MILITARY CULTURE AND GENDER
September 15 - 16, 2005

THE BALDY CENTER FOR LAW & SOCIAL POLICY

A Considerable Sacrifice: The Costs of Sexual Violence in the U. S. Armed Forces

Christine Hansen, Executive Director, The Miles Foundation, Inc.
Presented at the Military Culture and Gender Conference,
University of Buffalo, Buffalo, New York, September 16, 2005

Sexual violence associated with the U.S. Armed Forces periodically gains public attention due to sexual misconduct scandals, including Tailhook, Aberdeen, Fort Leonard Wood, Okinawa, the Air Force Academy, and mostly recently-Iraq and Afghanistan.

Lt. Paula Coughlin faced a gauntlet of male peers during a convention of the Tailhook Association in the early 1990's. Lt. Coughlin, a Naval officer, aviator and aide to an Admiral, was subjected to assault. The Inspector General report following the convention cited 100 victims who had been groped, acosted, pinched, verbally harassed, stripped, and subjected to indecent exposure and propositions.

Women who refused male colleagues' advances were reported as suspected lesbians at Aberdeen Proving Grounds, Maryland in the late 1990's. The reports violated the "Don't Tell, Don't Ask, Don't Pursue" policy adopted by President William J. Clinton.

Army Lt. General Claudia Kennedy informed the US Army of sexual harassment by a fellow Army general during his consideration as an inspector general (Kennedy and McConnell, 2001). His new duty would have entailed oversight and accountability of servicemembers and leadership in response to harassment and assault. The alleged harasser retired quietly.

Beth, a major in the U. S. Army reserves, was sexually assaulted by a noncommissioned officer during a scud missile attack during Operation Iraqi Freedom. She followed reporting procedures, including undergoing the collection of evidence during another scud missile attack. Emergency contraception (EC) was "simply handed to me as a lot of pills to take. I went on birth control pills in the event that this happened to me again" (Beth, 2004; Congressional Caucus for Women's Issues, 2004; and Hansen, 2004b).

Laurie, a sergeant in the U. S. Army serving in Afghanistan, was sexually assaulted by a soldier serving in the coalition. According to Laurie, "the clinic was set up for mass casualties and sick call, without the privacy needed for examination of a sexual assault." Laurie was given high-dose antibiotics, rather than emergency contraception or testing for STIs, HIV or pregnancy (Laurie, 2004; Congressional Caucus for Women's Issues, 2004; and Hansen, 2004b).

Tara, a lieutenant in the U. S. Marine Corps, Jesse (pseudonym) and Penny (pseudonym) share a unique bond. The women are victims of the same alleged assailant. Each delayed reporting the incidents to military authorities due to the fear of career impact and reprisals. Tara was convicted for failure to obey a lawful order and drinking while on duty. She spent 30 days in the brig following her court-martial; the alleged assailant was granted immunity to testify at her court-martial (Congressional Caucus for Women's Issues, 2004; Hansen, 2004b; Siemansko, 2005; and Tomlin, 2005).

Natalie, an Army specialist, and Jennifer, a Lieutenant in the U. S. Army reserves, were both sexually assaulted prior to deployment in Operation Iraqi Freedom. Natalie was deployed into Iraq at which time she was told to "drive on soldier." While receiving treatment within civilian facilities for rape trauma, Natalie and Jennifer were also declared absence without leave (AWOL/UA)-and later discharged from the US Army (Herdy and Moffeit, 2003; and Tomlin, 2005).

Sexual assault is an underreported crime that is deeply traumatizing and stigmatizing for its victims. The assessment of the prevalence of sexual assault among US Armed Forces is difficult to obtain due to varying methodologies and definitions among surveys and reports associated with the Department of Defense, the military services, the Veterans' Health Administration.

The prevalence of sexual assault among female active duty servicemembers declined from 6 percent to 3 percent between 1996 and 2002, according to the Department of Defense (Bastian, et al, 1996; Chu, 2004; and Department of Defense, 2004).

A survey conducted within the Veterans' Administration system has assessed sexual assault at 30 percent of female veterans. Further, the researchers found that 14 percent of the victims were gang raped and 20 percent of the victims were raped more than once (Sadler, et al, 2003).

The disparity between prevalence rates within the military departments and the Veterans' Health Administration relates to the failure of the Department of Defense to adopt current research protocols entailing the protection of human subjects, anonymity for respondents, and behaviorial based questionnaires (Bostock and Daley, 2001; Campbell, et al., 2003; and Hansen, 2004a).

The casualty count mounts during times of war, armed conflict, and peacekeeping missions. According to the Department of Defense, one-sixth of one percent of female servicemembers experience sexual assault during deployment (Lumpkin, 2004). Yet a survey of female Persian Gulf War veterans concluded that 8 percent, of female respondents were sexually assaulted. In addition, one third of the respondents reported physical sexual harassment (Wolfe, et al, 1992; and Wolfe and Sharkansky, 1998). The rate of victimization experienced by female servicemembers deployed during Desert Storm and Desert Shield represents a tenfold increase over rates obtained using female civilian community samples (Wolfe and Sharkansky, 1998; and Hansen, 2004a).

Among women veterans seeking VA disability benefits, 69 percent of combat veterans and 86 percent of noncombat veterans reported in-service or post-service sexual assault. The study concluded that sexual assault prevalence was three to ten times higher for females serving in the armed forces than females reported in the general population (Murdoch, et al, 2004).

The Miles Foundation reports 384 cases of sexual assault occuring in the current theater of operations (Iraq, Kuwait, Afghanistan, Bahrain), while the Department of Defense reports 253 cases (The Miles Foundation, 2005; and Joint Task Force on Sexual Assault Prevention and Response, 2005).

A request by a male lieutenant to be removed from missile silo duty while he was assigned a woman co-worker in 1999 was just one indicator in a series of events indicating antagonistic attitudes towards women choosing the profession of arms. The military is widely recognized as having a distinct subculture in which rape conducive norms abound (Morris, 1996).

A forthcoming study by Vogt, Bruce, Street and Stafford examines attitudes towards women in the military and tolerance of sexual harassment among male and female Reservists and Guard members (Vogt, et al, Forthcoming). The study found that sexual harassment training was associated with positive attitudes towards women, but not with tolerance of sexual harassment, suggesting that units with positive attitudes may be more willing to promote training on sexual harassment. However, the training itself did not seem to affect individually held attitudes about sexual harassment (Hansen and Rosen, Forthcoming). The study confirms the conclusions of earlier preliminary research that negative attitudes towards women in the military significantly predict tolerance of sexual harassment (Martin and Rosen, 1998).

Further, a study of intimate partner violence among the ranks showed a correlation between disrespect towards women when off duty (including visiting strip clubs) results in an increase in intimate partner violence (Rosen, et al, 2003; and Hansen and Rosen, Forthcoming). The "spill over" of these cultural practices may influence attitudes and behaviors in the workplace (*Ibid*.)

Research has also demonstrated that the military environment is more powerfully associated with risk than individual factors, encompassing young women entering male dominated working groups at lower levels of authority; sexual harassment by officers; and unwanted advances on duty and in sleeping quarters (Sadler, et al, 2003). In another study, researchers concluded that low socio-cultural and organizational power are associated with an increased likelihood of both types of victimization: sexual harassment and assault (Harned, et al, 2002).

The insidious hostility towards women was evident in the "Bring Me Men" sign posted on the grounds of the Air Force

Academy until last year (Hansen, 2004c). A survey conducted by the Pentagon's Inspector General revealed the depth of hostility, citing one in four male Air Force Academy cadets do not support women attending the service academy (Hansen, 2004c). The birth of these cadets occurred well after the military academies began accepting women in 1976. Traditional gender roles for men and women are supported by male cadets at the military academies, and egalitarianism appears to lessen as cadets and midshipmen ascend through the ranks, according to earlier studies (Robinson Kurpius, 2000; Adams, 1984; Cecil, 1996; Gill, Bozung, Tomlinson, 1997; Stevens and Gardner, 1987; and Yoder and Adams, 1984).

The combat zone illuminates the hostility towards women in US Armed Forces. Survivors of sexual assault have shared information and insight relative to additional challenges in the combat zone, including lack of privacy to perform daily routines; insufficient lighting in and around the tent cities; isolation; existence of a sexually charged atmosphere; and a battle buddy system applied to enlisted female personnel (Hansen, 2004a and 2004b). *Playboy* magazines are for sale at the Post Exchange. Porno films are purchased on the Iraqi black market. Pornographic pictures are scrawled on the bathroom walls. Platoon leaders hand out condoms even though sex between soldiers is illegal (Martineau and Wiegand, 2005).

The case histories presented above show the common threads among the cases of sexual assault occuring in the current combat theater including: accessibility to medical care and services, including testing for STIs, HIV, and pregnancy; the availability of emergency contraception and medication; availability of mental health counselors and rape trauma specialists; the accessibility of chaplains; the accessibility of victim advocates, victim witness liaisons, and attorneys; accessibility and availability of information relative to the rights of victims; acessibility and availability of rape evidence kits and trained personnel to perform the examinations and evidence collection; lack of, or incomplete, criminal investigations; and numerous administrative hearings conducted by commanders (Hansen, 2004a and 2004d; and Congressional Caucus for Women's Issues, 2004).

Sexual assault is the most under-reported crime, according to the National Center for Victims of Crime (Kilpatrick, et al, 1992). Approximately 16 percent of sexual assaults are reported to law enforcement authorities.

Many factors influence a victim's reporting behavior including acceptance of rape myths, appraisal of blame, and cultural context. Research indicates that rape within the armed forces involves the victim knowing the offender, continued victim-assailant contact after the event and intoxication by both parties (DeRoma, 2003; Pacific Air Command, 2004; Hansen, 2004d; Department of the Army, 2004; and Department of Defense Inspector General, 2005). Thus, the reporting by a military victim entails the same ambiguity and self-doubt experienced by victims of acquaintance or date rape.

In a survey of female veterans, three fourths of the women who were raped did not report the incident to a ranking officer. One third said they didn't know how to, and one fifth believed that rape was to be expected in the military. Women serving during Desert Storm and Desert Shield did not consider rape to be an expected part of military service (Sadler, Booth, Cook and Doebbeling, 2003).

Data also indicates that military victims fear that the alleged assailant, often higher in rank and command, may be more likely to be believed. The victim also fears being punished for breaking loyalties to the military unit (Summers, 2002; and DeRoma, 2003).

One hundred plus victims of the over 300 victims of sexual assault in CENTCOM AOR have reported to military authorities, according to The Miles Foundation. The reports include reports of alleged assailants with multiple victims (The Miles Foundation, 2005; Siemaszko, 2005; and Tomlin, 2005).

Sexual violence associated with the U.S. Armed Forces has been the subject of over 18 task forces, commissions, panels, and reports (*Sexual Harassment in the Military: 1988* (Department of Defense, 1988); *Strategies to Eradicate Sexual Harassment in the Military and Civilian Environment* (Department of Defense, 1991); *Hearings into Gender Discrimination in the Military* (House Armed Services Committee, 1992); *Women in the Military: The Tailhook Affiar and the Problem of Sexual Harassment* (House Armed Services Committee, 1992); *The Tailhook Report: The Official Inquiry into the Events of Tailhook '91* (Inspector General, Department of Defense, 1993); *Sexual Harassment in the Active Duty Navy: Findings 1991 Navy-wide Survey* (Naval Personnel Research and Development Center, 1993); *DOD Service Academies: More Actions Needed to Eliminate Sexual Harassment* (General Accounting Office, 1994); *Abuse Victims Study* (Department of Defense, 1994); *Final Report on the Study of Spouse Abuse in the Armed Forces* (Caliber Associates, 1996); *Report of the Task Force on Discrimination and Sexual Harassment* (DOD Defense Equal Opportunity Council, 1995); *Sexual Harassment of Navy Personnel: Results of a 1993 Survey* (Naval Personnel Research and Development Center, 1995); *1995 Sexual Harassment Survey* (Department of Defense, 1996); *Special Investigation of Initial Entry Training, Equal Opportunity and Sexual Harassment Policies and Procedures* (Army

Inspector General, 1997); *Secretary of the Army's Senior Review Panel Report on Sexual Harasssment: Volume I and II* (Secretary of the Army, 1997); *The Report of the Federal Advisory Commission on Gender Integrated Training and Related Issues to the Secretary of Defense* (Department of Defense, 1997); *Reports of the Military Departments Relative to Violence Against Women* (DACOWITS, 1998); *Adapting Military Sex Crime Investigations to Changing Times* (National Academy of Public Administration, 1999); Congressional Commission on Military Training and Gender Related Issues (Congress, 1999); *Report of the Working Group Concerning Deterence and Response to Incidents of Sexual Assault at the U. S. Air Force Academy* (Department of the Air Force, 2003); *Report of the Panel to Review Sexual Misconduct Allegations at the U. S. Air Force Academy* (Department of Defense, 2003). In addition, hearings have been conducted by the Joint Committee on Veterans' Affairs (1992, 1998, 2000 and 2004), Senate Armed Services Committee (1999 and 2004), House Armed Services Committee (2003 and 2004) and Congressional Caucus for Women's Issues (2004).

The Department of Defense Task Force on the Care of Sexual Assault Victims (DTFFCSAV) issued a report in the spring of 2004. The Report is available at **http://www.dod.gov/News/May2004/d20040513SATFReport.pdf.** The Report of the DTFCSAV acknowledges that medical care, support services, and treatment for trauma are significantly limited for victims of rape and incest within the military community, particularly for those serving in combat zones. The Report did not specify an action plan to furnish necessary supplies, personnel and training within deployed units.

The National Allliance to End Sexual Violence and The Miles Foundation submitted written testimony encompassing reviews of the DTFCSAV to the Total Force Subcommittee of the Armed Services Committee within the U. S. House of Representatives. The reviews identified problems evident in several sections of the Report including sexual assault prevention, community safety, offender accountability, confidentiality for victims, and the omission of an analysis of sexual offender behavior (Houser, Forthcoming; Houser, 2004; and Hansen, 2004d).

The organizations concurred that the Report attempted to include a wide scope of factors which contribute to sexual assaults. However, it failed to state or suggest that sexual assaults occur because perpetrators chose to commit these crimes, effectively omitting the most important element in the analysis of sexual violence. The neutral stance and langauge, combined with various points questioning victim responsibility and reliability, reveal a cultural climate which may be the largest barrier to the implementation of effective prevention and intervention strategies to reduce the incidence of sexual violence perpetrated by or upon military personnel (Houser, 2004; and Hansen, 2004d).

Subsequently, a Joint Task Force on Sexual Assault Prevention and Response was appointed by Secretary of Defense Rumsfeld to craft policy directives and implement the recommendations of the previous task force (Ronald W. Reagan National Defense Act for Fiscal Year 2005, Public Law 108-375, Section 577). Directive Type Memorandums (DTMs) were announced earlier this year, including definition of sexual assault, victim support, collateral misconduct, general military education and training, administrative separation, and commanders' checklist. The DTMs are available at **http://www.sapr.mil**

The formal definition of sexual assault announced by the Department of Defense states that "sexual assault is a crime." This is the first acknowledgement by the Department of Defense that sexual assault constitutes criminal behavior. An earlier memorandum issued by Secretary of Defense Rumsfeld characterized sexual assault as "inappropriate behavior."

The Miles Foundation in collaboration with local, state, and national organizations is seeking to enhance the definition to recognize the varying types of sexual assault including acquaintance, date or offender-known rape. The Foundation and its partners object to requiring determination as to the "intention" of the alleged perpetrator for the commission of a crime as questionable public policy.

The confidentiality directive amounts to a reporting and nonreporting option, rather than privilege for victims, survivors, counselors and advocates. Privileged communications are supported by the U. S. Supreme Court, Federal laws, state statutes and professional ethics. The arrest warrant for a civilian counselor serving victims of sexual assault associated with the U. S. Air Force Academy illustrates the disconnect between policy and practice. The Foundation and its partners object to the arrest warrant for the counselor, filed amicus briefs, and seek to revise the military rules of evidence to support privileged communications between victims of sexual assault and service providers.

To date, DTMs have not been issued outlining a health care response, application of casualty protocols to sexual assault victims, extension of leave for treatment of trauma, and training and education of first responders. The failure to prioritize training and education for first responders and casualty protocols for victims ignores the priorities established by Congress.

In addition, $1.8 million was appropriated for the establishment of an Office of the Victims' Advocate (OVA) for this current fiscal year (Defense Appropriations Act for Fiscal Year 2005). The Department of Defense announced a study rather than prompt implementation of the legislative mandate. The Pentagon continues to neglect earlier Congressional mandates relative to training and education of first responders, especially military criminal investigators (National Academy of Public Administration, 1999).

During the past 20 years, researchers have documented the widespread problem of rape trauma following sexual assault. Sexual assault causes severe psychological distress and long-term physical health problems. Sixty-six percent of victims display symptoms of post traumatic stress disorder (PTSD) referred to as rape trauma. Ninety percent of sexual assault victims experience the onset of PTSD within one month of the assault. One-third of victims of sexual assault display symptoms more than six months later.

Sexual trauma and combat exposure appear to be strong risk factors for PTSD within the military community. The trauma denoted as military sexual trauma (MST) has implications for the physical and mental health of the survivor, disability assessment within the Veterans' Health Administration, and transition from military to civilian life. Although MST may occur less frequently than actual war trauma, the sexual trauma has a great impact on the symptoms of PTSD (Kang, et al, 2005).

Women veterans reporting a history of sexual assault are nine times more likely to have PTSD. If childhood abuse occurred, women veterans are seven times more likely to have PTSD . Health care utilization and cost of services is higher among women reporting an assault while on active duty. The study concludes that women veterans with MST are more likely to have PTSD. The results also suggest that they are receiving fewer health care services with implications for public health policy (Suris, et al, 2004).

A variety of studies indicate that depression is twice as high for women reporting a military rape history (Hankin, et al, 1999). In addition, a high incidence of substance abuse exists among survivors of MST (*Ibid*.).

The health implications for victims of MST are not limited to psychological distress. Studies indicate that women who report sexual assault have medical conditions of every domain. Over one-quarter of women reporting sexual assault in the past year have 1 to 24 symptoms or conditions, compared to a little over 10 percent of women with no reported sexual assault while in military service (Frayne, et al, 1999).

Further, women reporting repeated violence during military service utilize significantly more outpatient services in a year, have poorer health status, report childhood violence and postmilitary violence (Sadler, et al, 2004). Repeated exposure to violence is a common experience for women in the military with substantial implications for public health (*Ibid*.).

The "worse recovery milieu" for rape victims associated with the military has been noted during Congressional hearings. Following hearings conducted in 1992, Congress mandated the Department of Veterans Affairs provide treatment to veterans traumatized by sexual assault experienced during active duty (Public Law 102-585). In 1994, Congress amended the authorization, allowing male and female veterans to receive appropriate care and services for injuries, illnesses, and other psychological conditions resulting from sexual trauma.

In 1998, the General Accounting Office testified before the Subcommittee on Health, Committee on Veterans Affairs of the U. S. House that the total number of women receiving sexual trauma counseling at VA medical centers increased by 230 percent between 1993 and 1997 (Mather, 2004).

The Millenium Health Care and Benefits Act enacted in 2000 requires the VHA to establish a screening tool for sexual trauma and to expand services to victims and survivors of domestic violence. Fiscal Year 2004 data indicates that 1.18 percent of male veterans and 20.69 percent of female veterans report experiencing MST (Mather, 2004).

Violence against women choosing to serve in the armed forces is a public health concern. Women who are raped or assaulted while on active duty are more likely to report chronic health problems, prescription medication use for emotional problems, failure to complete college, and annual incomes of less than $25,000. Decades after experiencing rape or physical assault during military service, women report decreased health-related quality of life, with limitations of physical and emotional health, education and financial attainment, and severe, recurrent problems with social activities (Sadler, et al, 2000).

The loss of education, experiences, and expertise of the women mentioned at the beginning of this presentation-not to mention numerous other victims of sexual harassment and violence within the ranks-is a sacrifice that our nation

can no longer afford to make.

Women who chose the profession of arms deserve respect. They also deserve institutional mechanisms to provide for their safety and, in the worst case scenario, their treatment for trauma as a result of sexual violence associated with the US Armed Forces.

References

Bastian, L. D., Lancaster, A. R., and Reist, H. E. (1996). *Department of Defense 1995 Sexual Harassment Survey*. (Report No. 96-104). Arlington, VA: Defense Manpower Data Center.

Adams, J. (1984). Women at West Point: A three-year perspective. *Sex Roles, 11*, 525-541.

Beth. (2004, March 31). *Written statement of Beth, Survivor of Sexual Assault.* Presented to the Congressional Caucus for Women's Issues, U. S. House of Representatives, Washington, DC.

Bostock, D. and Daley, J. (2001). *Overcoming difficult methodological issues when surveying military population: Sexual assault*. Unpublished manuscript. Department of the Air Force.

Campbell, J. C., Garza, M. A., Carlson-Gielen, A., O'Campo, P., Kub, J., Dienemann, J., Snow Jones, A., and Jafar, E. (2003, September). Intimate partner violence and abuse among active duty military women. *Violence Against Women, 9(9),* 1072-1092.

Cecil, A. G. (1996). *Comparing male cadet attitudes for masculinity ideology within civilian and military college environments.* Unpublished doctoral dissertation. Arizona State University, Tempe.

Chu, David. (2004, February 25). *Prepared Statement of The Honorable David S. C. Chu, Undersecretary of Defense*. Presented to the Military Personnel Subcommittee, Senate Armed Services Committee, U. S. Senate, Washington, DC.

Congressional Caucus for Women's Issues. (2004, March 31). *Report to the U. S. Department of Defense: Proceedings of hearing on sexual assault in the military.* U. S. House of Representatives, Washington, DC.

Department of the Army. (2004). The Acting Secretary of the Army's Task Force on Sexual Assault Policies. Washington, DC: Department of the Army.

Department of Defense. (2004). *Armed Forces 2002 Sexual Harassment Survey*. Arlington, VA: Defense Manpower Data Center.

Department of Defense Inspector General. (2005). *Report on sexual harassment and assault at the U. S. Air Force Academy.* Washington, DC: Department of Defense. DeRoma, Virginia. (2003, May). Socioenvironmental context of sexual trauma and well-being of women veterans. *Military Medicine*.

Frayne, S. M., Skinner, K. M., Sullivan, L. M., Tripp, T. J., Hankin, C. S., and Miller, D. R. (1999, July/August). Medical profile of women Veterans Administration outpatients who report a history of sexual assault occurring while in the military. *Journal of Women's Health and Gender Based Medicine, 8(6),* 835-845.

Gill, J. K., Bozung, D. B., and Tomlinson, R. G. (1997, March). *Male midshipmen attitudes toward women 1976-1996.* Paper presented at the meeting of the Leadership in a Gender Diverse Military: Women at the Nation's Service Academies: The Twenty Year Mark, United States Coast Guard Academy, New London, CT.

Hankin, C. S., Skinner, K. M., Sullivan, L. M., Miller, D. R., Frayne, S. M., and Tripp, T. J. (1999, October). Prevalence of depressive and alcohol abuse symptoms among women VA outpatients who report experiencing sexual assault while in the military. *Journal of Traumatic Stress, 12(4),* 601-612.

Hansen, Christine. (2004a, February 25). *Statement of Christine Hansen, Executive Director, The Miles Foundation concerning the Prevalence, Policies and Protocols in Response to Sexual Violence Associated with the Military.* Presented to the Military Personnel Subcommittee of the Senate Armed Services Committee, U. S. Senate, Washington, D.C.

Hansen, Christine. (2004b, March 31). *Statement of Christine Hansen, Executive Director, The Miles Foundation concerning Sexual Assault of Women in the US Military.* Presented to the Congressional Caucuse for Women's Issues of the U. S. House of Representatives, Washington, D.C.

Hansen, Christine. (2004c, March/April). Filing a flight plan: Policy and social change to address sexual violence in the military. *Sexual Assault Report, 7(4),* 49, 60-62.

Hansen, Christine. (2004d, June 3). *Written Statement of Christine Hansen, Executive Director, The Miles Foundation concerning Sexual Assault Prevention and Response in the US Armed Forces.* Presented to the Total Force Subcommittee of the Armed Services Committee of the U. S. House of Representatives, Washington, D.C.

Hansen, Christine and Rosen, Leora N. (Forthcoming). Sexual Violence Associated with Armed Forces: Guest Editor's Introduction. *Violence Against Women.*

Harned, M. S., Ormerod, A. J., Palmiere, P. A., Colinsworth, L. L., and Reed, M. (2002, April). Sexual assault and other types of sexual harassment by workplace personnel: A comparison of antecedents and consequences. *Journal of Occupational Health Psychology, 7(2),* 174-188.

Herdy, Amy and Moffeit, Miles. (2003, November 26). Forget rape and drive on. *Denver Post*, p. 1.

Houser, Kristen. (2004, June 3). *Written Statement of Kristen Houser, President, National Alliance to End Sexual Violence concerning Sexual Assault Prevention and Response in the US Armed Forces.* Presented to the Total Force Subcommittee of the Armed Services Committee of the U. S. House of Representatives, Washington, D.C.

Houser, Kristen. (Forthcoming). Analysis and implications of the omission of offenders in the Department of Defense care for victims of sexual assault task force report. *Violence Against Women*.

Joint Task Force on Sexual Assault Prevention and Response. (2005, February 18). Reported cases of sexual assault in the CENTCOM AOR through January 2005. Department of Defense: Washington, DC.
Kang, H., Dalager, N., Mahan, C., and Ishii, E. (2005, March). The role of sexual assault on the risk of PTSD among Gulf War veterans. *Annuals of Epidemiology, 15(3),* 191-195.
Kennedy, Claudia and McConnell, Malcolm. (2001). *Generally speaking: A memoir of the first woman promoted to 3-star general in the U. S. Army.* New York: Warner Books.
Kilpatrick, D. G., Edmunds, C. N., and Seymour, A. K. (1992). *Rape in America: A Report to the Nation.* Arlington, VA: National Center for Victims of Crime.
Laurie. (2004, March 31). *Written Statement of Laurie, Survivor of Sexual Assault*. Presented to the Congressional Caucus for Women's Issues of the U. S. House of Representatives, Washington, DC.
Lumpkin, J. (2004, February 7). Rumsfeld orders war zone sexual assault inquiry. *Associated Press*.
Martin, L., Rosen, L. N., Durand, D. B., Knudson, K. H. and Stretch, R. H. (1998). Prevalence and timing of sexual assault in a sample of male and female U. S. Army soldiers. *Military Medicine, 163(4),* 213-216.
Martineau, P. and Wiegand, S. (2005, March 7). Women at war: Sexual combat. *Sacramento Bee*, p. 1.
Mather, Susan. (2004, February 25). *Statement of Dr. Susan Mather, Chief Public Health and Environmental Hazards Officer, Department of Veterans Affairs*. Presented to the Personnel Subcommittee of the Armed Services Committee, U. S. Senate, Washington, DC.
Morris, Madeline. (1996). By force of arms: Rape, war and military culture. 45 Duke L. J. 651.
Murdoch, M., Poulusny, M. A., Hodges, J., and O'Brien, N. (2004, May). 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),* 392-395.
National Academy for Public Administration. (1999). *Adapting military sex crime investigations to changing times.* Washington, DC: National Academy of Public Administration.
Pacific Air Command. (2004, February 3). *CORONA: Report Concerning Sexual Assault within the Pacific Air Command*. Honolulu, Hawaii: Pacific Air Command. Robinson Kurpius, Sharon E. (2000, August). Military and civilian undergraduates attitudes towards women, masculinity and authoritanianism. *Sex Roles*.
Rosen, L. N., Kaminski, R. J., Moore-Parmley, A., Knudson, K. H., and Fancher, P. (2003, September). The effects of peer group climate and intimate partner violence among married male U. S. Army soldiers. *Violence Against Women, 9(9)*, 1052-1071.
Sadler, A. G., Booth, B. M., Mengeling, M. A., and Doebbeling, B. N. (2004, November). Life span and repeated violence against women during military service: Effects on health status and outpatient utilization. *Journal of Women's Health, 13(7),* 799-811.
Sadler, A. G., Booth, B. M., Cook, B. L., and Doebbeling, B. N. (2003, March). Factors associated with women's risk of rape in the military environment. *American Journal of Industrial Medicine, 43(3),* 262-273.
Sadler, A. G., Booth, B. M., and Doebbeling, B. N. (2000, September). Health related consequences of physical and sexual violence to women in the military. *Obstetrics and Gynecology, 96(3),* 473-480.
Siemansko, Corky. (2005 , February 19). G. I. sex predator hunt. *New York Daily News*, p. 10.
Stevens, G., and Gardner, S. (1987). But can she command a ship? Acceptance of women by peers at the Coast Guard Academy. *Sex Roles, 16*, 181-188.
Suris, A., Lind, L., Kashner, T. M., Borman, P. D., and Petty, F. (2004, September/October). Sexual assault in women veterans: An examination of PTSD risk, health care utilization and cost of care. *Psychosomatic Medicine, 66(5),* 749-756.
Summers, Kate. (2002). *Choices and challenges: A guide for survivors of sexual assault in the U. S. Armed Forces.* Newtown, CT: The Miles Foundation.
The Miles Foundation. (2005, February 17). *Prevalence of sexual assaults in deployed units.* Newtown, CT: The Miles Foundation, Inc.
Tomlin, Janice. (2005, February 20). Rape in the ranks. Television broadcast. In Faber, J. Sixty Minutes. New York: CBS News.
Vogt, D., Bruce, T., Street, A. E., and Stafford, J. (Forthcoming). Attitudes toward women and tolerance of sexual harassment among military personnel. *Violence Against Women.*
Wolfe, Jessica, et al. (1992, November). *Self-reported sexual assault in female Gulf War Veterans*. Presentation to Annual Meeting of the Association for the Advancement of Behavioral Therapy.
Wolfe, J. and Sharkansky, E. J. (1998, February). Sexual harassment and assault as predictors of PTSD sympotomology among U. S. female Persian Gulf War military personnel. *Journal of Interpersonal Violence, 13(1),* 40-57.
Yoder, J. D. and Adams, J. (1984). Women entering nontraditional roles: When work demands and sex-roles conflict: the case of West Point. *International Journal of Women's Studies, 7*, 260-272.