denial or repression of the trauma in a similar fashion to victims of the trauma and, in fact, direct witnesses can also be given a PTSD diagnosis. American society has also experienced this dialectic of trauma in regard to sexual assault in the

military, as well as many other injustices we choose to ignore. Sexual assault in the military was hidden for much of its history and even when it began to come to light, it was often denied. The process of hiding and subsequently denying sexual assault in the military has been so successful because the military, victims and the American public all contribute. Today, there is more attention brought to the issue, however repression of victims still occurs through military blaming and stigma. Herman poignantly asserts that bystanders of trauma cannot remain neutral. In order to side with the perpetrator, all the bystander must do is remain silent or look the other way (Herman, 1992). The victim, however, demands that a bystander share the pain of the trauma. Siding with the victim not only involves an emotional burden but also demands “action, engagement and remembering” (Herman, 1992).

Similarly to an individual bystander, the American public cannot remain neutral on military sexual assault. Engaging in non-action is to side with the perpetrators of military sexual assault because non-action retains the status quo. Siding with the perpetrator is easy and often occurs subconsciously because it plays into the human tendency not to think about horrible atrocities (Herman, 1992). For the public as a whole, the willingness to avoid dealing with sexual assault is complicated by feelings of complicity. The American people call on others to join the armed forces in order to protect the nation. Soldiers commit their lives to protecting the American public but this commitment has led to victims’ sexual assault. Therefore, acknowledging the widespread problem of sexual assault requires the public to also acknowledge their role in placing soldiers in harms way and subsequently refusing to accept the crime. In order to side with victims of sexual assault, the public must first fully acknowledge the extent of the problem and, more importantly,

the truth of the victims. Then, the public must engage in deep action against sexual assault, not just to ask for surface reforms. Herman claims that a bystander will side with a perpetrator unless the bystander has social support. On a societal level, social support comes in the form of social movements that protect victims, accept their truths, and force political and cultural change (Cvetkovich, 2003).

The relationship between American society, innocence and the military also encourages the public to turn a blind eye when it comes to sexual assault in the military. The United States has portrayed itself not only as exceptional but also as an altruistic victim throughout much of its history. The United States has been depicted from within as the innocent victim in all collective traumatic events throughout the twentieth century, such as Pearl Harbor and September 11th. Even unprovoked attacks by the United States on other countries such as Iraq have been explained as the innocent victim protecting itself against an evil country (Sturken, 2007). Importantly for the issue of military sexual assault, the innocence view is complicated when the violence comes from within. Although Sturken focuses on terrorism “insiders” such as Timothy McVeigh, American soldiers who sexually assault fellow soldiers can also be seen as insiders who cannot be explained within the innocence framework. This is especially complicated by the fact that American soldiers themselves are viewed as innocent victims when compared to foreign enemies. Because Americans view the United States as innocent, they cannot accept that large numbers of military soldiers are assaulting fellow soldiers.

Embedded with Americans’ view of the United States as innocent is the role of the military as a symbol of the state. During the 19th century, America saw the birth of the masculine soldier as the ideal American man (Belkin, 2012). Military service was seen as

the path to first-class citizenship and an attainment of the best of America's values. The ideal of the American soldier was immortalized in the 1940s with the rise of hyperpatriotism (Serlin, 2003). The idea of the American military as a symbol of the idealized state has been extremely successful. Public opinion polls show that Americans have the more confidence in the military than any other American institution, including organized religion, the police or the medical system ("Confidence in Institutions", 2013). Throughout the 20th century, the American government has aligned itself with the military to emphasize their shared values of masculinity, power and world dominance (Serlin, 2003). This alignment has established the United States as extremely powerful on the world stage. Therefore, military culture instills military values of hypermasculinity to maintain a strong political image both at home and abroad. Importantly, as a consequence of the military being a symbol of the state, the military's values are seen as the genuine, though often exaggerated, moral values of American society (Lutz, 2001; Belkin, 2012). It is therefore important to recognize that male dominance over women is not simply a military problem but a societal problem. American society still values heterosexuality and masculinity over femininity and weakness. Accepted patriarchal power throughout American culture may also be one reason that the public has not demanded reform of military sexual assault. One reason this issue has been able to come to light is the way it is framed as solely a military problem. Although the military is such a highly regarded institution, it is safer to discuss the military as having a hypermasculine culture that leads to violence against women than to admit that this patriarchal obsession is the result of the broader culture of American values.

Today, supporting American soldiers is one of the most basic and essential expressions of patriotism (Lutz, 2001). Even protesting military policy or actions has been attacked as not supporting American soldiers, a moral sin in American society. Patriotism is extremely powerful because it is comforting to be patriotic and to feel part of something larger than an individual. The immense influence of patriotism in the US has reinforced its innocence role as well (Sturken, 2007). However, blind patriotism and the view of the U.S. as an innocent victim hide any negative aspects of the military and the country as a whole. In the case of military sexual assault, blind patriotism can actually put female soldiers at risk because criticisms of the military are often met with fierce opposition and seen as a distraction from the true mission.

Medicalization of trauma and focusing on the individual absolve the American public of dealing with military sexual assault. The issue of sexual assault in the military is much more public than previously and largely cannot be wholly denied nowadays. However, most normative trauma literature and research focuses on the individual experience of trauma solely through the development of PTSD. The VA and its clinicians have poured funding into researching risk factors for PTSD and PTSD treatment. The VA preaches about finding better ways for individuals to recover from PTSD, which deflects from the social and cultural structures that created the trauma and adds to the psychological distress of victims. By employing the term MST instead of sexual assault in a military setting and claiming a victim has a mental illness, the military is released from its complicity in the assault.

History shows that one of the most common ways to change the status quo and combat patriarchal power is through a social movement. Indeed, many of the scholars

previously discussed, such as Herman and Finley, highlight the importance of the social movement as a tool for progress. However, social movements can sometimes have limited effects because they proceed through existing mainstream structures, some of which contribute to the problem. The social movement to recognize trauma suffering and include PTSD in the DSM-III is an excellent example of the benefits and downfalls of a social movement. The social movement worked to gain acceptance of trauma victims' suffering but only obtained this legitimacy through the medical profession. As previously described, psychiatry recognized and morally substantiated the pain of victims but only through the narrowly defined definition of PTSD. Seeking legitimacy through the medical profession also maintained the idea that legitimacy could solely be granted through medicine, the same institution that had previously denied it.

The two largest challenges of employing a social movement for military sexual assault are the challenges to enacting worthwhile legislation and needing to work within institutions that have reinforced the problem. As described throughout, military culture has a profound effect on the high rates of sexual assault as well as the intense psychological distress in victims. American culture, in a broader sense, also has an effect on maintaining high rates of assault due to its own rape culture and preservation of the status quo. Therefore, in order to truly decrease the incidence of sexual assault and aid victims in their healing process, fundamental aspects of military and American culture must be altered. Changing deep-seated cultural values such as hypermasculinity in military culture is much more difficult than amending the law or medical criteria. Cultural alterations take time and often lack an explicit means of action. Granted, laws are often enacted as a first step towards cultural transformation such as the 1964 Civil Rights Act as movement towards

racial equality. True cultural change, however, cannot be achieved solely through legislative reforms. Cultural changes often have to originate from powerful members within an institution in order to trickle down to changes in everyday cultural interactions. However, the powerful institutions involved in military sexual assault, namely the military and the government, are the most complicit and incentivized to maintain the status quo, as can be seen in the unsuccessful Congressional fight spearheaded by Sen. Gillibrand to fundamentally change sexual assault prosecution.

Due to the problems with social movements and other frameworks of legitimacy, some scholars have suggested creating separate groups to help victim healing. Cvetkovich urges the formation of “public cultures of trauma” as a way for trauma survivors to discuss their pain and heal in a different way than normative therapy. Cvetkovich believes that these trauma cultures could be a middle ground for trauma survivors between being incapacitated by their struggle and denying the trauma existed (Cvetkovich, 2003). Importantly, these trauma cultures would not be constricted by medicine or the state, however they would also be denied access to those institutions. Soldiers have created similar groups to heal from trauma within their own community such as the rap groups created by Vietnam veterans. Even today, many soldiers with PTSD create their own groups to process their experiences among peers (Finley, 2011). These community groups can be very effective with aiding trauma survivors in their healing process. However, these separate trauma spheres further isolate victims from the rest of society, potentially worsening the problem. In the case of women who have been sexually assaulted in the military, this isolation could increase the stigma of women as inferior than men and therefore second-class citizens. There is no perfect avenue that will change the social

structures that promote sexual assault and heightened psychological trauma while promoting victim healing among female soldiers. Although every solution has drawbacks, inaction is the same as supporting the perpetrators and therefore must be stopped.

I began my research on this topic wondering about the strong link between sexual assault in the military and the development of PTSD. I, like so many who watch the news or even read the clinical literature, could tell that sexual assault in the military was a large problem but the link to development of PTSD seemed an individual problem. I strove to understand what about an individual's experience being assaulted in the military led that individual to develop PTSD. The way I first approached the correlation highlights the way the issue is framed by the military and the media, that while there may be a very high incidence of sexual assault, the development of PTSD is an individual, psychological problem. After my research, however, I have concluded that the high prevalence of sexual assault, the unique experience of victims and the subsequent psychological distress cannot be understood purely on the individual level. Cultural and societal factors establish an institutional structure that increases the rate of sexual assault and causes the emotional turmoil seen on an individual level afterwards. As previously discussed, military culture enhances the high prevalence of sexual assault. However, patriarchal power, America as an innocent victim, and the private nature of sexual assault interplay with military culture to maintain the problem of sexual assault in the military. When it comes to psychological distress after a trauma, American suspicion of mental illness, moral determinations of right and wrong, medicalization and the limits of understanding the mind all converge to create the coexisting benefits and drawbacks of a PTSD diagnosis. This issue is further complicated because it encapsulates many groups of people with vested interest. The

military institution, the American state, psychiatry, the American public and the victims themselves all shape military sexual assault and yet many of the groups have divergent motivations and goals. The issue of sexual assault in the military is so problematic, and also so intellectually fascinating, precisely because it is the meeting point of so many aspects of American society with so much at stake.

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