Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

2022

Influence of Military Culture on Resilience in Survivors of Military Sexual Trauma

Rebeka Athena Ives
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Feminist, Gender, and Sexuality Studies Commons, and the Social and Behavioral Sciences Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Rebeka Athena Ives

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Julie Lindahl, Committee Chairperson, Psychology Faculty
Dr. Bethany Walters, Committee Member, Psychology Faculty
Dr. Victoria Latifses, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Influence of Military Culture on Resilience in Survivors of Military Sexual Trauma

by

Rebeka Athena Ives

MS, National University, 2014

BA, National University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2022

Abstract

Military sexual trauma (MST) is a phenomenon that is in the spotlight currently. More and more service members are coming forward to report their MST stories. Experts have found that MST survivors endure numerous psychological, physical, emotional, and career challenges. Their symptoms have been found to be more severe than those of other types of combat-related trauma, and many end up taking their own lives due to the severity of their symptoms. Researchers have found that resilience varies from culture to culture, and understanding how research impacts an individual's resilience is key in creating the best treatment possible. There is a gap in the literature on how military culture impacts resilience in survivors of MST. A qualitative phenomenological study that was exploratory in nature was conducted. A nine-question open-ended questionnaire was used to interview mental health professionals who met the criteria for the study. The audio from each interview was transcribed, the text was then coded, and themes emerged. The results showed that military culture does impact the resilience of MST survivors both positively and negatively. While the warrior ethos builds strength, it also leaves victims thinking that admitting or reporting trauma reveals a weakness. While comradery and a sense of family provide community, they also lead to feeling a larger sense of betrayal when victims are assaulted by those they viewed as part of their network and family. While there are programs available for MST survivors, many are inadequate to address their needs. This research promotes positive social change by providing insight into the impact that military culture has on MST and can be used to improve treatment, training, and legislation.

Influence of Military Culture on Resilience in Survivors of Military Sexual Trauma

by

Rebeka Athena Ives

MS, National University, 2014

BA, National University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2022

Dedication

I dedicate this research to all the male and female survivors of military sexual trauma. This would have not been possible without the two most important people in my life, my Person and my youngest sister. You both saved my life so I could help save others.

Acknowledgments

Dr. Walters and Dr. Lindahl, your guidance and encouragement over the past several years made this all possible. I cannot thank you both enough! To my Person, your belief in me pushed me to keep fighting when I wanted to give up and I would have never been able to complete this journey without you.

Table of Contents

List of Tables v

Chapter 1: Introduction to the Study..1

Introduction..1

Background..4

Problem Statement...6

Purpose..9

Research Questions..9

Theoretical Framework...10

Nature of the Study...12

Definitions...14

Assumptions...17

Scope and Delimitations...18

Limitations...19

Significance..20

Summary..21

Chapter 2: Literature Review...22

Introduction..22

Theoretical Foundation...25

Literature Review Related to Key Variables and/or Concepts 27

Sexual Assault...27

Rape Culture 30

Male Rape Myth 32
Military Culture 34
Military Sexual Trauma 40
Mental Health Issues 43
Transitioning out of the Military 45
Confidentiality 46
Resilience 49
Uniform Code of Military Justice 51
Summary 54
Chapter 3: Research Method 57
Introduction 57
Research Design and Rationale 58
Research Questions 58
Role of the Researcher 59
Methodology 60
Participant Selection Logic 60
Instrumentation 61
Procedures for Recruitment, Participation, and Data Collection 61
Data Analysis Plan 62
Issues of Trustworthiness 62
Ethical Procedures 64
Summary 64

Chapter 4: Results 65

Introduction 65

Setting 65

Demographics 66

Data Collection 67

Data Analysis 68

Evidence of Trustworthiness 71

Results 71

Subquestion 1: Do Mental Health Providers, Through Their Lived Experiences Treating Military Sexual Trauma Survivors, Identify Any Positive Impacts That Military Culture Has on Resilience in Military Sexual Trauma Survivors? 72

Subquestion 2: Do Mental Health Providers, Through Their Lived Experiences Treating Military Sexual Trauma Survivors, Identify Any Negative Impacts That Military Culture Has on Resilience in Military Sexual Trauma Survivors? 79

Subquestion 3: Do Mental Health Providers, Through Their Lived Experience Treating Military Sexual Trauma Survivors, Identify Any Military-Influenced Coping Skills in Military Sexual Trauma Survivors? 85

Summary 93

Chapter 5: Discussion, Conclusions, and Recommendations 95

Introduction....95
Interpretation of the Findings....100
Research Question 1 100
Research Question 2 102
Research Question 3 103
Alignment With Theoretical Framework.... 104
Limitations of the Study....106
Recommendations....107
Implications....108
Conclusion 109
References....112
Appendix A: Recruitment Letter 129
Appendix B: Interview Questions....130

List of Tables

Table 1. Summary of Themes 70

Table 2. Themes Related to Subquestion 1 72

Table 3. Themes for Subquestion 2 80

Table 4. Themes for Subquestion 3 86

Chapter 1: Introduction to the Study

Introduction

Sexual assault is a worldwide crime that impacts people of all ages, races, genders, and socioeconomic statuses (Reich et al., 2010). Many mental health centers have developed guidelines and treatment plans based on the culture of the patient (Reich et al., 2010). This development has occurred because research has found that one's culture plays a major role in resilience and dealing with trauma (Reich et al., 2010). If a child is brought up in a third-world, war-torn country, they have more than likely been exposed to death and other horrific crimes. However, it would be rare for a child brought up in a wealthy home and living in the United States to have been exposed to the same amount of violence as the child in the third-world country. The child who has been sheltered their entire life would likely have a much more difficult time coping with a trauma than a child who had grown up surrounded by trauma (Reich et al., 2010).

According to the most recent statistics, an American is sexually assaulted every 73 seconds; in 2016, a sexual assault occurred every 96 seconds. Researchers are not sure, though, if there has been an increase in sexual assault or if there has been an increase in reporting (Rape, Assault, and Incest National Network [RAINN], 2019). That means that every year, around 14 million men, women, and children experience sexual assault (Breiding et al., 2014). Researchers have wanted to get a more accurate view of how much sexual assault costs in the United States. These data were retrieved from previous studies and were combined with current administrative data from the National Intimate Partner and Sexual Violence Survey in a mathematical model. It was found that

the estimated lifetime cost of rape was $122,461 per victim, or $3.1 trillion for the entire population of rape victims in the United States. The costs include $1.2 trillion (39% of total) in medical costs; $1.6 trillion (52%) in lost work productivity among victims and perpetrators; $234 billion (8%) in criminal justice activities; and $36 billion (1%) in other costs, including victim property loss or damage. Government sources pay an estimated $1 trillion (32%) of the lifetime economic burden (Peterson et al., 2017).

Sexual assault is not a new phenomenon; it has been occurring for centuries (Breiding et al., 2014). Researchers have found what they call "rape cultures." A *rape culture* is a society or environment whose prevailing social attitudes have the effect of normalizing or trivializing sexual assault and abuse (Baum et al., 2018). To date, research has not been conducted to determine if the U.S. military is considered to be a rape culture. However, the military meets all the criteria that constitute the definition of a rape culture. According to Baum et al., any culture that meets the requirements for rape culture is going to have more sexual assaults than cultures that do not meet the criteria. The 2018 Sexual Assault Prevention and Response (SAPR) report stated that there were 7,285 reports of military sexual assaults (MSTs), a 3% increase from 2016 (Miller et al., 2018). This chapter identifies the scope of sexual assault in the United States and in the U.S. military. Extensive research has been conducted on the health implications of MST for survivors (Yaeger et al., 2006), lack of reporting (Miller et al., 2018), and other related topics, but there has been no research on how military culture impacts survivors' recovery. According to Gray (2012), Meredith et al. (2011), Luthar et al. (2000), and numerous other studies, culture plays a strong role in resilience. Resilience is defined as

“a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 543). Ideal affect theory is based on the assumption that the desired effect of one’s feelings will directly impact one’s behavior and the choices that one makes (Van Breda, 2018). Culture plays a key role in the desired outcome, and if a mental health provider (MHP) is unaware of the desired outcome of the MST survivor they are treating, the MHP may not provide their patient with the treatment that they need. This study addressed that issue and the gap in the literature.

In this chapter, I also discuss the limitations that current statistics face due to the lack of MST survivors reporting their assaults as well as some of the key factors as to why the number of MST survivors is likely to be much higher than reported. This was a qualitative phenomenological study that was exploratory in nature. Past research has shown that culture impacts resilience in sexual trauma survivors and that to provide the best treatment for these survivors, a better understanding of how their culture impacts their recovery is crucial. I bring up numerous current issues with the lack of reporting due to confidentiality reasons. Unless these issues change, a lack of reporting will continue to be an issue. Although there is no research specifically focused on rape culture in the military, there is proxy research that demonstrates that the military meets the criteria of a rape culture, which plays a key part in why service members do not report.

While the Department of Defense (DoD) separates sexual harassment and sexual assault, Veterans Affairs (VA) combines them under MST. The military culture creates an atmosphere unlike that of other cultures, which significantly impacts how sexual trauma impacts service members (Stander & Thomsen, 2016). Not everyone deals with

trauma in the same way, and how well someone deals with it is the definition of resilience (Benjamin & Black, 2012).

Background

According to the Department of VA, from 2007-2011, 5,991,080 men and 360,774 women were screened for MST. The results found that 1.1% of men and 21.2% of women screened positive for MST. Out of those, 9,017 committed suicide before the next screening (Kimerling et al., 2016). The main source of MST statistics and research comes from the VA, but that research lacks focus on treatment, risk, and prevention (Stander et al., 2016). A problem with these data is that they may not fully represent the true number of MST survivors due to the lack of confidentiality in the military/VA and a fear of repercussions against reporters (Nelson, 2017). Due to this lack of research, it was beneficial to cover research on similar topics that demonstrates a need for this study. Some of these topics include the cultural impact on resilience in sex trafficking survivors, resiliency theory, sexual assault treatments, rape culture, and ideal affect theory.

According to Meyer and Wynn (2018), a lack of understanding of military culture is directly related to a lack of positive outcomes in treating veterans with mental health challenges. The military often requires an individual to put the mission before themselves. That ability to be selfless, to adopt new core values, and to put oneself in the path of danger is not easy for all to demonstrate, and it takes a great deal of sacrifice. While this can serve the needs of the military, always putting the mission first can be detrimental to an individual's issues (Westphal & Convoy, 2015). With the growing rates of MST, a detailed look at military culture and how the military handles sexual assault

reports is necessary (Meyer & Wynn, 2018). The U.S. military changed numerous Standard Operating Procedures (SOPs) regarding reports of sexual assault and created two different types of reporting, restricted and unrestricted. These reporting options were created in hopes that more individuals would report sexual assault (Stander & Thomsen, 2016).

Resilience-focused treatment and programs are often used in the military. They encourage positive coping, physical fitness, positive affect, unit support, and other positive forms of resilience (Meredith et al., 2011). Military members experience more stress than most (Rice & Liu, 2016), which needs to be taken into consideration when treating them. Research has found that active-duty service members displayed higher levels of resilience than veterans who had transitioned out of the military, as well as that those who served longer in the military had higher levels of resilience (Rice & Liu, 2016).

Crawford and Kaufman (2008) found that in sex trafficking survivors, a survivor's culture impacted their resilience in three main areas. The first area was a positive relationship with family and their support system. The second was the ability of the survivor to earn money. The third was returning to one's culture to maintain stability (Crawford & Kaufman, 2008). MST victims and sex trafficking survivors experience similar sexual traumas (Crawford & Kaufman, 2008). Research has shown that culture impacts sex trafficking survivors and resilience in general (Crawford & Kaufman, 2008).

There has been no research on the impact that military culture has on resilience in MST survivors. MST survivors are a high-risk population, so there is a need to

understand if and how military culture impacts their recovery. Research has shown that the military plays a role in resilience levels. The impact, if any, that military culture has on MST survivors needs to be explored.

Problem Statement

On May 1, 2017, the DoD released the *Annual Report on Sexual Assault in the Military* for the 2016 fiscal year. According to this report, 14,900 service members reported being sexually assaulted. Although the number had decreased from 20,300 in 2014, any sexual assault is not acceptable or tolerated (Cronk, 2017). The Director of the DoD's Sexual Assault Prevention and Response Office, Navy Rear Admiral Ann M. Burkhardt, addressed questions relating to the unacceptably high numbers and stated, "Sexual assault violates the core values of our military and must never be tolerated" (Cronk, 2017, p. 2). She went on to emphasize how any type of sexual assault that is ignored or made to seem less of a crime significantly impacts the readiness of the armed forces (Cronk, 2017).

While it is common knowledge that sexual assault is a significant issue in the United States, the actual severity and accuracy of statistics are extremely difficult to determine, which is often due to lack of reporting (Cronk, 2017). There are numerous reasons why individuals do not report or wait for years (delayed reporting) to report a sexual assault. Fear of not being believed, consequences of reporting, shame, self-blame, and not wanting to endure explaining in detail what happened are a few of the most common reasons (McElvaney et al., 2014).

Survivors of sexual assault often develop mental disorders, with the most prominent being posttraumatic stress disorder (PTSD; Çelikel et al., 2015). In a recent study, out of 143 sexual assault survivors, 50 were diagnosed with PTSD (Çelikel et al., 2015). PTSD can also be more prevalent based on a person's race, age, and gender (Çelikel et al., 2015). This study focused on the military population, as service members face both mental and physical health issues (Çelikel et al., 2015). MST can lead to numerous issues, including higher rates of alcohol abuse, depression, and PTSD, as well as issues related to overall poor health such as obesity, cardiovascular problems, and pelvic pain (Çelikel et al., 2015).

These are only a few of the significant health implications that MST survivors face. How do military service members cope with what they went through? How will their life be impacted after getting out of the military? Pease et al. (2015) discussed the extreme importance of understanding military culture to develop a better grasp of what these service members go through when they leave the military. Statistics have shown a disturbing suicide rate amongst the veteran population, with an average of 20 suicides per day; for example, in 2012, more veterans died from suicide than were killed in action (Reger et al., 2015).

According to Bryan et al., PTSD is a significant risk factor for veteran suicide. Veterans are 21% more likely to commit suicide than civilians. Male veterans who have experienced MST are 70% more likely to commit suicide than male veterans who have not. Female veteran MST survivors are twice as likely to commit suicide than female veterans who have not experienced MST (Bryan et al., 2015). Resilience is defined as "a

dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar et al., 2000, p. 543). Resilience, in relation to PTSD, plays a significant role in coping and moderating symptoms (Meichenbaum, 2011). According to Kelly et al., the effects that resilience has on the development of PTSD, and its association with the mental, physical, and emotional symptoms of individuals reporting MST, are crucial in creating not only treatment plans, but also interventions. Treating PTSD due to MST requires different treatment plans than treating PTSD due to combat trauma (Kelley et al., 2011).

According to Gray (2012), the definition of resilience is different from one culture to another. While the U.S. military has numerous service members of different cultures, the military itself is its own culture (Halvorson, 2010). The military has rules, secured living facilities, separate shopping centers, and in many ways its own language. Every culture is different, where aspects of one culture may make it easier or more difficult to overcome adversities versus another. There is a lack of research identifying the impact that military culture may or may not have on resilience, specifically as it relates to MST.

According to Bryan et al., veterans who committed suicide were significantly more likely to be receiving treatment for MST and the mental issues caused by their trauma than their counterparts who did not commit suicide. This finding demonstrates that these survivors are being treated, and MHPs will significantly benefit from research that assists with providing more information on how military culture impacts their patients' resilience.

Purpose

The purpose of this study was to explore the impact that military culture has on resilience in survivors of MST through interviewing MHPs who treat these veterans for MST. Resilience will influence the healing of MST, and one's culture must be taken into consideration to develop the most effective type of treatment. There is an extensive amount of research showing that resilience is not defined the same way in every culture (Benjamin & Black, 2012; Miller, 2014). In research, there exists a gap in knowledge of military culture as it relates to MST. It is clear that the military has its own culture, but it is not clear how its culture impacts sexual assault survivors (Pease et al., 2015).

According to Hyun et al., although symptoms of PTSD and statistics on sexual assault in the military have been extensively researched, there is no research on how military culture impacts the resilience of the survivor. There have been numerous studies conducted on cultural influence on resilience; however, the results have only influenced social workers, who are instructed to incorporate the culture of their clients when designing treatment plans (Benjamin & Black, 2012).

Research Questions

The central research question was as follows: Do MHPs, through their lived experiences treating MST survivors, identify any impact that military culture has on resilience in MST survivors? This research question had the following subquestions:

- Do MHPs, through their lived experiences treating MST survivors, identify any positive impacts that military culture has on resilience in MST survivors?

- Do MHPs, through their lived experiences treating MST survivors, identify any negative impacts that military culture has on resilience in MST survivors?
- Do MHPs, through their lived experiences treating MST survivors, identify any military-influenced coping skills in MST survivors?

Theoretical Framework

Resilience theory is a complex approach that has significantly impacted the work of MHPs, social workers, and educators for decades (Van Breda, 2001). Resilience theory focuses on the strength that individuals use to overcome trauma (Benjamin & Black, 2012). Due to culture's direct impact on resilience, it is necessary to consider the individual's culture to determine proper treatment (Carper et al., 2015; Meichenbaum, 2011). Nader et al. (1999) described the necessity of understanding a victim's culture not only to develop a treatment plan, but also to evaluate them as an individual; therefore, treatment plans are developed while keeping in mind numerous factors such as age, gender, socioeconomic status, and culture.

Those who serve in the military have their own code of justice, often live in a guarded and restricted community, adhere to fitness standards, and have a culture very different from that of the civilian world (Halvorson, 2010). Miller (2014) researched the significance of studying the culture of sex trafficking victims to provide the best type of treatment programs. The research indicated that victims in Cambodia had a significant difference in resilience compared to victims in Indonesia (Miller, 2014). This research, as well as other studies (Carper et al., 2015; Gray, 2012; Halvorson, 2010; Leu et al., 2012;

Luther et al., 2011), has shown that individuals who have experienced sexual assault have different responses to their trauma that are influenced by their culture.

Ideal affect theory works hand-in-hand with resilience theory and is based on the assumption that the desired effect of one's feelings will directly impact one's behavior and the choices that one makes (Van Breda, 2018). Tsai (2007) compared U.S. and Eastern Asian cultures using the ideal affect theory. The results demonstrated a significant difference in the cultures in the vast difference in desired outcomes for the participants. While those in American culture desired excitement and enthusiasm, those in Eastern cultures valued calmness and peacefulness (Tsai, 2007). Through using the ideal affect theory, this research has determined the ideal outcome that survivors desire. Van Breda (2018) discussed the need for social workers to implement this theory in all of their treatment plans. If an MHP is unaware of an individual's desired outcome, how will they determine the best course of treatment?

According to Leu et al., the ideal affect theory explains why individuals react positively or negatively to situations. They conducted a study of 600 European, immigrant-Asian, and Asian American college students. The study compared the difference in positive and negative emotions' influence on resilience. The results showed that positive emotions improved resilience in the European and Asian American students, but not in immigrant Asians. An increase in negative emotions decreased resilience in all groups (Leu et al., 2011). The military culture is predominantly masculine, and showing emotion is frowned upon (Halvorson, 2010).

Treating MST survivors is a complex issue. Studies have found that different cultures have significantly different desired outcomes (Van Breda, 2018) and levels of resilience (Miller, 2014). MHPs are navigating the waters of therapy for their MST patients without knowing either the destination that their patients desire or the patients' strengths and weaknesses. This research can assist in providing insight into that desired destination and a more comprehensive understanding of the strengths and weaknesses that clients who have experienced MST possesses in regard to their resilience.

Nature of the Study

MST is not a new phenomenon, but little is known about how military culture impacts the resilience of survivors. Qualitative studies are used to provide greater insight into issues and possibly lead to future quantitative research or future hypotheses (Patton, 1990). Qualitative studies are often used in healthcare for the following reasons: They provide insight into complex situations; they assist with interpreting numerous different events with similar results; they provide a voice to individuals not often heard; they allow for the development of theories; and they are ideal for working around protected populations (Patton, 1990). This study used a qualitative approach, which is highly recommended for research that is rapidly changing and may contribute to integrated theories and future research (Sofaer, 1999).

A more reliable understanding of this complex phenomenon can be found through using resilience theory (Benjamin & Black, 2012), which addresses the ability for the individual to overcome a trauma. Additionally, ideal affect theory (Benjamin & Black, 2012) aids in analyzing the survivor's ideal outcome and how the military culture impacts

this. If I had been seeking to determine how many MST survivors experience a positive impact compared to a negative impact by the military on their recovery, I would have conducted a quantitative study. This study focused on whether the military culture has an impact and, if so, what that impact is. A qualitative study often comes before a quantitative one to determine possible theories that need to be tested. Without a qualitative study, there would be no theory to test (Creswell, 2013).

Combined, these approaches provide new concepts in treating these survivors. This research sought to determine how military culture influences resilience in survivors of MST. If MHPs knew specific negative influences that military culture has on these individuals, they would have a much better understanding of where to focus their treatment or perhaps assist in making significant changes in how the military attempts to lower this phenomenon.

Extensive research has been conducted on the growing issue of MST, yet little is known about the military culture and its effect on coping and healing after the trauma. MST is a global issue, and even though sexual assault incidents are decreasing due to the military's significant efforts, there are thousands of men and women who need ongoing treatment while on active duty and after they get out (Meyer, 2015). Nader et al. (1999) discussed the need to treat victims of trauma and loss based on their culture, including military culture. The MHPs treating the survivors of MST and their feedback were crucial to this research.

Culture differs based on definitions of resilience, and how the environment influences resiliency must be taken into consideration when assessing and treating

survivors (Ungar, 2013). While information is abundant, including statistics, symptoms, and predisposition, there is a lack of research on how military culture impacts MST victims' recovery (Halvorson, 2010). Through this research study, I sought to determine how the military culture significantly impacts survivors of MST and which aspects of the military culture do so. A qualitative phenomenological study that was exploratory in nature was conducted. A nine-question open-ended questionnaire was used when interviewing MHPs who met the criteria for the study.

Webster (2018) defined culture as "the set of shared attitudes, values, goals, and practices that characterizes an institution or organization" (para. 1). Culture also includes religion, language, traditions, and several other factors (Whiting, 1980). Miller (2014) discovered that sexual assault victims' resilience levels were significantly impacted by their culture, especially in the areas of religion, familial structure, and values. Because there is no current research on how military culture impacts MST survivors, it is unknown how it impacts survivors. This much-needed research can assist MHPs in developing more adept treatment plans that specifically keep in mind patients' experiences with MST.

Definitions

Active duty: A person who is active duty is in the military full time. They work for the military full time, may live on a military base, and can be deployed at any time. Persons in the reserve or National Guard are not full-time active-duty military personnel, although they can be deployed at any time should the need arise (VA, 2016).

Core values: The fundamental beliefs of a person or organization. These guiding principles dictate behavior and can help people understand the difference between right and wrong (Redmond et al., 2015).

Camaraderie: Mutual trust and friendship among people who spend a lot of time together (Cimino, 2018).

Culture blindness: The inability to understand how particular matters might be viewed by people of a different culture because of a rigid adherence to the views, attitudes, and values of one's own culture or because the perspective of one's own culture is sufficiently limiting to make it difficult to see alternatives (Baum et al., 2018).

Hazing: The imposition of strenuous, often humiliating tasks as part of a program of rigorous physical training and initiation (Cimino, 2018).

Military sexual trauma (MST): Sexual harassment that is threatening in character or physical assault of a sexual nature that occurs while the victim is in the military, regardless of geographic location of the trauma, gender of victim, or the relationship of the victim to the perpetrator (VA, 2004).

Rape culture: A society or environment whose prevailing social attitudes have the effect of normalizing or trivializing sexual assault and abuse (Baum et al., 2018).

Resilience: A dynamic process encompassing positive adaptation within the context of significant adversity (Luthar et al., 2000).

Sexual Assault Prevention and Response (SAPR): Responsible for oversight of the department's sexual assault policy. SAPRO works hand-in-hand with the services and

the civilian community to develop and implement innovative prevention and response programs (Stander & Thomsen, 2016).

Uniform Code of Military Justice (UCMJ): The foundation of military law in the United States. It was established by the U.S. Congress in accordance with the authority given by the U.S. Constitution in Article I, Section 8, which provides that "The Congress shall have Power....To make Rules for the Government and Regulation of the land and naval forces" (DoD, 2016).

U.S. Department of Veterans Affairs (VA): A federal cabinet-level agency that provides near-comprehensive healthcare services to eligible military veterans at VA medical centers and outpatient clinics located throughout the country; provides several nonhealthcare benefits including disability compensation, vocational rehabilitation, education assistance, home loans, and life insurance; and provides burial and memorial benefits to eligible veterans and family members at 135 national cemeteries. While veterans' benefits have been provided since the American Revolutionary War, an exclusively veteran-focused federal agency, the Veterans Administration, was not established until 1930, and became the cabinet-level Department of VA in 1989. In 1982, its mission was extended to provide care for nonveteran military members and civilians in case of disasters and emergencies (VA, 2016).

Transitioning: The process that a military service member takes to leave the military and become a civilian (VA, 2016).

Warrior ethos: A way of life that applies to military individuals' personal and professional lives as well. It defines who they are and who they aspire to become (Cotton, 2017).

Veteran: Title 38 of the Code of Federal Regulations defines a veteran as "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable." This definition explains that any individual who completed a service for any branch of armed forces is classified as a veteran as long as they were not dishonorably discharged (VA, 2016).

Assumptions

Something that must be kept in mind is culture blindness. When an individual is immersed into a culture, they often do not see what they are doing as wrong or inappropriate (Baum et al., 2018). For example, in the Marine Corps, there is a hazing ritual that takes place when a Marine is promoted and is pinned on with their new chevrons indicating their rank. The chevrons are pinned onto their collar, and a common hazing initiation occurs when the pins on the backs of their chevrons are punched into the skin near their collar bone. To civilians, this ritual would appear to be assault or a crime, but to a Marine, it is a common and accepted practice. The longer one is exposed to accepted behaviors, the more one accepts them as one's culture (Baum et al., 2018).

Within rape culture, there are assumptions that rape and other sex-related crimes do not occur, that male rape is a myth, that assault is not serious and should be downplayed, and that assault behaviors should be normalized rather than viewed as criminal (Zaleski et al., 2016). Although false reports of MST do occur, according to

Patrie (2015), they are significantly rare, and it would be impossible to establish whether every single patient being treated by the MHPs participating in this research were actual victims and did not make false reports of MST. Because of this, I assumed that the MST patients were telling the truth to their MHPs.

Scope and Delimitations

According to the VA, one out of four female service members will experience or has experienced MST, and in 2017, there were 6,769 reports of MST, of which approximately 50% were men (Department of Justice [DOJ], 2017). The military has a different justice system, different procedures of reporting, and numerous challenges due to the military lifestyle. MST impacts every branch, race, gender, rank, and age. While sexual assault survivors face similar mental and physical health conditions, veterans face them at an alarming rate (DOJ, 2017). PTSD is a significant risk factor for veteran suicide. Veterans are 21% more likely to commit suicide than civilians, and MST survivors are more likely to commit suicide than veterans who have not experienced MST (Bryan et al., 2015). This demonstrates that MST survivors are a significantly vulnerable population. They defend Americans' freedom and way of life, and they deserve better treatment regarding MST.

The men and women who serve in the military have sacrificed a great deal of their freedom, and they deserve the best treatment possible. Research has found that resilience is impacted by culture, that the scope of MST is serious and in need of attention, and that military culture impacts the lives of veterans, but there is no research on how military culture impacts the recovery of MST survivors (Benjamin & Black, 2012; Miller, 2014).

Vet centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible veterans and active-duty service members, including National Guard and reserve components, and their families (VA, 2020).

Limitations

For this study, a purposeful snowball sampling of a homogenous population was used. This sampling method relied on referrals and allowed for Zoom interviews with MHPs who treated all genders and branches. While the branches have different core values, they embody the military culture, and their members face the same justice system. Snowball sampling may have limited the variety of participants due to the referral method (Johnson, 2014). In this study, I established connections with vet center MHPs treating MST patients who worked on the West Coast. According to the U.S. Census Bureau (2019) there are 223,217 veterans residing on the West Coast. Due to the numerous Naval and Marine Corps bases on the West Coast, the majority of veterans are Navy and Marines (Military Bases, 2018). Due to the populations on the West Coast, the majority of the patients being treated include few Army and Air Force veterans, which may need to be further explored in future studies. In a homogeneous population, all participants have the same characteristics (Jager et al., 2017). The homogeneous population in this study excluded other health providers who might have insight into this study. Future studies may benefit from including this population.

According to Allard et al., it is estimated that 82% to 85% of military men who have been sexually assaulted do not report their sexual assaults. Many of them do not

seek treatment, which presents a limitation to the study. Future research may benefit from addressing the differences in gender and how military culture impacts resilience differently in men and women. Research has shown that males are impacted by MST but are significantly left out of media coverage and research on MST (Javaid, 2015).

Another limitation to the study was that individuals might be seeking treatment who falsely reported MST. Research has indicated that despite results that showed less than 9% of sexual assault reports are false, many view this number as being high as 45% (Patrie, 2015). The MHPs might fall under the category of individuals who view rates of false accusations as being much higher than they are.

Significance

Extensive research has been conducted on the growing issue of MST, yet little is known about the military culture and its effect on coping and healing after the trauma. MST is a global issue, and even though sexual assault incidents are decreasing, due to the military's significant efforts, there are thousands of men and women who need ongoing treatment while on active duty and after they get out (Meyer, 2015). Nader et al. (1999) discussed the necessity of treating victims of trauma and loss based on their culture, including military culture. The MHPs treating the survivors of MST were crucial to this research, and their feedback was pertinent.

Cultures differ based on definitions of resilience, and how the environment influences resiliency must be taken into consideration when assessing and treating survivors (Ungar, 2013). While there is an abundance of information, including statistics, symptoms, and predisposition, there is a lack of research on how military culture impacts

MST victims' recovery (Halvorson, 2010). Through this research study, I sought to determine how the military culture significantly impacts survivors of MST and which aspects of the military culture do so.

Summary

Chapter 1 introduced the phenomenon of MST and the health implications that this has for both men and women who serve in the military. In this chapter, I also discussed how resilience is impacted by one's culture. Each culture is different, and the military is a culture in itself. U.S. military members have sacrificed a great deal for Americans' freedom, and they are suffering greatly from many health hazards as a result of MST. Chapter 1 established the need for this research.

Chapter 2 includes a thorough review of the literature surrounding this study and the methodology. The literature review provides detailed information on topics relevant to the research as well as demonstrates a gap in the literature. I included two theories to create a starting point for this study.

Chapter 2: Literature Review

Introduction

Sexual assault is a serious and ongoing issue that has more recently been brought into the public spotlight. Many have heard of the "Me Too" movement that encourages women who have experienced sexual assault to come forward and report the crime committed against them. There have also been numerous court cases involving sexual assault crimes in the past few years (Cronk, 2017). Baum et al. (2018) conducted a study to determine whether rape culture in the media had impacted the frequency and outcome of rape. They used Lexis-Nexis to search for any article in the United States that used the words *rape* or *sexual assault* from 2000 to 2013. They found 310,938 articles published in 279 newspapers that contained those keywords (Baum et al., 2018). They found that sexual assault is a frequent a topic of discussion in the media due to the prevalence of this crime (Baum et al., 2018). According to research done by the RAINN Foundation, every 73 seconds, someone in the United States is sexually assaulted (RAINN, 2016). Those who have experienced sexual assault often experience anxiety, depression, PTSD, and other mental disorders (Çelikel et al., 2015).

Research has shown that culture has a significant impact on how survivors of sexual assault cope with their trauma (Reger et al., 2015.) While sexual assault is common in numerous cultures, MST survivors face significantly different issues from those in other cultures (Benjamin & Black, 2012). Cultures have different justice systems, different religious beliefs on sexual crimes, numerous methods of dealing with trauma, and many other aspects that research has shown greatly impact resilience

(Benjamin & Black, 2012). The military has its own culture that may impact the resilience of the survivor. However, there is a gap in literature when it comes to whether and how military culture impacts survivors of MST, specifically related to their resilience (Pease et al., 2015). Without an understanding of how military culture impacts survivors of MST, MHPs are not able to provide the best form of treatment for them.

This chapter is structured into several main topics. The sex crimes sections break down the different legal definitions and criteria for sexual assault and sexual harassment. This section also includes a description of rape culture and how it impacts rape victims. The next section covers military culture, including core values, warrior ethos, hazing, mental health, transitioning, reporting MST, and the UCMJ. The section on MST addresses the challenges in reporting MST, prosecuting MST, and treating MST survivors. The final section deals with MHPs.

Literature Search Strategy

This literature review was conducted by using numerous sources. Walden University's library was used to search for dissertations on resilience, PTSD, military culture, and sexual assault. The references from these dissertations were found to be significantly helpful and reliable. All of the references found in the dissertations were published in peer-reviewed journals, and the dissertations served as a means to find relevant and scholarly articles. While I found a significant amount of information on PTSD and sexual assault, there was a lack of information on military culture and the lived experiences of MST survivors. Due to this, I used the local library to find books that included memoirs written by veterans and, more specifically, those who experienced

sexual assault. Reading about how others had coped with trauma influenced the questions asked in the interviews. These sources were not used as facts but more as a guide to direct the questions asked during the interviews.

Google Scholar was also used to search for the following terms: *survivors of MST*, *resilience*, *culture impact on resilience*, *treatment for sexual trauma*, *statistics on MST, why victims do not report sexual assault*, *sexual assault statistics*, *male rape*, *rape mythology*, *warrior ethos*, *military culture*, *aspects of culture*, *coping with sexual trauma*, *sexual assault in the military*, and *unrestricted and restricted reporting*. A 5-year parameter for peer-reviewed articles was applied, and I filtered out any articles that did not pass a peer review.

Investigating how military culture impacts resilience requires extensive insight into military culture and determining the main aspects of the culture that could impact resilience. Thus, I needed to have an extensive understanding of military culture. Having served in the military assisted me with knowing where to focus my research. However, with the numerous changes to the military, including rules and regulations regarding MST, research on the new reforms was also necessary. Understanding the changes in the military was crucial when deciding the requirements for the MHPs who would be interviewed. Military culture is difficult to understand from an outside perspective. Serving in the Marine Corps provided me with a significant understanding of the military. This helped guide my search in Google Scholar to find facts about military culture.

Theoretical Foundation

Over the 10 past years, there has been an emergence in positive psychology and a movement away from pathology that focuses on negative symptoms (Benjamin & Black, 2012). Due to this change, resilience theory has been researched extensively and has been more commonly used in the field of mental health (Benjamin & Black, 2012). Studies have shown that focusing on one's strengths is a highly effective form of treatment (Benjamin & Black, 2012). Instead of dwelling on the trauma, analyzing the lived experience, and enduring repeated exposure to the event, positive psychology focuses on the patient's talents, their joys in life, their positive characteristics, and their strengths (Benjamin & Black, 2012). In this approach, the goal of the MHP is to help the patient to develop positive thoughts subconsciously that will take over and diminish the negative thoughts, and this helps teach the patient to focus on the good instead of the bad (Benjamin & Black, 2012).

According to Van Breda (2001), "resilience theory addresses the strengths that people and systems demonstrate that enable them to rise above adversity" (p. 14). This theory has been used extensively by MHPs treating sex trafficking survivors (Van Breda, 2001). Due to the complex nature of the experience and diversity amongst these survivors, I chose to use resilience theory. Case workers have found that there is a significant difference between resilience in Asian cultures compared to Western cultures (Miller, 2014). An aspect of resilience is the desired outcome. If one individual has a different desired outcome than another, their level of resilience will be different. According to Thomas and Taylor (2015), military members are more prone to depression,

suicide, and PTSD due to the nature of their work. Thus, the military has been pushing for resilience training and has attempted to instill resilience and positive coping methods in military members as a means of preventing and mitigating mental health issues (Thomas & Taylor, 2015). Thomas and Taylor (2015) found that military culture often creates an environment that requires resilience. The research questions in this study were created to assist with determining what areas of military culture impact MST survivors both negatively and positively. If an MHP is not aware of how military culture impacts their patient, they will be unable to guide the treatment to the positive attributes and away from the negative.

The ideal affect theory indicates that one's actions are directly impacted by one's desires (Tsai, 2007). According to Sims and Tsai (2015), patients tend to seek physicians who promote the outcome they desire. For example, an individual looking to be a marathon runner would not hire a trainer who promoted bodybuilding, and the same holds true for patients seeking physicians. Research has shown that 40% of U.S. patients have a difficult time following their physicians' orders (Sims & Tsa, 2015). This is partially because the patients' desired outcome does not coincide with the physicians' (Sims & Tsa, 2015). Trust between patient and physician make the desired outcome by either party more likely (Sims & Tsa, 2015). As such, it is logical to extend this conclusion to mental health professionals: Patients are more likely to seek out and follow the advice of mental health professionals whose treatments align with their desired outcomes. To mitigate misaligned desired outcomes and trust issues, understanding the desires of the patient is crucial (Sims & Tsa, 2015), which was the intent of this study.

Literature Review Related to Key Variables and/or Concepts

Sexual Assault

In the United States, the Bureau of Justice Statistics uses the National Crime Victimization Survey for criminal victimization information (Bureau of Justice Statistics, 2017). Annually, it gathers approximately 240,000 surveys from crime victims, consisting of around 160,000 individuals in about 95,000 households (Bureau of Justice Statistics, 2017). It obtains information on nonfatal personal crimes and household crimes that are both reported and unreported to the police (Bureau of Justice Statistics, 2017). Sexual assault or rape falls under nonfatal personal crimes, and the Federal Bureau of Investigation (FBI) revised the definition of rape in the Summary Based Reporting System. The keyword “forcible” was taken out, and the definition was altered to “penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without consent of the victim” (FBI Uniform Crime Reporting [UCR] Program, 2017, p. 1).

Violent crimes occur on a daily basis across the United States, and sexual assault is one of these common crimes. In 2017, out of a population of 325,719,178 in the United States, there were 1,247,321 violent crimes, including 810,825 aggravated assaults, 319,356 robberies, 135,755 rapes, and 17,284 murders (FBI UCR Program, 2017). RAINN (2016) obtained statistics from the National Crime Victimization Survey. In 2016, RAINN estimated that in the United States, one out of every six women and one out of every 33 men was a victim of rape or attempted rape, and every 93 seconds, someone was sexually assaulted. However, the true numbers for rape are likely to be

much higher due to a lack of reporting (RAINN, 2016). These statistics demonstrate that more individuals are raped than murdered, and they provide evidence that sexual assault is a relevant crime.

Too often, there is a misunderstanding of the facts about sexual assault. Hollywood often plays a part in this misunderstanding, and it is important to understand the truth about these crimes. An examination of reported statistics about sexual crimes helps to dispel and correct misunderstandings of the occurrence of sexual assault. One of these important statistics is that 90% of sexual assault survivors know their assailant, and 34% were assaulted by a family member (RAINN, 2016). According to Schwarz et al., knowing one's attacker was listed as one of the main reasons that individuals do not report rape. Another reason listed for not reporting is the incarceration rate. RAINN (2016) found that out of 1,000 rapes, only five accused rapists will be incarcerated. When there is a pattern that demonstrates lack of justice for the victims, there will be a lack of reporting (RAINN, 2016).

These statistics not only demonstrate the scope of the crime, they also reveal why some individuals do not report their sexual assault. The main reasons that individuals do not report their assault include fear that they will not be believed, shame, desire to move on and forget, potential negative impact on career, and lack of evidence (RAINN, 2016). Knowing that most victims know their assailant, that the crimes often take place in or near their home, and how many assailants are prosecuted helps provide a better understanding of why these crimes are underreported. For MHPs treating survivors of sexual assault, knowing the scope of the problem, understanding some of the common

physical and mental health issues that survivors may face, and gaining a better understanding of this crime can assist in focusing their treatment plans (Sims & Tsai, 2015). Without having a full understanding of the situation, MHPs will not be able to properly treat their clients.

Sexual assault is considered to be a traumatic event, and according to research, 94% of women in the United States who have been raped experience PTSD, 33% have suicidal thoughts, and 13% commit suicide (DOJ, 2014). The study by the DOJ (2014) from which these data were derived did not specify the average period of time between the rape and the suicide. The same study showed that on a scale of 1 (*no distress*) to 100 (*severe distress*), 70% of both male and female sexual assault victims reported experiencing severe distress, which is a higher percentage than for any other violent crime (DOJ, 2014). Substance use may also be a consequence, as 54% of rape victims were found to abuse drugs and alcohol (Brockie et al., 2015; DOJ, 2014). For those assaulted at a young age, there is a greater risk of risky sexual behavior, earlier age of sexual activity, earlier age of pregnancy, and higher rates of depression, eating disorders, and anger issues (Crawford-Jakubiak et al., 2017).

Sexual assault is also costly; beyond mental health care, victims of sexual assault and rape require various physical and physiological health care. Rape victims may also need treatment for sexually transmitted diseases, and 5% of vaginal rapes result in pregnancy (Crawford-Jakubiak et al., 2017). Researchers found that 2.9 million U.S. women experience pregnancy through rape in their life (Basile et al., 2018). In the United States, rape has a lifetime cost of approximately $3.1 trillion; specifically, $1.2 trillion is

for medical costs, $1.6 trillion is for loss of work, $234 billion is in legal fees, and $36 billion is in other costs (Peterson et al., 2017). Rape crimes are costing the United States a great deal of money. Proper treatment and prevention are needed to reduce the cost, and a step in the right direction is to develop a better understanding of these crimes.

Rape Culture

Rape culture occurs when a society/culture normalizes or trivializes sexual assault (Baum et al., 2018). It is measured by victim-blaming language, empathy for assailants, implied victim consent, and questioning the credibility of the victim (Baum et al., 2018). Some societies more prone to rape culture have significantly higher levels of gender segregation, interpersonal violence, and devaluation of women (Sanday, 1981). Out of 300,000 news articles, Baum et al. (2018) found 279 articles about rape, and based on data from the FBI UCR, they found that rape culture predicted rape. The authors found that in areas of higher levels of rape culture in the press, there were higher levels of reported rape, but fewer arrests. They did not find any sign of this phenomenon for any other type of crime. Baum et al. stated,

> Because lower police vigilance or courtroom mistreatment may deter future victims from reporting, while raising potential perpetrators' senses of impunity, the association between rape culture and crime likely reflects an increased incidence of rape, rather than increased reporting by victims. (p. 3)

Rape victims living in a rape culture society reported that the lack of prosecution and victim blaming were significant factors in why they did not report their rape (Baum et al., 2018). In terms of MST, in 2016, the DoD (2016) reported that only 13% (389) of MST

cases were prosecuted, and only 4% (124) of cases resulted in conviction. Research has indicated that in rape cultures, trials take longer, have high levels of public scrutiny, and commonly result in retaliation (Baum et al., 2018). Perpetrators in a rape culture may feel more protected and believe that they have more of an ability to get away with sexual assault (Baum et al., 2018). They also are more likely to be prone to engage in acts of sexual assault because there are fewer and less severe consequences than in non-rape cultures, which only encourages them to continue with their crimes (Baum et al., 2018).

The research found that articles with no indicators of rape culture used key words such as *suspect*, *convict*, and *sentence* when explaining elements of the trial (Baum et al., 2018). Articles from locations with rape cultures focused on the individuals involved in the case and used key words such as *student*, *player*, or *team* (Baum et al., 2018). Those articles also focused on the victim's mental state and made sure to cover the victim's alcohol consumption during the attack, previous sexual activity, outward appearance, and social media posts and photos (Baum et al., 2018). The prosecution would use this information to damage the character and overall believability of the defendant (Baum et al., 2018). Understanding rape culture, including how it predicts rape and indicates a lack of rape being taken seriously by the police, is important when researching rape in any culture or society.

Despite there being no research on rape culture in the military, military culture is known for segregation, interpersonal violence, and devaluation of women (Meyer, 2015). Sexual assault in the military has been a significant topic discussed in the media lately.

While there is extensive research on the scope of the problem, there is a lack of research on how military culture impacts survivors (Meyer, 2015).

Male Rape Myth

According to O'Brien et al., over 50% of MST involves male victims. In a literature review of MST, Allard et al. found 74 articles dedicated to MST, but only two focused solely on male victims. It is estimated that 82% to 85% of military men who have been sexually assaulted do not report their sexual assaults (Allard et al., 2011). Researchers believe that due to lack of reporting the number of male sexual assaults is much higher than statistics show. It is important for MHPs to understand this because the scope of the problem may be much larger than statistics show (O'Brien et al., 2015).

One of the most common myths about rape is that men cannot be raped. In the military, this myth is even more common than the civilian sector due to the mission of the military, which often requires taking control of a hostile environment and being strong enough to overpower others (O'Brien et al., 2015). Because of the military's mission and the necessity to be able to overpower others, those that believe the myth conclude that male service members cannot be raped (O'Brien et al., 2015). This does not mean that rape is not a crime; instead, this means that ignorant people believe that the individual reporting the rape is lying. Knowing this myth exists, especially in rape cultures, is important so MHPs treating male MST survivors have a better understanding of the negative stigma these men are up against.

Male victims of MST experience a unique set of reactions to reports of sexual assault due to the male rape myth. Researchers found that male victims of sexual assault

are 65% more likely to be diagnosed with PTSD and women 46% more likely than service members that have not been sexually assaulted (O'Brien et al., 2015). This demonstrates that male MST is a serious issue that needs to be more thoroughly researched (O'Brien et al., 2015). According to Javaid (2015), men who report sexual assault in the military were met with poor treatment from their peers/command and, due to this, experienced secondary victimization. Secondary victimization occurs when the negative responses are equally as traumatic as the assault (O'Brien et al., 2015). Civilians, including both men and women, who experienced sexual trauma also can suffer from secondary victimization and this is important to understand to provide these individuals with the best form of treatment (Javaid, 2015). Some negative responses that cause a significant amount of trauma are victim blaming, inappropriate language from the police or medical staff, and negative treatment by peers (Javaid, 2015).

Belkin (2008) found that male rape in the military is often covered up or trivialized as "hazing" out of fear the military's reputation would be damaged if the rape allegations were made public. If a male who is trained to protect and defend our country is getting raped, how are they going to protect anyone if they cannot protect themselves? Hazing is considered a rite of passage for new members of a group as part of initiation rituals, which often includes rigorous physical activity and degrading acts to establish dominance and submission among group members (Belkin, 2008). In addition to hazing, male rape is frequently dismissed because there is also an overall belief that gay men cannot be raped, making it a "gay issue," not rape (Belkin, 2008). Male rape is highest in prison and military settings (Javaid, 2015). Researchers believe this may be due to the

strict confines of prison, and even though the military is not as strict, it is still an environment that makes it is difficult to evade sexual assault (Javaid, 2015). Both the military and prisons meet the criteria for rape culture which, as seen before, indicates higher level of sexual assaults than non-rape cultures (Javaid, 2015).

Military Culture

According to Sir William Osler, "It is much more important to know what sort of a patient has a disease than what sort of disease a patient has" (Meyer & Wynn, 2018, p. 25). Experts have linked a lack of familiarity with military culture with limited positive outcomes in treating military with PTSD, depression, and traumatic brain injury (TBI) (Meyer & Wynn, 2018). With the extremely high rates of suicide in the veteran population, understanding military culture more has gained national attention (Meyer & Wynn, 2018). While there is a lack of research on military culture, there are some common factors that provide a framework of military culture.

Core Values

The five branches of the United States DoD are the Air Force, Army, Navy, Marine Corps, and Coast Guard (Redmond et al., 2015). Each branch has a different mission that influences their core values. The Army's mission is "To fight and win our Nation's wars, by providing prompt, sustained, land dominance, across the full range of military operations and the spectrum of conflict, in support of combatant commanders" (Redmond et al., 2015, p.11). The Army's core values consist of the following attributes: Loyalty, duty, respect, selfless service, honor, integrity, and personal courage (Redmond

et al., 2015). The Army is the largest of the branches with nearly half a million members (Russell et al., 2015).

The Navy is the second largest branch, with around 400,000 service members (Russell et al., 2015). Their mission is to "Maintain, train and equip combat-ready Naval forces capable of winning wars, deterring aggression and maintaining freedom of the seas" (Redmond et al., 2015, p. 11). They have three core values, which are honor, courage, and commitment (Russell et al., 2015).

Third largest branch is the Air Force, with a little over 300,000 service members (Russell et. al., 2015). Their mission is to "Fly, fight, and win in air, space, and cyberspace" (Redmond et al., 2015, p. 11). The Air Force core values are "Integrity first, service before self, and excellence in all we do" (Redmond et al., 2015, p. 11).

The next branch, the Marine Corps, falls under the department of the Navy but is also considered a separate branch with separate enlistment. The Marine Corps consists of a little over 200,000 service members (Russell et al., 2015), and their mission is to "Train, organize, and equip Marines for offensive amphibious employment and as a force in readiness" (Redmond et al., 2015, p. 11). They have the same core values of the Navy: honor, courage, and commitment.

The last and smallest branch is the Coast Guard with under 100,000 service members (Russell et al., 2015). Their mission is to "Safeguard the Nation's maritime interests," and their core values are honor, respect, and devotion to duty (Redmond et al., 2015, p. 11). Previously the Coast Guard fell under the Department of Transportation but due to the need for their services during war, they now fall under the DoD. During almost

every single conflict the US has been involved in, the President transferred any or all assists of the Coast Guard to the Department of the Navy (Russell et al., 2015).

Core values are a fundamental component of culture and those who do not embrace the core values are often rejected from the group (Smolicz, 1981). These core values are engrained into the belief system of military personnel from the moment they enter the recruiter's office. Posters with the core principles can be found all over the walls, throughout marketing material, and are required to be memorized by all members of the respective branch (Smolicz, 1981).

According to Suzuki and Kawakami (2016), the military was structured with significantly masculine characteristics. Everyone who enters the military is trained to develop masculine qualities, including but not limited to toughness, lack of emotion, physical strength, and aggressiveness (Suzuki & Kawakami, 2016). These core values alter the mindset and the choices of individuals who embrace the military values. In any new environment, adapting is often a necessity to survive. In the military, if one fails to conform to the core values and standards of their branch of service, the military has the ability to force that individual out under Chapter 11, Failure to Adapt (Harkness & Hunzeker, 2015). This demonstrates how significant adopting the military's core values is to belonging and acculturation of service members and veterans.

Warrior Ethos

Smolicz (1981) argued that religion plays a key role in resilience. While the military core values are not a religion, they similar to religious values and, therefore, likely play key role in resilience (Smolicz, 1981). The warrior ethos is one of the most

fundamental aspects of military culture (Redmond et al., 2015). It consists of mission accomplishment above all, in addition to never leaving anyone behind, quitting, or accepting defeat (Redmond et al., 2015). Even though all service members are allowed to have their own religious beliefs, the warrior ethos becomes a type of quasi-religion that often overshadows their own religious beliefs (Cotton, 2017). Cotton (2017) delved into the warrior ethos and explained this masculine dominated archetype frowns upon weakness, discourages emotion, and encourages pride, courage, and masculinity.

Masculinity is often associated with men who have high testosterone levels (Kirby & Kirby, 2017). These men are often more physically fit and have higher sex drives, more masculine features, and aggressive dominating personae (Kirby & Kirby, 2017). Men make up 85.6% of US armed forces (Russell et al., 2015). The warrior ethos encourages a masculine environment that frowns on traditional femininity. Gentility, empathy, compassion, nurturing, and sensitivity are some traditional feminine characteristics (Kachel et al., 2016). The military needs to recognize the benefits of these qualities as they relate to the military's mission and warrior ethos.

While the warrior ethos provides the foundation of the military, it can also lead to several negative side effects. Many military members adopt the warrior ethos as their fundamental belief system (Westphal & Convoy, 2015). Their devotion to live a life of service to others, mission accomplishment above all, and refusal to leave anyone behind can, and does, cause serious mental health issues (Westphal & Convoy, 2015). When one puts accomplishing a task above their own needs, not only can this negatively impact the individual service member, but also their family, loved ones, and others in their lives

(Westphal & Convoy, 2015). Being selfless can save the lives of their troops, but it can lead the individual to neglect self-care and refuse to seek help when they need it (Westphal & Convoy, 2015). Stoicism can be significantly valuable in battle, but when it becomes is engrained in someone, they often neglect acknowledging and understanding their emotional needs (Westphal & Convoy, 2015).

While the author has not found any research indicating that the military is considered a rape culture, the military does meet the criteria defined in Chapter 1. How may this impact MST survivors? Zaleski et al. (2016) found four themes in rape supportive cultures: victim blaming, victim questioning, perpetrator support, and trolling statements in regards to the trial or news surrounding the accusation. One of the most news covered cases demonstrating this rape culture in the military involves the disturbing number of deaths of Fort Hood soldiers, including several that involved MST (Hill, 2020).

In 2020, Army Specialist (SPC) Vanessa Guillen's death launched another movement using the hashtag #IAmVanessaGuillen. According to Guillen's family and others connected to the case, Guillen reported sexual harassment to her command, and they believe that her death is linked to retaliation for that report (Hill, 2020). Similar to the #MeToo movement, Guillen's death has military service members speaking out against the low incarceration rates and the lack of safety/support for those who report MST (Hill, 2020). The Vanessa Guillen Act is a bipartisan bill that would make sexual harassment a crime under the Uniform Code of Military Justice (UCMJ). It would also transfer prosecution from the victim's chain of command to an outside third party and

give the final prosecution decision to an office of the chief prosecutor within each branch of the military (Congressional Record Extensions, 2020). While there is research on the impact rape culture has on survivors, there has not been any research that the author has found on how military culture impacts the survivors.

Hazing

A much debated and misunderstood aspect of military culture is hazing. Harris and Stiller (2016) argue, “Hazing is an example of casual violent behaviors that are disguised as accepted and appropriate traditions or rites of passage within our society” (p. 2). Hazing does not only exist in the military, it also occurs in college and is often referred to as “pledging” or “initiation” (Cimino, 2018). For the purposes of this research, we will focus on military hazing. Keller et al. (2015) explained that hazing is believed to enhance unit bonding and cohesion. Remaining silent about these rituals is expected and if one breaks that code of silence, one breaks the bond of the brotherhood and is no longer accepted in the unit. Due to this code of silence, hazing has continued and is often not reported (Keller et al., 2015).

Hazing is illegal in the military and is punishable under the UCMJ (Harris & Stiller, 2016). Because many see all hazing as a rite of passage, many will never report what they feel is a part of the process one must endure to belong to the unit. Others view extreme versions of hazing as wrong but are too afraid to say anything for fear of retaliation (Harris & Stiller, 2016). In 2016, a study of military hazing was conducted with 152 active-duty personnel. The participants were asked to write down their personal definition of hazing prior to being shown the military’s definition. They were then given

four real life scenarios, three of which were examples of hazing, and seven multiple choice questions about the scenarios. Even though the majority (65%) were able to identify the difference between hazing and neutral examples, 35% were unable to (Harris & Stiller, 2016). When an individual does not understand the differences between right and wrong, they will often rely on the interpretation of right and wrong from individuals that they are surrounded by (Harris & Stiller, 2016). This demonstrates a need for proper training in order for military members to develop a better understanding between right and wrong and the difference between hazing and other non-hazing practices.

Hazing may also include sexual assault, which is another reason many do not report sexual assault because they believed at the time it was part of the ritual of initiation (Nuwer, 2004; Kimmel, 2009). Some of these rituals date back hundreds of years and despite efforts from leadership to educate and stop hazing, it continues (Harris & Stiller, 2016). Blais et al. (2018) have been studying MST and its link to hazing. They found that most male MST involves sexual assault that many male service members confuse with hazing. Their research has also noticed that hazing is used as a form of grooming, where perpetrators test to see how far they take the abuse. “Sexual assault against men also comes in the form of bullying. In such cases, an individual is targeted for sexual assault or rape as a way to exclude or ostracize them from the group" (Lopez, 2016, par. 10).

Military Sexual Trauma

According to Stander and Thomsen (2016), the DoD separates sexual assault and sexual harassment along the same lines as the civilian and military criminal justice system. The VA has combined both which will be explained below. According to section

1561 of title 10 the DoD, SAPRO (2011) defines sexual harassment as "Any person in a supervisory or command position who uses or condones sexual behavior to control, influence, or affect the career, pay, or job of a Service member or DoD civilian employee is engaging in sexual harassment" (para. 4). They define sexual assault as "intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent" (DoD SAPRO, 2011, pg.1). MST has been defined by the Department of VA (2004) as "sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator" (para. 1).

The VA has conducted the majority of research when it comes to MST and focused on long term health and prevalence (Stander & Thomsen, 2016). In the past decade, four factors, and prevention (Stander & Thomsen, 2016). However, risk and prevention have been less studied (Stander & Thomsen, 2016), and there is still much need for more research in those areas. As demonstrated by numerous studies, the VA believes military sexual harassment and military sexual assault overlap (Stander & Thomsen, 2016). While the DoD still labels them separately, the VA does not. Sexual assault often occurs after a military member was sexually harassed, which is why the VA believes MST covers both assault and harassment (Stander & Thomsen, 2016). According to Stander and Thomesen (2016):

> In military environments, the use of authority to pressure a subordinate into sexual contact constitutes not only sexual harassment but also sexual assault, even

> though this is not the case in the civilian legal system. In the military, the level of coercion that can be facilitated through the use of rank and authority can be just as serious as the threat or use of physical force (p.20).

According to the VA, one out of four women experience MST, and in 2017 there were 6,769 reports of MST, of which approximately 50% were men (DOJ, 2017). The numbers are more than likely much higher, but due to the military culture and lack of reporting, which will be discussed later on, statistics are likely low estimates of actual incidents of MST (Rough & Armor, 2017).

Any military service member falls under a different justice system called the Uniform Code of Military Justice (Miller et al., 2018). Article 1, section 8 of the United States Constitution allows Congress power over land and naval forces. It was signed into law on May 5, 1950 by President Truman (Miller et al., 2018). While the UCMJ has similar laws to civilian courts, it is important to understand military members are accountable to both courts (Miller et al., 2018). After numerous MST scandals and cover ups, the DoD was under fire and required to make some significant changes to Standard Operating Procedures (SOPs) regarding reporting, the process, and punishment for MST (Miller et al., 2018). Numerous changes were made to these SOPs (Miller et al., 2018). One example of a change made was taking out the word ‘credible’ in regards to reporting (Miller et al., 2018). Prior to this change, all credible reports of sexual assault were reported, and now, all reports of sexual assault are reported regardless of how credible the claim is perceived to be (Miller et al., 2018). The use of the word *credible* gave too much power to the individual who the assault was reported to, which allowed them to decide if

the report was credible or not. If they felt the report was not credible, they would not report it. (Holtzman et al., 2017). This was a step in the right direction the military took to taking sexual assault cases more seriously.

A study of women receiving mental health care treatment through the Women's Comprehensive Healthcare Center examined PTSD due to MST and PTSD from other trauma in both military and civilian populations, respectively (Yaeger et al., 2006). Out of those women diagnosed with DSM-IV PTSD Criteria, 43% had PSTD due to MST (Yaeger et al., 2006). The results of this study found women with PTSD due to MST had significantly more severe symptoms of PTSD than those diagnosed with PTSD due to other sexual trauma (Yaeger et al., 2006). The researchers found that MST was the highest predictor of PTSD than any other type of trauma (Yaegeret al., 2006). Likewise, Surís et al. (2004), found MST survivors are often put into situations that cause a significantly stressful environment, and many survivors are required to continue working alongside the service member that sexually assaulted them. To add to this stressful environment, the lack of confidentiality may impact the survivor’s career, deployment status, and numerous other issues which will be discussed later (Surís et al., 2004).

Mental Health Issues

From 2007–2011, the VA conducted MST screenings on 5,991,080 men and 360,774 women (Kimerling et al., 2016). Of those over six million screened, 1.1% of men and 21.2% of women screened positive for MST (Kimerling et al., 2016). As previously mentioned, MST survivors have higher rates of mental health issues than other trauma survivors (Mondragon et al., 2015). Studies have found MST is one of the highest

predictors of PTSD, more so than combat or civilian sexual assault (Mondragon et al., 2015). Of the over six million veterans screened by the VA, 9,017 MST victims committed suicide before the follow-up survey from 2011-2014 (Kimerling et al., 2016). I was unable to find any research that examined the influence MST has on suicide ideation (SI), but a study was conducted on the mental health effects of female survivors of MST (Blais & Monteith, 2019). The researchers conducted a study of 311 female veterans who screened positive for MST and who self-reported PTSD, depression, and SI. Ninety-one participants (29.3%) currently had SI, and 223 participants (71%) reported that their PTSD, depression, and SI were due to MST. Those who reported MST as the source of their symptoms were three times more likely to have SI than those who reported PTSD due to non-MST related events (Blais & Monteith, 2019). This study demonstrates the need for more research about the connection between MST and SI.

Substance use disorders (SU) and Depressive disorders (DD) are significantly prevalent among MST survivors (Gilmore et. al., 2016). While statistics are skewed due to lack of reporting or downplaying symptoms, studies have found that women with MST are at a higher risk of developing DD, and men with MST are at a higher risk of developing SU (Gilmore et. al., 2016). Due to the percentage of women in the military, the percentage of women with MST is significantly higher than men (Thomsen, 2017). However, there are more male MST survivors than there are women, and research of male MST is still in the beginning stages (Thomsen, 2017).

Transitioning out of the Military

Care for veterans has been a cornerstone of American identity; prior to becoming a nation the pilgrims passed legislation that guaranteed care for anyone injured defending the colony (Ainspan et al., 2018). While the care of veterans has transformed since that time, the ideology remains the same: veterans deserve guaranteed care. The DoD reports that in the past few years, over 200,000 veterans transition out of service and into the civilian world annually (DoD, 2016). Many transition with psychological issues, and the VA is having difficulty treating the four million veterans seeking help since the terrorist attacks on September 11th, 2001 alone (Ainspan et al., 2018). Many veterans face difficulty in civilian jobs due to the significant change in environment, the pace of the job, and a significantly different atmosphere than they are accustomed to (Ainspan et al., 2018). The DoD implemented the Transition Assistance Program curriculum, which encourages veterans to become entrepreneurs because they found that they work better in an environment that they create rather than working a traditional job. Approximately seven percent of veterans become entrepreneurs compared to six percent of civilians (Ainspan et al., 2018).

Veterans transitioning out of the military also face long wait times to obtain their much-needed VA disability claim (Ainspan et al., 2018). They also face homelessness, as the DoD reported that in 2017 there were 40,000 homeless veterans (Ainspan et al., 2018). Transitioning out of the military or returning home from war, brings along with it numerous psychological issues. Many veterans describe transitioning like returning to a culture they no longer belong in (Ainspan et al., 2018). The VA offers healthcare to male

and females but 83% of female veterans choose to receive care in civilian healthcare systems, as they view the VA primarily as a resource for men (Washington et al., 2007; Westermeyer et al., 2009). Researchers have found that civilian providers treating MST survivors, specifically women, may not understand or be prepared to handle the unique treatment these women need, which often exacerbates the trauma through secondary victimization (Campbell & Raja, 2005; Zinzow et al., 2007). Campbell and Raja (2005) found that:

> Most victims who sought help from the legal or medical systems (military or civilian) reported that this contact made them feel guilty, depressed, anxious, distrustful of others, and reluctant to seek further help. Secondary victimization was significantly positively correlated with posttraumatic stress symptomatology. (p. 109)

Confidentiality

In 1996 President Clinton passed the Health Insurance Portability and Accountability Act (HIPAA), which was designed for improved long-term care and ease of transferability (Nelson, 2017). In 2000, the U.S. Department of Health & Human Services created Standards for Privacy of Health Information to help protect patients' protected health information (Nelson, 2017). This act is referred to as the Privacy Act (Ramanathan et al., 2015). A patient's protected health information includes the patient's electronic, hard copy, verbal, mental, and healthcare information. In order for anyone to have access to these records, a signed consent from the patient must be obtained (Nelson,

2017). One of the biggest differences in the military culture is the lack of confidentiality, especially regarding mental healthcare (Nelson, 2017).

The Military Command Exemption is an exception to the Privacy Act for specialized government facilities, including the military (Nelson, 2017). This allows a service member's health records to be released without their permission to assure mission readiness (Nelson, 2017). The DoD Health Information Privacy Regulation, DoD 6025.18-R, is a guideline for the Military Command Exemption (Nelson, 2017). The lack of confidentiality when reporting sexual assault is a strong deterrent to reporting. Research found 80% of individuals not seeking help did so because of a lack of confidentiality and fear of negative reactions from their command (Ho et al., 2018). Many military members seek help from outside sources such as faith-based organizations and non-medical counseling services (MFLCs) (Ho et al., 2018). Even though these services are offered outside of the military exemption, many MST survivors still fear being found out, so they are not receiving the help they need (Ho et al., 2018).

Cheney et al. (2018) conducted a mixed-methods study to discover the reasons why veterans were not using mental health services through the VA. Sixty-six veterans who had experience with being treated for mental health at the VA participated (n=40). The majority were male (n=50) and white (n=40); 24 had been diagnosed with PTSD, 28 with depression, and 40 with alcohol dependency. Results found five main reasons why they did not seek further treatment:

1. Worry about what others think: Key words such as stigma, vulnerability and lack of trust with the VA were repeatedly used. The participants stated that

they didn't want to be labeled "crazy" or "in therapy." They admitted going to therapy made them feel weak or like "a failure." They confessed having a lack of trust in their therapist and that the therapist could not relate to what they were going through because they had never experienced what it was like to be in the military.

2. Financial, personal, and physical obstacles: Taking off work to attend therapy created a financial burden. Many VA treatment facilities were a long distance away, often making it difficult for veterans with physical disabilities to get to the treatment facility. The time off or needed assistance to travel often created questions about taking off work created personal strains.
3. Lack of confidence in the VA: The participants stated that they had issues with long wait times, what they viewed as unqualified staff, cancellations, lack of flexibility, and lack of appointment times during off-work hours.
4. Navigating VA benefits: Participants expressed the difficulty of receiving benefits due to a lack of knowledge about what services were available to them, difficult paperwork, and an overall feeling that the VA wanted to save money by making it more difficult to get treatment.
5. Lack of confidentiality: This was the main concern for the participants. They expressed fear of losing security clearances, losing disability or special caretaker allowance, and job loss or job rejections due to the lack of confidentiality in the VA (Cheney et al., 2018).

Resilience

Resilience is defined as “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 543). MST survivors who report their assault may be faced with a hostile work environment, career-changing consequences, numerous mental health issues, and other challenges specific to the military culture (Gray, 2012). According to Gray (2012), the definition of resilience is different from one culture to another; one’s culture will influence how the individual copes with trauma. As such, resilience in military service members and veterans will differ from resilience created in other cultures.

Morgan et al. (2017) conducted a study of 947 active-duty Army Soldiers to evaluate sexual assault and mental health consequences, pre-military assault predictors, and protective factors including resilience. Pre-military violence was significantly related to higher levels of depression, PTSD, and anxiety amongst women and higher levels of PTSD and DD in men. However, the authors found resilience had a more significant impact on the severity of mental health than pre-military exposure to trauma. Morgan et al. (2017) suggested the need to increase resiliency amongst military members which will assist in improving the service member’s recovery. To increase resiliency in treatment, a better understanding of how military culture impacts resiliency is necessary.

The Research and Development (RAND) medical research team conducted a literature review of programs designed to promote resilience in the military (Meredith et al., 2011). They found 270 relevant peer-reviewed articles, which they divided into groups (Meredith et al., 2011). The authors found 20 evidenced-based factors associated

with resilience. At the individual level, the authors found positive coping, positive affect, positive thinking, realism, behavioral control, physical fitness, and resilience levels factors associated with greater resilience. Family factors that contributed to resilience include emotional bonds, communication, support, closeness, nurturing, and adaptability. Unit factors contributing to resilience were positive command climate, teamwork, and cohesion. Community-level factors were belongingness, cohesion, connectedness, and efficacy (Meredith et al., 2011). This research demonstrates the importance of positivity in healing from trauma. Understanding which areas of military culture impact MST survivors negatively or positively may assist with determining what areas of positivity to focus on.

Military culture and the impact it can have on resilience is a new field of study, and the DoD is developing the Global Assessment Tool as part of the Comprehensive Soldier Fitness program (Meredith et al., 2011). The Global Assessment Tool is a self-assessment evaluation that tests the physical and psychological health of the service member using five categories of strength: social, emotional, spiritual, family, and physical. There is currently no data on the reliability or validity of this tool available (Meredith et al., 2011).

Military service members are faced with a high amount of stress both in the field and at rest. Rice and Liu (2016) was conducted research to determine if there was a difference in resilience levels and coping methods between active-duty military and non-active-duty veterans. The researchers had 191 active and non-active Veterans complete a demographic survey, a self-reported 14-item resilience scale, and the Brief Cope

questionnaire. The authors concluded active-duty veterans scored higher in resilience than non-active veterans, but both were in the moderate range. Active-duty service members that served longer had higher resilience levels as well as those that used coping methods of humor, used less self-blame and were socially active (Rice & Liu, 2016). The results also confirmed that those who had served longer in the military had better coping methods, which leads to the belief that the military culture may have a positive impact on mental health, because were in the culture for longer. Rice and Liu's (2016) findings are significant and will directly impact the treatment of the service member. It also points to the need for further research to be conducted on resilience levels between active duty and non-active-duty service members. This study did not cover MST but it does demonstrate that the military culture does impact recovery and understanding how MST survivors are impacted is needed.

Uniform Code of Military Justice

The US military has its own justice system separate from the civilian courts called the Uniform Code of Military Justice (UCMJ) and the Manual for Courts Martial (MCM, 2016), which expands upon the UCMJ by specifically providing information on conducting Courts Martial (Osiel, 2017). The UCMJ has its own judges, court of appeals, prisons, and police force (Osiel, 2017). In order for a sexual assault conviction, one must prove that the action occurred and that the action occurred without consent (Castro et al., 2015).

Under the UCMJ, MST originally fell under Article 120, which was established in 1950 (Nevin & Lorenz, 2011). The original article combined rape and carnal knowledge

(Nevin & Lorenz, 2011). In 2006, Article 120 was expanded to include rape, sexual assault, and other misconduct (Nevin & Lorenz, 2011). In 2012, the article was amended again and broken into three categories: adult, child, and other sexual offenses (Nevin & Lorenz, 2011). Language changes included gender-neutral phrasing and removing requirements a victim must resist (Nevin & Lorenz, 2011).

Over the past 10 years, there has been a growing concern about sexual assault in the military, resulting in military officials taking a serious look at this issue (Stander & Thomsen, 2016). Under the UCMJ, the military developed the SAPR programs (Stander & Thomsen, 2016). Due to fears of retaliation, negative impact on career, and other factors, SAPR developed restricted reporting. Any military member of the US Armed Forces or their dependents are able to report a sexual assault without opening an investigation or informing their command (Friedman, 2007). Under this restricted reporting, the victim is able to receive medical and mental health care, assistance from a victim advocate, and legal advice (Friedman, 2007). This allows the victim time to obtain legal assistance and have time to process what happened. The negative impact can include continued contact with the perpetrator, loss of evidence, and lack of a close support system (Friedman, 2007).

If an unrestricted report is filed, the Commander must complete a 30-day checklist and DD Form 2910 (Bluhm, 2016). Tasks included in the checklist are providing the victim with immediate medical care, putting the victim in touch with a Sexual Assault Response Coordinator (SARC), and ensuring the victim’s safety (Bluhm, 2016). The SARC will assist the victim in establishing a safety plan, and if they are in a

high-risk situation, a High-Risk Response Team will be assembled (Bluhm, 2016). This team consists of both the victim's and perpetrator's command, the SARC, a military criminal investigator, the health-care provider, and the individual that conducted the safety assessment (Bluhm, 2016). The DD Form 2910 includes informing the victim of the option to request a temporary or permanent transfer to a different command (Patrie, 2015). The commander has 72 hours to accept or deny the request (Patrie, 2015). Both restricted and unrestricted reports are eligible to receive medical care provided by a DoD Sexual Assault Medical Forensic Examiner (SAMFE; Bluhm, 2016). These medical professionals go through a significant amount of training, and the evidence is held for up to five years (Bluhm, 2016).

False reports increase the likelihood of not reporting a sexual assault in the military (Patrie, 2015). According to the DoD, in 2014, nine percent of sexual assault reports were found to be false or baseless (Patrie, 2015). Most police officers overestimate the true number of false sexual assault reports at 40 to 45% (Patrie, 2015). This is believed to be due to the fact that officers recall being lied to much more than when they are told the truth (Patrie, 2015). This lie sticks in their minds, and they often believe that most people are lying to them based on this misremembering (Venema, 2016). This can lead to mistrust from the reporting victim, lack of evidence gathering, and a biased opinion of the case (Venema, 2016). Unfortunately, I was unable to find any research on military police and their views of false allegations. Research found that when comparing civilian college students to those in military academies, more men and military members were more accepting of the rape myths (Carroll et al., 2016).

Despite efforts to educate others about what sexual assault looks like, there is still an uneducated view of what a sexual assault victim actually looks like. When the alleged victim does not look like the "typical" victim, people will doubt the victim and believe it falls under the rape myth (Haskell & Randall, 2019). Haskell and Randall (2019) found that society believes a victim should offer physical and/or verbal resistance to unwanted sex; express clear and explicit non-consent to unwanted sexual contact; discontinue contact with the person who has been inappropriate sexually or who has assaulted them; and demonstrate perfect or near perfect recall, including a consistent and linear narrative of what happened (pg. 8). When these victims do not meet the expectations of what society views as typical victim behavior, they are often accused of false claims of sexual assault. In turn, this causes re-traumatization. Combined with low prosecution rates (RAINN, 2016) and being accused of lying, this creates a rape culture environment that deters victims from reporting (Haskell & Randall, 2019).

Summary

The literature review discussed the seriousness of sexual assault, the scope of the problem, issues behind difficulty with accurate statistics, and culture's role in treatment. Culture significantly impacts resilience and the impact varies differently from culture to culture. The military has their own culture as well, and MST is currently a very debated topic (Carroll et al., 2016). The peer-reviewed articles demonstrate a significant gap in the literature in regards to how military culture impacts resilience in survivors of MST. The literature also identified a common misconception of male MST and how these survivors are often unrecognized for several different reasons (Javaid, 2015).

By researching and understanding military culture, the military meets the criteria of being categorized as a rape culture. Rape culture is prevalent in cultures that have high levels of gender segregation, interpersonal violence, and devaluation of women (Sanday et al., 1981). The military, especially the Marine Corps, have extensive rules and laws in regard to gender segregation. While there is a lack of literature and research on interpersonal violence in the military, it is common knowledge that service members are trained to use strength and often violence to accomplish missions (Thomas & Taylor, 2015). Devaluation of women is common in the military; masculinity is encouraged and praised while femininity is frowned upon (Javaid, 2015).

Rape cultures are known for their lack of prosecution rates and lower severity of punishment for sexual assault. According to the definition of rape culture and the literature on military culture, the military meets all the requirements to be considered a rape culture. The military culture encourages masculinity, devalues femininity, has significant gender segregation, and has a poor and decreasing rate in prosecution (DoD, 2016). Sexual assault cases are some of the most difficult cases to prosecute and provide statistics on (Thomas & Taylor, 2015).

Difficulty determining false accusations, lack of reporting, obstacles in obtaining adequate evidence, and lack of accurate statistics are a few of the limitations that have been recognized (Thomas & Taylor, 2015). Because of this, the VA statistics will be beneficial as they represent more accurate statistics on the scope of MST. While obtaining the lived experiences of MST survivors would be ideal, they are a protected and vulnerable population. A therapist on average sees between 25 to 45 patients a week

(Grohol, 2018). A therapist will be able to provide insight into numerous patients whereas an MST survivor would provide insight only on one point of view.

Culture blindness is the inability to understand how particular matters might be viewed by people of a different culture because of a rigid adherence to the views, attitudes, and values of one's own culture or because the perspective of one's own culture is sufficiently limiting to make it difficult to see alternatives (Baum et al., 2018). An MST survivor may not be able to understand how the military culture impacts them, but a therapist may be able to have a clearer picture. Interviewing the mental healthcare workers that treat these survivors will provide a foundation for future studies. Understanding how the military culture impacts the survivor and how they react to MST based on their resilience will assist in providing better treatment. Chapter 3 delves into the methodology of this research. Having a structured blueprint of a study is critical in research and chapter 3 assists with this.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore the impact that military culture has on resilience in survivors of MST. The literature review demonstrated a lack of research on (a) whether military culture impacts resilience in survivors of MST and (b) whether the impacts are positive or negative (Pease et al., 2015). This was a qualitative phenomenological study that was exploratory in nature. Due to the gap in the literature, a qualitative approach assisted in providing specific data points that can be used in future quantitative studies. This study collected information from MHPs about their lived experiences treating MST survivors and how military culture impacts the resilience of the MST survivor. According to Creswell (2013), the phenomenological approach is ideal when the goal is to identify the lived experiences of individuals in regard to a specific phenomenon. This research approach was chosen to avoid interfering with MST survivors' recoveries by interviewing MHPs who work with these survivors.

By collecting data from MHPs, this study had no immediate impact on survivors' treatment which protected these survivors against potential interference (Creswell, 2013). Through a phenomenological approach, I identified and analyzed the lived experiences of MHPs who treat MST survivors and who most accurately represent the survivors' perceptions of military culture's influence on their patients' recovery (Creswell, 2013).

Sica (2006) discussed bias in research in great detail. In efforts to avoid this bias, one of the recommendations that was used in this research was to screen for participants who have training and experience in treating the MST population. All participants in this

study were experienced MHPs who were trained on how to evaluate possible bias in themselves and how to prevent that from impacting their patients. MST survivors are considered to be a protected population, and many are still vulnerable and in different stages of healing. The chances for bias during the different stages of healing are high, and to prevent this from interfering with the healing process, studying MHPs was the most reliable method of obtaining data (Sica, 2006).

Based on the needs of the research, an open-ended interview style was used (Creswell, 2013). The questions were in specific purpose-driven order, with fixed, tightly structured questions to lower the risk of interviewer bias and assist with providing reliable data. This approach provided an opportunity to study all branches, ranks, and genders. Understanding how military culture interacts with resiliency factors can help lead to better treatment for MST survivors who are seeking treatment by helping MHPs gain a better understanding of how military culture impacts their patients' recovery.

Research Design and Rationale

Research Questions

The central research question was as follows: Do MHPs, through their lived experiences treating MST survivors, identify any impact that military culture has on resilience in MST survivors? This research question had the following subquestions:

- Do MHPs, through their lived experiences treating MST survivors, identify any positive impacts that military culture has on resilience in MST survivors?
- Do MHPs, through their lived experiences treating MST survivors, identify any negative impacts that military culture has on resilience in MST survivors?

- Do MHPs, through their lived experiences treating MST survivors, identify any military-influenced coping skills in MST survivors?

This research focused on discovering MHPs' views of whether and how military culture influences resilience in MST survivors. There are many aspects of one's culture that can impact resilience, and a central factor in determining treatment is to discover what aspects of military culture have the most impact on resilience (Ungar, 2013). Finding common culture traits that had the greatest impact on MST survivors can assist with this. The data collected from this approach can help MHPs better identify what areas to focus on in regard to the treatment of MST survivors.

Role of the Researcher

My role as the researcher was to discover whether and how military culture influences the resilience of MST survivors based upon the lived experiences of the MHPs who provide mental health care services to them. As a Marine Corps combat veteran who experienced MST and worked in MST advocacy for 12 years, I have insight into this phenomenon, which assisted in the development of relevant interview questions. I have also received mental health treatment for PTSD and am a disabled veteran who has been exploring numerous types of treatment for MST and PTSD. Due to this, I have had the opportunity to be on both sides of treatment: the patient and the advocate.

Due to my own experience, there was a possibility for researcher bias and transference. In order to prevent such bias and transference, I interviewed MHPs and ensured that my own personal experiences were not collected as data. As an MST survivor, I found that something that assisted me in my recovery was understanding

culture's impact on resiliency, the different types of treatments available, the process of recovery, and knowledge of cultural influence's impact on recovery. To minimize bias, semistructured and open-ended interview questions were used along with literature to create a cross-sectional phenomenological approach (Creswell, 2013). In order to reduce bias in the research, I used bracketing. Bracketing is a process in which the individual conducting the research identifies their vested interests, personal experience, assumptions, and knowledge of previous research conducted on similar topics (Tufford & Newman, 2012).

Methodology

This study used purposeful snowball sampling and homogenous sampling to identify participants (Creswell, 2013). Snowball sampling is ideal for finding participants who are difficult to identify, and homogenous sampling provides a method to identify MHPs who treat MST survivors (Creswell, 2013). Snowball sampling takes place when participants recruit other participants and is a nonprobability sampling method. MHPs were encouraged to recommend other MHPs. This not only assisted with creating a larger pool of potential participants, but also assisted with sharing the work that this research study focused on (Creswell, 2013).

Participant Selection Logic

The goal was to recruit 10 or more participants through referrals, social media ads, contact with MST coordinators on LinkedIn, and vet centers on the West Coast. Recruitment letters were sent to all interested candidates (Appendix A). In order to

participate in this study, an MHP needed to be over 18 years old, have experience treating MST survivors, be willing to participate in follow up, and agree to the interview.

Instrumentation

The interview questions (Appendix C), which were semistructured, were designed to discover answers to the research questions. The goal of the interviews was to discover, through the lived experiences of MHPs, if and how military culture impacted MST survivors' resilience. Participant interviews were documented using an audio recording device, which was transcribed into written text. The interviews were conducted via Zoom video call and recorded with permission after receiving the consent form.

Procedures for Recruitment, Participation, and Data Collection

The interview questions were semistructured to obtain authenticity from the participants and to identify emerging themes (Creswell, 2013). There were no other researchers involved in these interviews, but the research supervisor was available for any potential issues. I conducted the interviews myself, and to ensure confidentiality and authenticity, I requested that the participant be alone while being interviewed. After the interviews were conducted, participants were sent a transcript through their email of choice. All information obtained by myself, including any classified material, was obtained using secured methods and stored in a safe and confidential location (Patton, 2002). This was in accordance with the American Psychological Association's (2017) *Ethical Principles of Psychologists and Code of Conduct*.

In compliance with the Health Insurance Portability and Assurance Act (HIPAA), the participant was instructed not to disclose any identifying information about their

clients or specific details that would be in violation of HIPAA laws (Ness & Joint Policy Committee, 2007). Participants were referred to by an assigned number, and any identifying information was removed from the data and not used. Each participant agreed to a recorded Zoom video call interview conducted by me that lasted approximately 35–45 minutes. The goal was to interview 10 participants. There was no compensation, and all correspondence was done via email and recorded Zoom video call interviews.

Data Analysis Plan

The data collected were analyzed and stored using NVivo, a computer-assisted qualitative data analysis program (CAQDA; Patton, 2002). Nodes, matrices, sources, and relationship classifications and initial parameters were put into place to properly organize data (NVivo, 2014). Through this application, emerging information was gathered as a result of the semistructured interview questions (Patton, 2002). Categories of certain military culture aspects were used in the NVivo software. These categories included warrior ethos, core values, hazing, UCMJ, reporting standard operating procedures (SOPs), and confidentiality. NVivo software allowed external and internal documents to be integrated into the data (NVivo, 2014).

Issues of Trustworthiness

Unlike validity issues with quantitative research, trustworthiness in qualitative research is an issue that needs to be addressed (Creswell, 2012). One of the first issues addressed is credibility (Patton, 2002). Transcripts of the interviews were available to committee members associated with the research to ensure credibility. Transferability, which refers to similarities that the reader has after reviewing the research and when the

reader would come to the same conclusion as the researcher, also falls under the issue of trustworthiness (Creswell, 2012). Variation in participants was one of the methods used in this research to ensure transferability (Patton, 2002). The participant requirements were broad enough to provide variability, and participants were not required to be veterans.

Dependability is the third issue under trustworthiness and refers to how reliable and accurate the data are (Creswell, 2012). Member checks occur when the researcher gives the participant an opportunity to review the transcripts of their interview (Creswell, 2012). All participants were emailed their transcripts and given an opportunity to make any amendments within 10 days of receiving the transcript, as noted in the consent form. This gave the participant an opportunity to provide any missing or forgotten details and to correct any inaccuracies after reviewing a transcript of their interview.

The last issue is confirmability, which refers to the degree to which others agree with and support the results of the research (Patton, 2012) and ensures the data are coming from the participants and not from any biased feelings of the researcher. An audit trail is the documenting of the entire process of collection, analysis, and interpretation of the data (Patton, 2012). Bracketing was used to identify and document any bias that the researcher has in regard to the data. Bias can be from past personal experiences and/or previous research knowledge (Patton, 2012). An audit trail and reflexivity through bracketing were conducted.

Ethical Procedures

Prior to participation in this research, participants were required to sign a consent form. Coordination with Walden University's Institutional Review Board (IRB) was conducted (approval number 06-29-21-0395096). All information was confidentially maintained through NVivo software and was only accessible to myself (NVivo, 2014). Participants were afforded the opportunity to add to or revise their statements after receiving the transcripts of their interview. This was an example of a researcher studying their own group (Janesick, 2011); therefore, bias was addressed throughout research development, data collection, and data analysis.

Summary

This phenomenological qualitative study explored the impact that military culture has on resilience in survivors of MST through the lived experience of the MHPs treating them. A snowball sampling method was used to find qualified participants who agreed to participate voluntarily in a 35- to 45-minute recorded Zoom video interview consisting of nine questions. This method ensured that the survivors being treated would not have their treatment interrupted or impacted. When one is immersed in a culture, it is often difficult to see the impact that it has on oneself. Therefore, interviewing MHPs who could observe outside of the culture might have provided a more unbiased opinion. The military has its own culture, and understanding if and how it impacts resilience in survivors of MST is needed to better treat and understand recovery after their trauma. The methodology focused on the gap in the literature, as I had not found any information that addressed the research questions. In Chapter 4, I discuss the results of the data collected.

Chapter 4: Results

Introduction

In this chapter, I present the results of the data analysis. I start with a brief overview of the study, discussing the setting and outlining the demographic information for study participants. I then describe how I collected the data and discuss the process that I used to analyze the data. Finally, I present the findings of the analysis in the form of themes related to the research questions and conclude the chapter with a summary of the data analysis. I present themes that emerged in response to each subquestion (SQ) and then assess how they relate back to the overarching research question in the summary of this chapter. I discuss these findings and connections between the central research question and subquestions in greater depth in Chapter 5.

Setting

The setting for this research was a Zoom interview that was scheduled to accommodate the participant after corresponding through an email that the participant provided. I conducted interviews alone in my home office with no disturbing noise that interfered with the interviews. The Wi-Fi connection used was secure and did not drop any calls. Out of the seven participants, only two experienced Wi-Fi connection challenges.

The average length of the interviews was approximately 35–45 minutes, of which five minutes was set aside to briefly describe the interview process, provide the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Helpline information in case of emotional distress, request that participants avoid any identifying

descriptions of their patients, and request that participants maintain confidentiality by being alone during the interview. Additionally, I allotted time after the interview to answer any questions that the participant had. Prior to the interview, I let the participants know that the interview could take up to 45 minutes but to allot an hour to make sure that we had enough time if they had any questions or needed more time. Due to the fact that several of the participants were veterans, I requested that they do their best to focus on the experiences of their patients rather than their own personal experiences.

Demographics

For this study, I recruited participants through flyers shared on social media platforms, through emails to department heads of organizations that treated MST clients to be distributed to qualified personnel, and through posts on psychological platforms. Seven MHPs responded who met the criteria as outlined in the recruitment letter (Appendix A): (a) have 2 years of experience after licensure, (b) be over 18 years old, (c) have experience treating MST survivors, (d) be willing to participate in a follow up, and (e) agree to the interview. All seven of the participants signed the consent forms electronically, provided an email to schedule the Zoom interview, and indicated a time that worked for them to conduct the interview.

The participants fell into three age ranges: 25–34, 35–44, and 56 or older. Three were 25–34, three were 35–44, and one was 56 or older. All of the participants were women, and four of them had served in the military. For years of experience treating MST survivors, four participants had 10 or more years of experience, and the remainder had between 6 and 10 years. Three participants were Licensed Professional Counselors

(LPCs), two were Licensed Clinical Social Workers (LCSWs), two had a doctorate in clinical psychology, five were certified in Eye Movement Desensitization and Reprocessing (EMDR), and one was certified in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy.

Data Collection

After the participant entered the Zoom call, I informed them that the interview was going to be audio-recorded and that there were nine interview questions (Appendix C). Additionally, I asked them to be alone during the duration of the interview and to avoid using any identifying information in regard to their clients to protect confidentiality and anonymity. I provided them with SAMHSA's helpline number and advised them that if they began to feel any emotional distress due to the topic, they should stop and seek assistance. Only after I received their permission to record did I start the interview. After the participant provided their response to one of the nine questions, before moving on, I asked follow-up questions or provided clarity on a question that the participant did not fully understand.

After each interview was over, I transcribed the interview into a Microsoft Word document. After transcription, I deleted all recordings from the recording device after saving them under the participant number on a secure computer. After the interviews were transcribed, I emailed the participants their transcript, allowing for any amendments or questions. As noted on the participant consent form, they had 10 days to respond with any amendments to their responses. Five of the participants responded via email that they

had no amendments, and the other two did not respond after the 10 days. No amendments were requested by the participants.

Due to challenges with recruitment, two changes were made, both of which were approved by the IRB. The first was to add recruitment methods to include sending emails to department heads of organizations to be distributed to qualified personnel and posting on psychological platforms. The second change was to alter the recruitment participant requirement from *currently treating MST* to *has experience treating MST*. Despite exhausting all efforts to obtain the goal of 10 participants, only seven responded.

I recorded all interviews on a secure recording device that remained in my possession in a secure location. The interview with Participant 1, due to a poor connection on the participant's end, made transcribing the interview challenging. There were outside distractions in a few of the interviews, such as neighbors speaking loudly and the noise of one participant's outdoor chickens, that paused the interview until the noise passed. Each participant was provided with the transcripts to make any amendments due to these influences, but none requested any changes. There were no other variations, and there were no unusual circumstances during the data collection.

Data Analysis

I conducted a phenomenological qualitative study to determine the lived experiences of MHPs who treat MST survivors. After I transcribed each interview, I provided these transcripts to each participant at the email that the participant provided, allowing them to make any changes. None of the participants had any amendments to make. I first read each transcribed transcript twice to adequately familiarize myself with

the data. I took notes and listed several possible codes before uploading the transcripts to NVivo for further analysis.

To avoid bias, I used reflexivity through bracketing. Prior to the interviews, I went through the interview questions and wrote down any bias I had in these areas. These biases included personal experience with MST, past service in the military, and prior research I was aware of on the topic. During each interview, I documented when these potential biases could be an issue. I then coded every line of data with equal importance, paying special attention to the bracketing. I reviewed codes, combined similar ideas, and deleted redundant codes. There were 204 remaining references in the data. I examined the group codes and connected them under respective subquestions, and the codes with the most references emerged as themes related to each subquestion. The emergent themes are summarized in Table 1.

Table 1

Summary of Themes

Research question	Themes
SQ1: Do MHPs, through their lived experiences treating MST survivors, identify any positive impacts that military culture has on resilience in MST survivors?	1. Skills developed in the military contribute to resilience 2. The military culture of comradery and connectivity impacts the resilience of MST survivors 3. There are programs available for MST survivors
SQ2: Do MHPs, through their lived experiences treating MST survivors, identify any positive impacts that military culture has on resilience in MST survivors?	4. The military is a male-dominated field and has extensive misogyny and toxic masculinity 5. Reporting must go through a rigid chain of command 6. Military culture views sexual assault as a given
SQ3: Do MHPs, through their lived experiences treating MST survivors, identify any military-influenced coping skills in MST survivors?	7. Military sexual assault survivors cope more easily when vets help vets 8. There is a need for support for those in active duty and those adjusting to civilian life 9. Trauma-informed care is needed to enhance military coping skills 10. There is a lack of coping mechanisms presented to both men and LGBTQIA+ survivors

Evidence of Trustworthiness

For each of the seven participants, I recorded their interviews and transcribed them verbatim to a Microsoft Word document. Each participant had 10 days, as documented in the participant consent form, to review the transcripts upon receiving them via email to provide any amendments or follow ups. These transcripts are stored in a secure computer and are available for review by committee members or others who are associated with this research for further analysis and confirmability. An audit trail and reflexivity through bracketing were also used to address potential confirmability. Every participant was a board-certified MHP with over 2 years of experience, and their responses were believed to be credible and trustworthy. Excerpts of these transcripts are used throughout this chapter to assist in supporting the dependability of the data. To establish transferability, a dense description of the population being studied has been provided.

Results

The following section is divided by each subquestion (SQ) and its respective themes. Themes related to SQ1 all have discrepant cases that are outlined at the end of each subsection. There are three themes related to SQ1, three related to SQ2, and four related to SQ3.

Subquestion 1: Do Mental Health Providers, Through Their Lived Experiences Treating Military Sexual Trauma Survivors, Identify Any Positive Impacts That Military Culture Has on Resilience in Military Sexual Trauma Survivors?

Three themes emerged in response to SQ1: (a) skills developed in the military, including warrior ethos, contribute to resilience; (b) the military culture of comradery and connectivity impacts the resilience of MST survivors; and (c) there are programs available for survivors. The prevalence of these themes is summarized in Table 2.

Table 2

Themes Related to Subquestion 1

Theme	*n* of participants contributing to theme (*N* = 7)	*n* of references to theme in the data
Theme 1: Skills developed in the military contribute to resilience	5	14
Theme 2: The military culture of comradery and connectivity impacts the resilience of MST survivors	6	11
Theme 3: There are programs available for MST survivors	5	6

Theme 1: Skills Developed in the Military Contribute to Resilience

Theme 1 was the most common theme that emerged in response to SQ1. Five participants referenced military skills as having a positive impact on resilience in MST survivors a total of 14 times. Many skills encompass the warrior ethos, including persistence and pride. Participant 2 described persistence: "They're [civilians] more likely to reduce their overall functioning, whereas the military or veteran sexual assault survivors are more likely to just keep going." Participant 5 described how pride and posttraumatic growth contribute to resiliency:

> The positive, as I was talking about, that pride, being able to graduate from boot camp. A lot of the veterans that I've worked with who have also experienced MST have also endured combat trauma. There is this dichotomy or juxtaposition of being both at the same time. Both very much wounded, but also having this resilience of posttraumatic growth sort of stuff of what it meant about them, that they were able to get through those experiences.

Many participants also believed that survival skills learned in the military impact resiliency among survivors of MST. Participant 4 said:

> Especially in response to trauma, there is an emotional intelligence people always respond, "the military taught us to do all these things or the military trains individuals up for trauma. It heightens our system. It prepares us for, well, you are probably going to experience a life-threatening event, and you are trained to respond. So, it trains us up to constantly be ready for something bad to happen."

Similarly, when asked about positive impacts on resiliency among MST survivors, Participant 5 said,

> It’s about the creeds or the ethos, what was kind of instilled. It's like needing to be strong and needing to overcome no matter what, and this mentality that really goes against basic humanity, getting hurt as people emotionally and physically and otherwise.

Finally, Participant 1 said,

> It provides more possibilities and opportunities to evolve from that situation and still have that resiliency and survival skills. Because if you still have survival skills and you have a lot of resilience it’s going to be “Oh he has great skills she has great skills” and now you are stuck in survival mode.

Discrepant Cases. While many participants described military skills, including the warrior ethos, as having a positive impact on MST survivor resiliency, some also mentioned that it has the reverse effect. Participant 7 discussed how military culture rewards trauma survivors and said,

> It’s like the culture worships people who can handle their trauma and avoid their trauma, if that makes sense. I teach a lot about trauma and what’s “socially accepted trauma.” The overworking and the perfectionism are part of the culture, as well as being the yes person, overscheduling, only functioning on a few hours of sleep, not taking breaks, not taking vacations, all that powering through. All of those things in the culture, and not just military, but the military culture rewards

> that. So, if people are traumatized and they can do those things, then they seem like they're “OK,” then they are awarded, and often promoted.

Theme 2: The Military Culture of Comradery and Connectivity Impacts the Resilience of MST Survivors

Theme 2 emerged in response to SQ1 and suggests that comradery, connectivity, and a having strong network are embedded in military culture and positively impact the resilience of MST survivors. Theme 2 was mentioned 11 times by six participants. Participant 3 described familial bonds among military members and noted,

> There is a lot of camaraderie. There's a lot of brotherhood and sisterhood. It acts like a surrogate family … the transfer of attachments that occur from family to the military, but it becomes very much like this family. So, I would say that it acts like a family, you behave like a family.

Participant 5 also referenced comradery as a positive impact and said, “I do think that there’s just the training and the mentality, and for people who had some level of support or had some level of camaraderie.”

Participant 2 described the built-in social network and family. They noted,

> There was some support system that they may not have if they’re civilians…The next thing is there is this sort of built-in social network and family. We as active-duty service members get moved around a whole lot. Every three to six years I would say we get moved to a different military installation. Part of the military culture, and especially those moves, is there are systems in place and there are organizations in place to immediately welcome you when you come.

Participant 1 described the positive impact of social collectives within the military, “You will have socialization, you'll have social collectives, you'll have this kind of optimism where there is an issue and it's where um they're um engaged in very you know a clinical way.” Participant 7 highlighted the importance of having a “support system.” Similarly, Participant 4 said,

> I totally think that's what's interesting because you're trained into thinking, these are your `brothers and sisters, this is your family. I feel like there's a lot of more interpersonal feeling inside that type of trauma… So, maybe it gives you a little bit more resiliency and because you have this social support or this perceived support network around you, whereas when you see sexual trauma typically out in the civilian population, they don't have as much.

Discrepant Cases. Comradery, support, a feeling of family, and connectivity are aspects embedded in military culture that alleviate the solo-suffering. However, many MST survivors suffer from a feeling of betrayal, as their perpetrators were often people, they considered family. In fact, four participants mentioned betrayal 10 times. Participant 5 said, [MST survivors] “are assaulted by someone who they thought they could trust. They go into the military thinking that then it’s one of the safest places you can be, and then it's not. It can be very disenfranchising…disturbing, emotional whiplash.” Participant 4 described betrayal in-depth:

> We all expect when rape happens or when sexual trauma happens, that it's going to be some crazy psycho who jumps out from the bushes or the person who jumps from our backseat or is underneath our car and why we're walking around with

> keys in our fists all the time as we're walking out in the dark like we always expect it to be that. But the fact that in the military it's typically by people who you are told that these are the same people who are supposed to be your brothers and sisters and the people who are supposed to be there to protect you in a life-or-death situation. I think it creates a lot more trust issues, a lot more distrust of systems and not just in people, but in the entire system as a whole. And so, it creates almost that barrier to treatment afterwards because if the military, if I can't even trust these people who are supposed to protect me in a life-or-death situation, how am I supposed to trust the VA system?

Theme 3: There Are Programs Available for MST Survivors

The final theme that emerged in response to SQ2 is that there are a variety of programs available for MST survivors. Five participants referenced programs a total of six times. Participant 4 discussed the benefit of having programs for survivors and said,

> Or knowing that there are positions now like the SARCs [Sexual Assault Response Coordinator] and the SHARP [Sexual Harassment/Assault Response and Prevention Program], all these sexual assault advocates, there are resources out there. There are things hopefully in place that you can reach out to. I always encourage people to, if they can, form connections with individuals in their units that make them feel safe, with at least one or two people, and making sure we always talk about everything that's going on. As well as finding a connection back home and making sure they're supported and connected and attached. Because I see a lot of people who when they are on active duty just completely detached

from their life back home or all of the resources that they had before, so then they're even more so isolated and don't have the resources.

Many participants also mentioned resources available through the VA. Participant 3 suggested the VA has a good Women's clinic. They said,

> Awareness of what those resources are because they are there, the VA has a pretty good Women's clinic. I would say what needs to happen is that it needs to also be available for men and needs to be consistent across geographic areas. The Women's clinic here, it's 45 minutes away from where I live. It's pretty good. It's decent. I like going there for myself. My clients are pretty good with them.

Discrepant Cases. Despite the fact that there are programs available to MST survivors that could positively impact their resiliency following trauma, some participants discussed flaws and inadequacies within the programs. Participant 1 described the ineffectiveness of resiliency courses. They said,

> For active duty— I would ask why? Why is there a resiliency course? Does that mean that there will always be a survivor? I think that needs to change. Has it helped? No. What we really need is to find a way to honor the survival mechanisms, don't throw away those. Also developing the ability to switch into evolving—which is part of the problem. It's not fixing their problem; it's not solving the problem.

Participant 1 also highlighted the prevalence of MST when they said, “I could pick out at least one perpetrator, male perpetrator, in every single 80-hour class I took.”

Subquestion 2: Do Mental Health Providers, Through Their Lived Experiences Treating Military Sexual Trauma Survivors, Identify Any Negative Impacts That Military Culture Has on Resilience in Military Sexual Trauma Survivors?

Participants mentioned many factors of military culture that negatively impact resilience in MST survivors. Many of these factors are also factors that are common among all sexual assault survivors, including shame, guilt, self-blame, victim blaming, disbelief in the victim, quid pro quo, and self-doubt. These factors were mentioned 24 times by all seven participants. However, in this study I am seeking to identify factors that are specific to military culture, so negative impacts that crossover to civilian world are not accounted for in these themes.

Three themes emerged in response to SQ2. These themes identify negative impacts military culture has on resilience in MST survivors. The three most common ideas mentioned by participants are the military is male-dominated, reporting goes through a rigid chain of command, and that in military culture, it is assumed that sexual assault will happen. These themes and their prevalence are summarized in Table 3.

Table 3

Themes for Subquestion 2

Theme	*n* of participants contributing to subtheme (*N* = 7)	*n* of references to subtheme in the data
Theme 4: The military is a male-dominated field and has extensive misogyny and toxic masculinity	7	28
Theme 5: Reporting must go through a rigid chain of command	7	24
Theme 6: Military culture views sexual assault as a given	4	9

Theme 4: The Military Is a Male-Dominated Field and Has Extensive Misogyny and Toxic Masculinity

The first theme that emerged in response to SQ2 is that the military is a male-dominated field with extensive toxic masculinity and misogyny. This theme was referenced 28 times by all participants. Participant 5 described the military as, “A male-dominated environment.” Participant 1 also discussed lack of female advocacy and male-privilege being an issue. They said,

> You know, women always have someone overseeing them, so to speak, however no power to negate and get through it, so it was really pretty much a good old boys' system, correct? So, which when you're reporting sexual assault and you're in a mostly male environment, so to speak, and male privilege environments to begin with and then loaded with guns and men with the authority, that DOJ [Department of Justice] which was— not just the DOJ but the military JSOC [Joint Special Operations Command].

Participants also described a misogynistic military culture. Participant 1 said, "What's culture? What's gender? There's so much hate against women. Women in the military are really pushing against the patriarchy." Participant 4 said:

> Or I hear comments all the time when I go to the VA hospital, and they will say 'well, you know, there weren't women that looked like you when I was in the military. If there were, you know...' Women are sexualized so much in the military. I've heard experiences of people being deployed, walking around base and where they walked past the barracks and there was a sheet up on the side of the building, and there was an entire group of men watching porn out in the open and people just having to be exposed to that. Or the sexualized posters of women all over, up in the shops or even in the main leadership buildings. The derogative sayings or half-naked pictures of women.

A misogynistic military culture fosters toxic masculinity which has many consequences. Participant 4 said, "There's a very macho-man, chauvinistic type atmosphere of men being able to say whatever they want." Participant 5 also explained

how toxic masculinity often negatively impacts resiliency among MST male survivors and said,

> Men tend to be socialized in general around beliefs that they should be big and strong and be able to protect themselves and then if they're assaulted, it's— It just kind of goes against everything that they may have been, from their childhood, socialized to think and feel about themselves, and certainly it's amplified in the expectations of the military culture… there's often this overcompensation of hyper-masculinity that starts to show up afterwards. So that's just been my experience.

Theme 5: Reporting Must Go Through a Rigid Chain of Command

Theme 5 illustrates how MST survivors are negatively affected by the rigid chain of command within the military and reporting protocol. Five participants referenced theme 5 a total of 16 times. The chain of command in place means victims are required to report to specific higher-ups who could have been their abuser. In addition, they are discouraged from reporting, and fail to report due fear of retaliation or informal punishment. Participant 5 described the reporting procedures in the military:

> Some differences I've observed are the hierarchy within the military culture, the legal proceedings, and the way that help is provided. All of it is within the military and often within the unit or within the branch within the unit. That can become and has often been really complicated and difficult for many of the veterans that I've worked with who are survivors of MST. Primarily, if we kind of think about it— an example may be— say an officer assaulted someone they're in

> charge of. That, right there is challenging. I'm sure you're aware, but there's this very rigid reporting system. So, how does this person go up [going to the person in charge of you] in the chain of command and report to the person who's harmed you? Oftentimes, for people that I've worked with, there really wasn't an avenue that was safe for them, given the reporting procedures. And given that those reporting procedures can be very rigid and are often kept within the military.

Participant 5 also discussed how higher-ranking perpetrators are often able to commit serious sex crimes with little repercussions. They described the following horrific story:

> But the number of times where that just does not happen, or they're not believed, or they can't even report it because of the structure and who the perpetrator was—I mean, there was a veteran I worked with, and she was abducted by a higher-ranking officer and repeatedly raped for multiple days, and he had the authority to write off that she was on leave. So, no one even went to go look for her. And again, it was just the fact that she got out of this cabin place that he was keeping her in and ran out onto the road and found someone that helped her and went to the police that was not affiliated with the military. I think all that happened was he lost his retirement.

The hierarchy within military culture and reporting system has been negatively impacted resilience in MST survivors. They often have to report to their abusers and their abusers are often not punished. In addition, many survivors are discouraged to report through the chain of command due to fear of retaliation and/or informal punishment. Participant 2 said,

> There are both formal and informal forms of discipline in the military, and a lot of people, well, a lot of people don't know anything about informal discipline in the military, but the ones who do, usually know about these formal lines of discipline… but the retaliation would be in the form of that informal stuff, and so it's really hard to prove that it's actually happening. Finally, the way people in the military talk are very curt, concise, expedient, and it can come across as harsh or cold or indifferent or inhumane, even when it's meant to just be practical or people don't even realize that's how they talk. That is the way they talk across the board in the military. And so, I can't imagine that that switch just goes off and on, even when they're talking to someone who is experiencing MST. So those are the main differences in a nutshell.

Theme 6: Military Culture Views Sexual Assault as a Given

Theme 6 also highlights a negative impact military culture has on the resilience of MST survivors and reflects how military culture essentially encompasses sexual assault. It is often taken for granted. Many military members believe sexual assault is a given in the military and it is sewn into the fabric. Participant 1 said, [Higher ups said] “

> you know you can just get used to it. It was used quite a bit with the survivors of the women that tried to complain and put forward a complaint about the sexual assault. [They would say] hey you know this is the military, this is the military culture. You know it's supposed to be part of the military.

Participant 6 echoed this idea and discussed how sexual assault is expected. They said, "She agreed with me on this, that women enter the military believing that they're going to be sexually assaulted." They went on to say,

> Well, so what I will say is in the military, for a long time they really didn't give a shit about [sexual assault] ... I mean, it was just part of the deal. You know, like suck it up buttercup, you're going to be harassed."

Participant 6 also described a story of a woman being raped, it being ignored, and how it impacted the victim's life. She recounted,

> Well, I think it's pretty similar. I can think of one woman in particular. She was a marine and she was literally being raped and saw people walking by while the assault happened. That was early on in her military career, and she served well over 20 years. But that not feeling safe and how it manifests with her, it impacted her relationships, the PTSD symptoms, nightmares, intrusive thoughts, not feeling safe, isolation, avoidance. It has impacted everything, every aspect of her life.

Subquestion 3: Do Mental Health Providers, Through Their Lived Experience Treating Military Sexual Trauma Survivors, Identify Any Military-Influenced Coping Skills in Military Sexual Trauma Survivors?

Four themes emerged in response to SQ3, that are identified military-influenced coping skills in MST survivors. Theme 7 is MST survivors cope more easily when veterans help veterans. This was the only theme that revealed a positive military-influenced coping mechanism. The three remaining themes related to SQ3 emphasize elements that are needed to better develop coping-mechanisms for MST survivors. Those

elements are a need for support for active duty and adjusting veterans, the need for trauma informed care (TIC), and a need to develop specific coping mechanisms for survivors who identify as male and part of the LGBTQIA+ community. Themes that emerged in response to SQ3 and their prevalence are summarized in Table 4 below.

Table 4

Themes for Subquestion 3

Theme	*n* of participants contributing to subtheme (*N* = 7)	*n* of references to subtheme in the data
Theme 7: Military sexual assault survivors cope more easily when vets help vets	4	6
Theme 8: There is a need for support for those in active duty and those adjusting to civilian life	6	14
Theme 9: Trauma-informed care is needed to enhance military coping skills	3	8
Theme 10: There is a lack of coping mechanisms presented to both men and LGBTQIA+ survivors	5	6

Theme 7: Military Sexual Assault Survivors Cope More Easily When Vets Help Vets

Theme 7 emerged in response to SQ3 and shows that MST survivors cope more easily when vets help vets. Four participants referenced theme 7 a total of six times. Participant 5 highlighted how veterans who help their fellow veterans are able to connect based on solidarity. They said,

> But it can't be everything. There are veterans I work with that do equine therapy, and they volunteer to help veterans and the community, veterans helping veterans, and that is so important to maintain some level of support and connection post-military. Because it's an embedded part of their identity and it may not be the main piece of how their life is evolving, but I think it needs to be a piece. Going back to the shame and the way in which people may have coped, or some of their stories surrounding the military, that has a tremendous impact on someone's willingness to talk about it or access services.

Participant 7 also discussed how veteran survivors may be more comfortable with veteran providers, but at times it can make them hesitant since they know veteran providers come from the same system in which they were abused. They said,

> Sometimes the vet center has veterans that are providers, and I fall into that category. Some of them connect more because you are a veteran provider, and some of them are a little bit suspicious because you're the VA, and they think that 'you are part of the government and the military'. So, it's different. I think it just depends on the person and the provider and the amount of trauma that they bring to it. So, there are definitely differences. I would say it seems like some of them

> are a little bit more comfortable to know that you're a veteran provider, so they don't have to explain the lingo. They don't have to explain the rank structure or have to give you a back story before they talk about it. Some of them just seem a little bit more guarded in front of you if you are in the military. The culture is different in how they talk, they're more direct, I would say compared to civilians they like to swear, which is fine. I'm used to that. I'm okay with that. Versus civilian culture, I think you have to be a little more polished.

Theme 7 represents the idea that MST survivors may be better able to learn coping mechanisms from veteran providers. However, there is still lack of trust in the system. Participant 4 spoke from the perspective of a survivor and said,

> How am I supposed to trust a system ever again to keep me safe when these individuals who are meant to protect me and serve next to me and be my family, if I can't trust them, why would I trust anybody else?

Theme 8: There Is a Need for Support for Those in Active Duty and Those Adjusting to Civilian Life

Theme 8 demonstrates a lack of military-influenced coping skills available, and services, for active duty and adjusting veterans. This theme was mentioned 14 times by six out of the seven study participants. Participants suggested there needs to be coping-skills taught to those adjusting to civilian life and they often are confused with their identity. Participant 4 highlighted how veteran survivors struggle with their identify during adjustment. They said,

> But what they forget is there's just one part of them, one slice of who they are as a whole. And sometimes what I see people struggle with is after getting out or when they find new roles or as they become a dad or as they become a manager at a job somewhere like they have a really, really hard time understanding that how they operated in that one role does not fit all those other roles, and their sense of identity needs to be in some sense of as fluid.

Further, Participant 3 said,

> The thing that happens in boot camp and officer training school is that you break down who you were in the before and you're built up within the military culture, but now that's gone too, and you don't have access to any of those supports.

Participant 4 also discussed how many veterans do not have coping-skills to deal with their trauma and thus deny their trauma for years. They said,

> Or it's too close to when they're getting home, and they're just not in that head-space, or nothing is blowing up in their life yet after what happened to them. I believe a lot more follow-up needs to be done for individuals, and not just two months out or three months out, but I'm talking a year out, two years out. Because we all know that people can hold things together for a couple of months, but when you're getting a little bit further out [it gets harder]. I have always wanted to see a peer mentoring program take off.

In addition to MST survivors who are adjusting to civilian life, there needs to be resources to develop coping skills among active duty. Participant 7 said, “If they’re active duty they are constantly going back into trauma potentially, I’d focus a little bit more on

coping skills." Further, Participant 6 also discussed the need for immediate mental health services for active duty and said,

> They're doing some more realistic training that way. I think another thing that would really help to is access to mental health on the ground in war zones and have the access be immediate like within 24 hours. Because if you, there's a protocol, an EMDR protocol, and I've used it on rape victims, car crashes and sudden deaths, all kinds of stuff where if you get to people quick enough, you can reduce that trauma. And it doesn't turn into PTSD and things like that. So, I think access to health care immediately. And then education as a whole as to what is trauma. Is trauma your friend committed suicide? Is that trauma or is that something that you just suck it up and keep moving? You know what is that? How does it feel? And in the military, there's a really good job of turning off emotions, but it does a really shitty job of recognizing them and then bringing them back online.

Theme 9: Trauma-Informed Care Is Needed to Enhance Military Coping Skills

Theme 9 demonstrates that most MHPs believe there is a need for trauma informed care to be incorporated into military-influenced coping skills. Three participants referenced trauma-informed care eight times. Participant 7 said, "I'm a big proponent of trauma work." Further, Participant 6 described the need to be cognizant of past trauma, including childhood trauma, that is compounded by sexual trauma survivors faced in the military. Participant 6 said,

> So, what I have seen is the VA will go, 'Oh, you got MST right? All right. So, let's do some CPT [Cognitive Processing Therapy] or prolonged exposure on that rape because we were responsible for that rape'. I know as a clinician; you're not really going to treat that veteran until you treat when that veteran was sexually assaulted by the neighbor when they were 13. You're not going to treat that rape until you treat the incest. You're not going to treat that rape until— Because that narrow pathway is connected in their head, and you can't cherry-pick trauma. You can't do that. It's irresponsible as a clinician. You also cannot treat a veteran if you don't have trauma-informed therapists.

Participant 6 went on to say, "So then you take somebody that is already damaged and then you throw them into a situation that's even more horrendous. And they're 19 and they've got zero coping mechanisms." Based on MHPs' lived experiences, coping mechanisms in the military based on trauma informed care could improve resiliency among MST survivors.

Theme 10: There is a Lack of Coping Mechanisms Presented to Both Men and LGBTQIA+ Survivors

The final theme that emerged in response to SQ2 is that there is a lack of military-influenced coping skills and mechanisms available for survivors who identify as male and those of the LGBTQIA+ community. Participant 4 said, "Men were never included in the conversation." Further, Participant 1 demonstrated how there are little to no resources available for the LGBTQIA+ community and said,

> That would be, especially with MST, I have had some homosexual clients, I had several queers, and lesbians, but it's their need for safety. It's different in the military culture and of course if you're in Iraq and Afghanistan, you're not going to find it.

Participant 3 highlights the blame placed on LGBTQIA+ survivors and how they are often blamed for the assault because of their sexuality. They described:

> My male survivors, especially my gay or transgender or LGBTQIA+ clients, if there's sexual assault that occurs in any way, shape or form, 'well, you're gay, you wanted to have sex, you like that sort of thing', kind of this normalizing, disregarded and dismissive thing that occurs in those circumstances. Also, the unit cohesion where we all do the one bad thing together.

Participant 5 also highlighted the self-blame among men, and their struggle with their sexual identity. They discussed the need for coping skills that help survivors secure their identity by saying,

> I shouldn't say always, but a lot of males that I've worked with tend to kind of go into this area of 'did these men think I want this? Did they think I was gay?' They have this really hard time understanding, it's very hard for them to comprehend that this has nothing to do with sexual orientation. This has nothing to do— Sex and rape are different galaxies. These are not— we cannot confuse these two things, and really breaking it down to perpetrator behavior and psychoeducation.

Summary

In this chapter, I presented findings from the data in the form of themes related to each subquestion which corresponded to the overarching research question. Themes 1-3 addressed MHPs views on positive impacts military culture has on resilience in MST survivors. Positive impacts that impact resilience are military skills, or the warrior ethos, comradery, and programs available for MST survivors. However, there was also data that demonstrated how these factors can also be negative. While the warrior ethos builds strength to influence resilience, it also leaves victims thinking admitting trauma reveals a weakness. While comradery and a sense of family provides community, it also leads to feeling a larger sense of betrayal when victims are assaulted by those they viewed as part of their network. While there are programs available for MST survivors, many are inadequate to address their needs.

Themes 4-6 emerged in response to SQ2 and elaborate on negative impacts military culture has on resilience among MST survivors. Those factors are that the military is male-dominated, reporting goes through a rigid chain of command, and military culture and rape culture are often viewed as synonymous. In addition, there are many cross-over negatives in military culture and in the civilian world. Victims are plagued by victim-shaming, the threat of retaliation, shame, guilt, and self-blame.

Theme 7 emerged in response to SQ3 and demonstrated how veterans playing a role as service providers for MST survivors positively influences survivors' ability to cope. However, the remaining three themes related to SQ3 revealed there is more of a lack of military coping-skills available for survivors. There is a need for services for

active duty and adjusting veterans, trauma informed care, and skills and services specifically for men and the LGBTQIA+ community. In Chapter 5, I relate all themes and subquestions presented in this chapter to the overarching research questions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This study was conducted based on the problem identified in Chapter 1 pertaining to an alarming rate of sexual assaults in the military. Specifically, on May 13, 2021, the DoD released the Annual Report on Sexual Assault in the military for the 2020 fiscal year, which revealed that 6,290 service members reported being sexually assaulted, which was an increase of 54 reports since 2019 (DoD, 2020). Of note, these reports may have been impacted by the coronavirus, as the SAPR and SHARP Programs had to transition to virtual methods to assist MST victims. This transition was publicized throughout the media as well as the DoD Self Helpline (SHL), which experienced a 35% increase in activity since 2019 (DoD, 2020). As mentioned previously, in 2014 there were 20,300 reports of sexual assault (Cronk, 2017). While the 2020 reports were significantly reduced, the report year reflects not when the assault occurred, but when the individual reported the assault.

While it is common knowledge that sexual assault is a significant issue in the United States, the actual severity and accuracy of statistics are extremely difficult to determine, which is often due to lack of reporting (Cronk, 2017). There are numerous reasons why individuals do not report or wait for years (delayed reporting) to report a sexual assault. Fear of not being believed, consequences of reporting, shame, self-blame, and not wanting to endure explaining in detail what happened are a few of the most common reasons (McElvaney et al., 2014).

Survivors of sexual assault often develop mental health disorders, the most prominent being PTSD (Çelikel et al., 2015). In a recent study, out of 143 sexual assault survivors, 50 were diagnosed with PTSD (Çelikel et al., 2015). PTSD can also be more prevalent based on race, age, and gender. This study focused on the military population, as service members face both mental and physical health issues (Çelikel et al., 2015). MST has led to numerous issues, including higher rates of alcohol abuse, depression, and PTSD, as well as issues related to overall poor health such as obesity, cardiovascular problems, and pelvic pain (Çelikel et al., 2015).

These are only a few of the significant health implications that MST survivors face. How do military service members cope with what they went through? How will their life be impacted after getting out of the military? Pease et al. (2015) discussed the extreme importance of understanding military culture to better grasp what these service members go through when they leave the military. Statistics showed a disturbing suicide rate amongst the veteran population, with an average of 20 per day; for example, in 2012, more veterans died from suicide than were killed in action (Reger et al., 2015).

According to Bryan et al., PTSD is a significant risk factor for veteran suicide. Veterans are 21% more likely to commit suicide than civilians. Male veterans who have experienced MST are 70% more likely to commit suicide than male veterans who have not. Female veteran MST survivors are twice as likely to commit suicide than female veterans who have not experienced MST (Bryan et al., 2015). Resilience is defined as "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar et al., 2000, p. 543). Resilience, in relation to PTSD, plays a

significant role in coping and moderating symptoms (Meichenbaum, 2011). According to Kelly et al., the effects that resilience has on the development of PTSD and its association with the mental, physical, and emotional symptoms of individuals reporting MST are crucial in creating treatment plans and interventions. Treating PTSD due to MST requires different treatment plans than PTSD due to combat trauma (Kelley et al., 2011).

According to Gray (2012), definitions of resilience are different from one culture to another. While the U.S. military has numerous service members of different cultures, the military itself is its own culture (Halvorson, 2010). The military has rules, secured living facilities, separate shopping centers, and in many ways, its own language. Every culture is different, where aspects of one culture may make it easier or more difficult to overcome adversities versus another. There is a lack of research identifying the impact that military culture may or may not have on resilience, specifically as it relates to MST.

According to Bryan et al., veterans who committed suicide were significantly more likely to be receiving treatment for MST and the mental issues caused by their trauma than their counterparts who did not commit suicide. This finding demonstrates that the survivors being treated and the MHPs providing the treatment will significantly benefit from research that will assist with providing more information on how military culture impacts patients' resilience.

Therefore, the purpose of this study was to explore the impact that military culture has on resilience in survivors of MST through interviewing MHPs who treat these veterans for MST. Resilience will influence the healing of MST, and one's culture must be taken into consideration to develop the most effective type of treatment. An extensive

amount of research shows that resilience is not defined the same way in every culture (Benjamin & Black, 2012; Miller, 2014). In research, a gap in the knowledge of military culture was identified as it relates to MST. It is clear that the military has its own culture, but prior to this study, it was not clear how its culture impacts sexual assault survivors (Pease et al., 2015).

According to Hyun et al., although symptoms of PTSD and statistics on sexual assault in the military have been extensively researched, there is no research on how military culture impacts survivors' resilience. Numerous studies have been conducted on cultural influence on resilience; however, the results have only influenced social workers, who are instructed to incorporate their clients' culture when designing treatment plans (Benjamin & Black, 2012).

Therefore, a qualitative phenomenological study that was exploratory in nature was conducted. A nine-question open-ended questionnaire was used when interviewing MHPs who met the criteria for the study. Interviewing these professionals provided me with insight into a large group of survivors and valuable information from subject matter experts. The results of this research are intended to assist with creating the best possible treatments for MST survivors.

The first research question pertained to whether or not MHPs, through their lived experiences treating MST survivors, identify any positive impacts that military culture has on resilience in MST survivors. Three themes emerged in response to Subquestion 1. They included skills developed in the military, including warrior ethos, contributing to

resilience; the military culture of comradery and connectivity impacts the resilience of MST survivors; and there are programs available for survivors.

The second research question pertained to whether or not MHPs, through their lived experiences treating MST survivors, identify any negative impacts that military culture has on resilience in MST survivors. Three themes emerged in response to Subquestion 2. These themes identify the negative impacts that military culture has on resilience in MST survivors. The three most common ideas mentioned by participants were that the military is male dominated, reporting goes through a rigid chain of command, and in military culture, it is assumed that sexual assault will happen.

The third research question pertained to whether or not MHPs, through their lived experience treating MST survivors, identify any military-influenced coping skills in MST survivors. Four themes emerged in response to this question and included military-influenced coping skills in MST survivors. The first was that MST survivors cope more easily when veterans help veterans. This was the only theme that revealed a positive military-influenced coping mechanism. The three remaining themes related to this question emphasized elements needed to develop better coping mechanisms for MST survivors. Those elements are support for active duty and adjusting veterans, trauma-informed care, and the development of specific coping mechanisms for survivors who identify as male and part of the LGBTQIA+ community.

The remainder of this chapter includes a discussion of these findings and their significance. An interpretation of each of the main findings is presented first, followed by a discussion of their alignment with the literature outlined in Chapter 2. Limitations of

the study are then discussed, along with the extent to which they were believed to influence the study outcomes. Recommendations for future research, practice, and social change are highlighted, and their implications are considered. This chapter concludes with a brief summary and outline of key points.

Interpretation of the Findings

This section contains an interpretation of the findings generated from Chapter 4. This section is structured based on three main research questions and each of the generated themes. The research questions and themes are presented, and then consideration is given to their alignment with the literature presented in Chapter 2. Additionally, consideration is given to the alignment of these findings with the theoretical framework informing this study.

Research Question 1

The first research question pertained to whether or not MHPs, through their lived experiences treating MST survivors, identified any positive impacts that military culture has on resilience in MST survivors. Three themes emerged in response to Research Question 1. They included skills developed in the military, including warrior ethos, contributing to resilience; the military culture of comradery and connectivity impacts the resilience of MST survivors; and there are programs available for survivors. A warrior ethos pertains to a way of life that applies to individuals' personal and professional lives. It defines who they are and whom they aspire to become (Cotton, 2017).

Findings from this study illustrate how this concept may influence the experiences of sexual assault survivors and extend the literature presented in Chapter 2. For example,

evidence suggests that the warrior ethos is one of the most fundamental aspects of military culture (Redmond et al., 2015). It consists of mission accomplishment above all, in addition to never leaving anyone behind, quitting, or accepting defeat (Redmond et al., 2015). Additionally, Cotton (2017) delved into the warrior ethos and explained that this masculine-dominated archetype frowns upon weakness, discourages emotion, and encourages pride, courage, and masculinity. Results from this study illustrate how the warrior ethos and conceptions of masculinity may expose some individuals to sexual assault and shape their experiences and beliefs about these experiences.

Findings from this study also have important implications for resilience and extend the literature pertaining to the links between the warrior ethos and resilience as they relate to the experiences of survivors of sexual trauma. It is evident from this study that masculinity is a common denominator in each of these constructs. The literature presented in Chapter 2 showed that masculinity is often associated with men who have high testosterone levels (Kirby & Kirby, 2017). These men are often more physically fit and have higher sex drives, more masculine features, and aggressive, dominating personae (Kirby & Kirby, 2017). Men make up 82.8% of the U.S. Armed Forces (DoD Demographics Report, 2020).

The warrior ethos encourages a masculine environment that frowns on traditional femininity. Gentility, empathy, compassion, nurturing, and sensitivity are some traditional feminine characteristics (Kachel et al., 2016). The military needs to recognize the benefits of these qualities related to the military's mission and warrior ethos. In the current study, each of these factors appeared to shape the experiences of male sexual

assault victims. The results of this study have important implications for how MHPs work with these victims and understand the cultural factors that impact these experiences. In the following section, I discuss the implications for the second research question.

Research Question 2

The second research question pertained to whether or not MHPs, through their lived experiences treating MST survivors, identified any negative impacts that military culture has on resilience in MST survivors. Three themes emerged in response to Research Question 2. These themes identify the negative impacts that military culture has on resilience in MST survivors. The three most common ideas mentioned by participants were that the military is male dominated, reporting goes through a rigid chain of command, and in military culture, it is assumed that sexual assault will happen.

These findings extend the literature presented in Chapter 2 pertaining to the role that a masculine culture has in shaping the experiences of MST survivors. For example, Surís et al. (2004) found that MST survivors are often put into situations that cause a significantly stressful environment. Many survivors are required to continue working alongside the service member who sexually assaulted them. To add to this stressful environment, the lack of confidentiality may impact the survivor’s career, deployment status, and numerous other issues, which will be discussed later (Surís et al., 2004). Results from this study illustrate how these cultural factors may lead to the stifling of reporting of male sexual assault. Additionally, results related to this research question reflect how this stifling may contribute to mental health issues.

Numerous studies have demonstrated how MST is related to mental health issues. PTSD due to MST is associated with significantly more severe symptoms of PTSD than experienced by those diagnosed with PTSD due to other sexual trauma (Yaeger et al., 2006). Additionally, researchers found that MST was the highest predictor of PTSD compared to any other type of trauma (Yaegeret al., 2006). MST survivors have higher rates of mental health issues than other trauma survivors (Mondragon et al., 2015). Studies have found that MST is one of the highest predictors of PTSD as compared to combat or civilian sexual assault (Mondragon et al., 2015). Regardless of whether soldiers have a high level of resilience and strong warrior ethos, they are susceptible to these mental health issues if MST victimizes them. In the following section, I interpret the findings related to the third research question.

Research Question 3

The third research question pertained to whether MHPs, through their lived experience treating MST survivors, identified any military-influenced coping skills in MST survivors. Four themes emerged related to military-influenced coping skills in MST survivors. The first was that MST survivors cope more easily when veterans help veterans. This was the only theme that revealed a positive military-influenced coping mechanism. The three remaining themes related to this question emphasized elements needed to develop coping mechanisms for MST survivors better. Those elements are support for active duty and adjusting veterans, trauma-informed care, and the development of specific coping mechanisms for survivors who identify as male and part of the LGBTQIA+ community.

Results from this study extend the literature pertaining to the roles that MHPs play in supporting MST victims, particularly via trauma-informed care. One of the ways that they can do so is via a positive psychology lens and an emphasis on resilience. Additionally, these findings reflect how conceptions of coping and resilience in the military may differ from the civilian sector. According to Gray (2012), the definition of resilience is different from one culture to another; one's culture will influence how one copes with trauma. As such, resilience in military service members and veterans will differ from resilience created in other cultures.

Additionally, research presented in Chapter 2 has shown that culture significantly impacts how survivors of sexual assault cope with their trauma (Reger et al., 2015). Findings from this study reflect how cultural factors must be considered by MHPs when helping MST survivors cope. While sexual assault is common in numerous cultures, MST survivors face significantly different issues compared to other cultures (Benjamin & Black, 2012). Cultures have different justice systems, different religious beliefs on sexual crimes, numerous methods of dealing with trauma, and many other aspects that research has shown to greatly impact resilience (Benjamin & Black, 2012). The military has its own culture that may impact the survivor's resilience, which is an important consideration for MHPs. The following section contains a discussion of the alignment of these findings with the theoretical foundation of this study.

Alignment With Theoretical Framework

Findings from this study are explained based on the theoretical framework used to inform the research. Specifically, this study was grounded in resilience theory. Resilience

theory has been researched extensively and has been more commonly used in the field of mental health (Benjamin & Black, 2012). Studies have shown that focusing on one's strengths is a highly effective form of treatment (Benjamin & Black, 2012). Resilience theory stems from positive psychology and focuses on the patient's talents, joys in life, positive characteristics, and strengths (Benjamin & Black, 2012). In this approach, the goal of the MHP is to help the patient develop positive thoughts subconsciously that will take over and diminish the negative thoughts, which helps teach the patient to focus on the good instead of the bad (Benjamin & Black, 2012).

In this study, resilience is clearly a critical factor in assisting MST survivors in coping. However, military conceptions of resilience differ from that of civilians. The findings presented in this study offer insight into how positive psychology and the conception of resilience require adaptation to the military context. Resilience theory is a complex approach that has significantly impacted the work of MHPs, social workers, and educators for decades (Van Breda, 2001). Resilience theory focuses on individuals' strength to overcome trauma (Benjamin & Black, 2012). Due to culture's direct impact on resilience, it is necessary to consider the individual's culture to determine proper treatment (Carper et al., 2015; Meichenbaum, 2011).

This study was also grounded on ideal affect theory. According to Van Breda (2018) an individual's desire directly impacts the actions of that individual. A lack of understanding military culture has a negative impact on service members' mental health (Meyer & Wynn, 2018). For an MHP to provide improved treatment plans, they need to have a more informed understanding of what their patient desires and how those desires

impact their actions. This study has provided further understanding on what areas of military culture impact MST survivors. Warrior ethos is a fundamental aspect of the military (Redmond et al., 2015), and an MHP needs to understand how that ethos impacts the ideal outcome of that patient. Understanding that the warrior ethos often requires that service member to make choices that negatively impact the service member, in order to accomplish the mission, is just one example of how ideal affect theory is crucial in this research. The following section contains a discussion of the limitations that may have influenced the outcomes of this study.

Limitations of the Study

Although this study is believed to make a substantial contribution to the understanding of MST survivor experiences in the military, the role of resilience, and implications for MHPs, some limitations were present and required consideration. A limitation to this study, which is prevalent in qualitative research, is that the research cannot be generalized as it is applicable to the group being studied. In this research purposeful snowball sampling of a homogenous population was used. This sampling method relied on referrals and allowed Zoom interviews with MHPs who treat all service members.

While the branches have different core values, they embody the military culture and face the same justice system. Snowball sampling may have limited the variety of participants due to the referral method (Johnson, 2014). In this study, I established connections with vet center MHPs treating MST patients that work on the West Coast. While being located on the West Coast was not a participant requirement, the snowball

sampling may have limited the demographics. All the participants were women which may impact the results and future research may be needed to explore male MHPs. In a homogeneous population, all participants have the same characteristics (Jager et al., 2017). The homogeneous population in this study excluded other health providers or Victim Advocates that may have insight into this study. Future studies may benefit from including this population.

According to Allard et al., it is estimated that 82% to 85% of military men who have been sexually assaulted do not report their sexual assaults. Research has shown that males are impacted by MST and are significantly left out of the media and research (Javaid, 2015). Many of them do not seek treatment, which may present a limitation to the study. Future research may benefit from researching the differences in gender and how military culture impacts resilience differently in men and women.

Recommendations

Based on these limitations and the key findings of this study, several recommendations can be made for future research and practice. First, due to the fact that all the participants were female, research which male MHP's may be beneficial. Additionally, the homogeneous population in this study excludes other health providers and Victim Advocates that may have insight into this study. Future studies may benefit from including this population.

Future studies may benefit from researching the differences in gender and how military culture impacts resilience differently in men and women. Interviewing the mental healthcare workers that treat MST survivors provides a foundation for future

studies, such as the theoretical integration of resilience theory with military culture in order to promote a military-specific type of resilience that corresponds to what service members have been trained in regards to the warrior ethos. Quantitative research related to this topic is also needed, such as the development of a validated questionnaire that can be disseminated anonymously and confidentially. This type of research will serve to gain an understanding of the experiences of a more diverse and generalizable sample of the target population. The following section contains a discussion of the implications of this study.

Implications

Results from this study have implications for research, practice, and social change. First, these findings contribute to the extensive research that has been conducted on the growing issue of MST. However, little is known about the military culture and its effect on coping and healing after the trauma. It is evident from this study that MST is a global issue, and even though sexual assault incidents are decreasing, due to the military's significant efforts, there are thousands of men and women who need ongoing treatment while on active duty and after they get out (Meyer, 2015). Nader et al. (1999) discussed the necessity to treat victims of trauma and loss based on their culture, including military culture. Thus, the MHPs treating the survivors of MST are crucial to this research, and their feedback is pertinent.

Additionally, these findings have implications for social and cultural change in the military. It is apparent from this research that culture differs based on definitions of resilience, whereas understanding how the environment influences resiliency must be

taken into consideration when assessing and treating survivors (Ungar, 2013). While there is an abundance of information, including statistics, symptoms, and predisposition, there is a lack of research on how military culture impacts MST victims' recovery (Halvorson, 2010). This research study provides new insight into how and what aspects of the military culture significantly impact survivors of MST.

Findings from this study extend the seminal literature presented in Chapter 2, including that of Webster (2018), who offered insight into what defines culture and how culture differs between the military and civilian context. Results from this study illustrate how cultural factors are connected to sexual assault. For example, Miller (2014) discovered that sexual assault victims' resilience levels were significantly impacted by their culture, especially in the areas of religion, familial structure, and values. This study also offers novel insight into the role the military plays in stifling reporting of male sexual assaults. Because there was no previous research on how military culture impacts MST survivors, it was not previously now how it may impact survivors. This much-needed research may assist MHPs in developing more adept treatment plans that specifically keep in mind the patient's experience with MST. The following section contains a summary and outline of key points presented in this chapter.

Conclusion

In conclusion, the purpose of this study was to explore the impact military culture has on resilience in survivors of MST through interviewing MHPs who treat these veterans for MST. Resilience will influence the healing of MST, and one's culture must be taken into consideration to develop the most effective type of treatment. An extensive

amount of research shows resilience is not defined the same way in every culture (Benjamin & Black, 2012; Miller, 2014). In research, there is a gap in knowledge of military culture related to MST. It is clear the military has its own culture, but it is not clear how their culture impacts sexual assault survivors (Pease et al., 2015). A qualitative phenomenological study that was exploratory in nature was conducted. A nine-question open-ended questionnaire was used when interviewing MHPs that met the criteria for the study. Interviewing these professionals provided the me with insight into a large group of survivors and valuable information from subject matter experts. The results of this research are intended to assist with creating the best possible treatments for MST survivors.

This chapter included a discussion of the findings and their significance. An interpretation of each of the main findings was presented prior to a discussion of the alignment with the literature. Limitations of the study were then discussed and the extent to which they were believed to influence the study outcomes. Recommendations for future research, practice, and social change were then made. The implications of these findings were then considered.

Based on the results of this study, it is clear that, while the warrior ethos builds strength to influence resilience, it also leaves victims thinking admitting or reporting trauma reveals a weakness. While comradery and a sense of family provide community, it also leads to feeling a larger sense of betrayal when victims are assaulted by those they viewed as part of their network and family. While there are programs available for MST

survivors, many are inadequate to address their needs. This concludes Chapter 5 and the dissertation.

References

Ainspan, N. D., Penk, W., & Kearney, L. K. (2018). Psychosocial approaches to improving the military-to-civilian transition process. *Psychological Services*, *15*(2), 129–134. https://doi.org/10.1037/ser0000259

Allard, C. B., Nunnink, S., Gregory, A. M., Klest, B., & Platt, M. (2011). Military sexual trauma research: A proposed agenda. *Journal of Trauma & Dissociation, 12*, 324–345. https://doi.org/10.1080/15299732.2011.542609

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Retrieved from https://www.apa.org/ethics/code/index.aspx

Basile, K. C., Smith, S. G., Liu, Y., Kresnow, M. J., Fasula, A. M., Gilbert, L., & Chen, J. (2018). Rape-related pregnancy and association with reproductive coercion in the US. *American Journal of Preventive Medicine, 55*(6), 770–776. https://doi.org/10.1016/j.amepre.2018.07.028

Baum, M. A., Cohen, D. K., & Zhukov, Y. M. (2018). Does rape culture predict rape? Evidence from US newspapers, 2000–2013. *Quarterly Journal of Political Science*, *13*(3), 263–289. https://doi.org/10.1561/100.00016124

Benjamin, T., & Black, R. (2012, Spring–Summer). Resilience theory: Risk and protective factors for novice special education teachers. *Journal of the American Academy of Special Education Professionals,* 5–27.

Blais, R. K., & Monteith, L. L. (2019). Suicide ideation in female survivors of military sexual trauma: The trauma source matters. *Suicide and Life□Threatening Behavior*, *49*(3), 643–652. https://doi.org/10.1111/sltb.12464

Bluhm, B. K. (2016). *Civil military relations and sexual assault* [Master's thesis, Naval Postgraduate School]. Naval Postgraduate School Library. https://calhoun.nps.edu/handle/10945/50482

Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR Surveillance Summary, 63*(8), 1–18. https://doi.org/10.2105/AJPH.2015.302634

Brockie, T. N., Dana-Sacco, G., Wallen, G. R., Wilcox, H. C., & Campbell, J. C. (2015). The relationship of adverse childhood experiences to PTSD, depression, poly-drug use and suicide attempt in reservation-based Native American adolescents and young adults. *American Journal of Community Psychology*, *55*(3–4), 411–421. https://doi.org/10.1007/s10464-015-9721-3

Bryan, C. J., Roberge, E., Bryan, A. O., Ray-Sannerud, B., Morrow, C. E., & Etienne, N. (2015). Guilt as a mediator of the relationship between depression and posttraumatic stress with suicide ideation in two samples of military personnel and veterans. *International Journal of Cognitive Therapy*, *8*(2), 143–155. https://doi.org/10.1521/ijct.2015.8.2.143

Bureau of Justice Statistics. (2017). *Data collection: National Crime Victimization Survey (NCVS)* [Data set]. https://www.bjs.gov/index.cfm?ty=dcdetail&iid=245

Campbell, R., & Raja, S. (2005). The sexual assault and secondary victimization of female veterans: Help-seeking experiences with military and civilian social

systems. *Psychology of Women Quarterly, 29*, 97–106. https://doi.org/10.1111/j.1471-6402.2005.00171.x

Carper, T. L., Mills, M. A., Steenkamp, M. M., Nickerson, A., Salters-Pedneault, K., & Litz, B. T. (2015). Early PTSD symptom sub-clusters predicting chronic posttraumatic stress following sexual assault. *Psychological Trauma: Theory, Research, Practice, and Policy*, *7*(5), 442–447. https://doi.org/10.1037/tra0000060

Carroll, M. H., Rosenstein, J. E., Foubert, J. D., Clark, M. D., & Korenman, L. M. (2016). Rape myth acceptance: A comparison of military service academy and civilian fraternity and sorority students. *Military Psychology*, *28*(5), 306–317.

Castro, C. A., Kintzle, S., Schuyler, A. C., Lucas, C. L., & Warner, C. H. (2015). Sexual assault in the military. *Current Psychiatry Reports*, *17*(7), Article 54. https://doi.org/10.1007/s11920-015-0596-7

Çelikel, A., Demirkiran, D. S., Özsoy, S., Zeren, C., & Arslan, M. M. (2015). Factors associated with posttraumatic stress disorder (PTSD) in cases of sexual assault. *Journal of Psychiatry*, *18*(1), 14–88.

Cheney, A. M., Koenig, C. J., Miller, C. J., Zamora, K., Wright, P., Stanley, R., & Pyne, J. M. (2018). Veteran-centered barriers to VA mental healthcare services use. *BMC Health Services Research*, *18*(1), Article 591. https://doi.org/10.1186%2Fs12913-018-3346-9

Cimino, A. (2018). Fraternity hazing and the process of planned failure. *Journal of American Studies*, *52*(1), 214–236. https://doi.org/10.1017/S0021875816001924

Congressional Record Extensions (2020). HONORING SPC. VANESSA GUILLEN; Congressional Record Vol. 166, No. 146. https://www.congress.gov/congressional-record/2020/8/14/extensions-of-remarks-section/article/e757-1?q=%7B%22search%22%3A%5B%22Vanessa+Guillen%22%5D%7D&s=1&r=1

Cotton, J. W. (2017). *"Brotherhood" in war: A rhetorical approach to understanding the unity among soldiers* [Undergraduate research scholars thesis, Texas A&M University]. OAKTrust. https://oaktrust.library.tamu.edu/handle/1969.1/164581

Cowan, A., Ashai, A., & Gentile, J. P. (2020). Psychotherapy with survivors of sexual abuse and assault. *Innovations in Clinical Neuroscience*, *17*(1-3), 22–26. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7239557/

Crawford-Jakubiak, J. E., Alderman, E. M., Leventhal, J. M., & Committee on Child Abuse and Neglect. (2017). Care of the adolescent after an acute sexual assault. *Pediatrics*, *139*(3), Article e20164243. https://doi.org/10.1542/peds.2016-4243

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.

Cronk, T. M. (2017, May 1). *DoD Releases Latest Military Sexual Assault Report*. DoD News. https://www.defense.gov/News/News-Stories/Article/Article/1168765/dod-releases-latest-military-sexual-assault-report/

Department of Defense Inspector General. (2016). *Evaluation of the Separation of Service Members Who Made a Report of Sexual Assault*. https://www.dodig.mil/reports.html/Article/1119278/evaluation-of-the-separation-of-service-members-who-made-a-report-of-sexual-ass/

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2012-2016 (2017).

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Socio-emotional Impact of Violent Crime (2014).

DoD Demographics Report – Moderate Increase of Women in the Active-Duty Force – issued (2020). Retrieved from https://www.defense.gov/News/Releases/Release/Article/2841124/department-of-defense-releases-annual-demographics-report-modest-increase-of-wo/

DoD SAPR Annual Reports – the Fiscal Year 2019 Annual Report on Sexual Assault in the Military – issued (2020). Retrieved from https://www.sapr.mil/sites/default/files/3_Appendix_B_Statistical_Data_on_Sexual_Assault.pdf

DoD SAPR Annual Reports – the Fiscal Year 2020 Annual Report on Sexual Assault in the Military – issued (2021). Retrieved from file:///C:/Users/DrAth/Downloads/DOD_Annual_Report_on_Sexual_Assault_in_the_Military_FY2020.pdf

Federal Bureau of Investigation Uniform Crime Reporting (UCR) Program (2017). *Data Declaration.* Retrieved on July 26, 2019, from https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/tables/table-1/table-1-data-declaration

Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health*, *55*(3), 329-333. https://doi.org/10.1016/j.jadohealth.2013.12.026

Friedman, J. (2007). Reporting sexual assault of women in the military. *Cardozo JL & Gender*, *14*, 375. Retrieved on January 29, 2021, from https://heinonline.org/HOL/LandingPage?handle=hein.journals/cardw14&div=18&id=&page=

Getz, D. B. (2014). Closing the Gap in Access to Military Health Care Records: Mandating Civilian Compliance with the Military Command Exception to the HIPAA Privacy Rule. *Army Law.*, 4.

Gray, G. G. (2012). *Resilience in Cambodia: Hearing the voices of trafficking survivors and their helpers* (Publication No. 80) [Doctoral dissertation, George Fox University]. Digital Commons at George Fox University. https://digitalcommons.georgefox.edu/psyd/80/

Grohol, J. M., (2018). *6 Signs it's Time to Dump Your Therapist.* Psych Central. https://psychcentral.com/blog/6-signs-its-time-to-dump-your-therapist/#:~:text=The%20average%20therapist%20has%20a,few%20will%20cancel%20or%20reschedule)

Halvorson, A. (2010). Understanding the military: The institution, the culture, and the people. Substance Abuse and Mental Health Services Administration. Retrieved from http://beta.samhsa.gov/sites/default/files/military_white_ paper_final.pdf

Harkness, K. A., & Hunzeker, M. (2015). Military maladaptation: Counterinsurgency and the politics of failure. *Journal of Strategic Studies*, *38*(6), 777–800. https://doi.org/10.1080/01402390.2014.960078

Harris, E., & Stiller, K. R. (2016). *The Shift from Acceptance to Prevention: Hazing Behaviors in the US Military* (No. TR-XX-16). DEFENSE EQUAL OPPORTUNITY MANAGEMENT INST PATRICK AFB FL Patrick AFB United States. Retrieved from https://apps.dtic.mil/sti/citations/AD1021673

Haskell, L., & Randall, M. (2019). *The Impact of Trauma on Adult Sexual Assault Victims*. Justice Canada. Retrieved from https://www.researchgate.net/profile/Melanie_Randall/publication/334662915_Impact_of_Trauma_on_Adult_Sexual_Assault_Victims_What_the_Criminal_Justice_System_Needs_to_Know/links/5e582ebe92851cefa1c9eba7/Impact-of-Trauma-on-Adult-Sexual-Assault-Victims-What-the-Criminal-Justice-System-Needs-to-Know.pdf

Hill, R. (2020, September 16). *House to Vote on Vanessa Guillen Bill.* The Hill. https://thehill.com/policy/defense/516722-house-to-vote-on-i-am-vanessa-guillen-bill

Ho, T. E., Hesse, C. M., Osborn, M. M., Schneider, K. G., Smischney, T. M., Carlisle, B. L., & Shechter, O. G. (2018). *Mental Health and Help-Seeking in the US*

Military: Survey and Focus Group Findings (No. PERSEREC-TR-18-10, OPA-2018-048). Defense Personnel and Security Research Center Seaside United States.

Holtzman, E., Jones, B. S., Stone, V., Taylor, T. W., & Tracey, P. A. (2017). Judicial Proceedings Panel Report on Panel Concerns Regarding the Fair Administration of Military Justice in Sexual Assault Cases. Retrieved from https://dacipad.whs.mil/images/Public/10-Reading_Room/04_Reports/01_JPP_Reports/10_JPP_Concerns_Fair_MJ_Report_Final_20170915.pdf

Hyun, J. K., Pavao, J., & Kimerling, R. (2009). Military sexual trauma. *National Center for PTSD Research Quarterly, 20*, 1–3. Retrieved from https://www.researchgate.net/profile/Rachel_Kimerling/publication/228515915_Military_Sexual_Trauma/links/0912f50cf56962609f000000/Military-Sexual-Trauma.pdf

Jager, J., Putnick, D. L., & Bornstein, M. H. (2017). II. More than just convenient: The scientific merits of homogeneous convenience samples. *Monographs of the Society for Research in Child Development*, *82*(2), 13–30. https://doi.org/10.1111/mono.12296

Javaid, A. (2015). Male rape myths: Understanding and explaining social attitudes surrounding male rape. *Masculinities & Social Change*, *4*(3), 270–297. http://doi.org/10.17583/mcs.2015.1579

Johnson, T. P. (2014). Snowball sampling: Introduction. In N. Balakrishnan, T. Colton, B. Everitt, W. Piegorsch, F. Ruggeri, and J.L. Teugels (Eds.), *Wiley StatsRef: Statistics Reference Online*. Wiley Online Library. https://doi.org/10.1002/9781118445112.stat05720

Kachel, S., Steffens, M. C., & Niedlich, C. (2016). Traditional masculinity and femininity: Validation of a new scale assessing gender roles. *Frontiers in Psychology*, *7*, 956. https://doi.org/10.3389/fpsyg.2016.00956

Keller, K. M., Matthews, M., Curry Hall, K., Marcellino, W., Mauro, J. A., & Lim, N. (2015). *Hazing in the US armed forces*. Rand Corporation. https://www.rand.org/pubs/research_reports/RR941.html

Kimerling, R., Makin-Byrd, K., Louzon, S., Ignacio, R. V., & McCarthy, J. F. (2016). Military sexual trauma and suicide mortality. *American Journal of Preventive Medicine*, *50*(6), 684–691. https://doi.org/10.1016/j.amepre.2015.10.019

Kimmel, M. S. (2009). *Guyland: The perilous world where boys become men.* Harper.

Kirby, J. N., & Kirby, P. G. (2017). An evolutionary model to conceptualize masculinity and compassion in male teenagers: A unifying framework. *Clinical Psychologist*, *21*(2), 74-89. https://doi.org/10.1111/cp.12129

LeFebvre, R. (2012). Understanding Treatment Results. *Number Needed to Treat.* https://www.uws.edu/wp-content/uploads/2013/10/Number_Needed_to_Treat.pdf

Leu, J., Wang, J., & Koo. (2011). Are positive emotions just as “positive” across cultures?. *Emotion,* 11(4), 994–999. https://doi.org/10.1037/a0021332

Lopez, T. (2016). *Male hazing most common type of sexual assault, expert reveals.* U.S. Army. https://www.army.mil/article/166188/male_hazing_most_common_type_of_sexual_assault_expert_reveals

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562. https://doi.org/10.1111/1467-8624.00164

McElvaney, R., Greene, S., & Hogan, D. (2014). To tell or not to tell? Factors influencing young people's informal disclosures of child sexual abuse. *Journal of Interpersonal Violence*, *29*(5), 928–947. https://doi.org/10.1177/0886260513506281

Meichenbaum, D. (2011). Resiliency building as a means to prevent PTSD and related adjustment problems in military personnel. In B.A. Moore and W.F. Penk (Eds.), *Treating PTSD in military personnel: A Clinical Handbook*. Guilford Press.

Meredith, L. S., Sherbourne, C. D., Gaillot, S. J., Hansell, L., Ritschard, H. V., Parker, A. M., & Wrenn, G. (2011). *Promoting psychological resilience in the US military*. *Rand Health Quarterly*, *1*(2), Article 2. https://www.rand.org/pubs/periodicals/health-quarterly/issues/v1/n2/02.html

Meyer, E. G. (2015). The importance of understanding military culture. *Academic Psychiatry*, *39*(4), 416–418. https://doi.org/10.1007/s40596-015-0285-1

Meyer, E. G., & Wynn, G. H. (2018). The importance of US military cultural competence. In L.W. Roberts & C.H. Warner (Eds.), *Military and veteran mental health* (pp. 15-33). Springer.

Miller, L. L., Farris, C., & Williams, K. M. (2018). Challenges to evaluating US military policy on sexual assault and sexual harassment. *Military Psychology*, 1–13. https://doi.org/10.1080/08995605.2017.1421821

Mondragon, S. A., Wang, D., Pritchett, L., Graham, D. P., Plasencia, M. L., & Teng, E. J. (2015). The influence of military sexual trauma on returning OEF/OIF male veterans. *Psychological Services*, *12*(4), 402–411. https://doi.org/10.1037/ser0000050

Morgan, J., Trudeau, J., Cartwright, J., & Lattimore, K. (2017). Mental health consequences of pre- and peri-Military violence victimization among United States Army soldiers: The moderating effect of resilience. *Psychology*, *8*(14), 2428–2445. https://doi.org/10.4236/psych.2017.814153

Nader, K., Dubrow, N., & Stamm, B. (Eds). (1999). Honoring differences: Cultural issues in the treatment of trauma and loss. Brunner/Mazel.

Nevin, J., & Lorenz, J. R. (2011). Neither a model of clarity nor a model statute: An analysis of the history, challenges, and suggested changes to the new Article 120. *AFL Rev.*, *67*, 269–292. https://digitalcommons.law.seattleu.edu/faculty/111/

Nelson, H. A. (2017). *MILITARY COMMAND EXCEPTION: BALANCING MEDICAL CONFIDENTIALITY WITH MISSION READINESS* (Doctoral dissertation, AIR UNIVERSITY).

Ness, R. B., & Joint Policy Committee. (2007). Influence of the HIPAA privacy rule on health research. *JAMA*, *298*(18), 2164-2170. https://doi.org/10.1001/jama.298.18.2164

Nuwer, H. (2004). *The hazing reader*. Indiana University Press.

O'Brien, C., Keith, J., & Shoemaker, L. (2015). Don't tell: Military culture and male rape. *Psychological Services*, *12*(4), 357–365. http://doi.org/10.1037/ser0000049

Osiel, M. J. (2017). *Obeying orders: Atrocity, military discipline and the law of war*. Routledge.

Patrie, A. K. (2015). No place in the military: The judiciary's failure to compensate victims of military sexual assault and a suggested path forward using lessons from the prison context. *Journal of National Security Law & Policy*, *8*(1), 119. https://jnslp.com/wp-content/uploads/2015/05/No-Place-in-the-Military.pdf

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.).: Sage Publications.

Pease, J. L., Billera, M., & Gerard, G. (2015). Military culture and the transition to civilian life: Suicide risk and other considerations. *Social Work*, *61*(1), 83–86. https://doi.org/10.1093/sw/swv050

Peterson, C., DeGue, S., Florence, C., & Lokey, C. N. (2017). Lifetime economic burden of rape among US adults. *American Journal of Preventive Medicine, 52*(6), 691–701. https://doi.org/10.1016/j.amepre.2016.11.014

Planty, M. G., Langton L., Bureau of Justice Statistics, Krebs, C., Berzofsky, M., Smiley-McDonald, H, & RTI International. (2013) *Female Victims of Sexual Violence,*

1994-2010. Bureau of Justice Statistics. https://www.bjs.gov/index.cfm?ty=pbdetail&iid=4594

Ramanathan, T., Schmit, C., Menon, A., & Fox, C. (2015). The role of law in supporting secondary uses of electronic health information. *The Journal of Law, Medicine & Ethics*, *43*(s1), 48–51. https://doi.org/10.1111/jlme.12215

Rape, Assault, and Incest National Network. (2016). *Scope of the problem: Statistics*. https://www.rainn.org/statistics/scope-problem

Redmond, S. A., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work*, *50*(1), 9–20. https://doi.org/10.3233/wor-141987

Reger, M. A., Smolenski, D. J., Skopp, N. A., Metzger-Abamukang, M. J., Kang, H. K., Bullman, T. A., ... & Gahm, G. A. (2015). Risk of suicide among US military service members following Operation Enduring Freedom or Operation Iraqi Freedom deployment and separation from the US military. *JAMA Psychiatry*, *72*(6), 561–569. https://doi.org/10.1001/jamapsychiatry.2014.3195

Rice, V., & Liu, B. (2016). Personal resilience and coping part II: identifying resilience and coping among US military service members and veterans with implications for work. *Work*, *54*(2), 335-350. https://doi.org/10.3233/wor-162301

Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage.

Rough, J. A., & Armor, D. J. (2017). Sexual assault in the US military: Trends and responses. *World Medical & Health Policy*, *9*(2), 206–224. https://doi.org/10.1002/wmh3.228

Russell, D. W., Cohen, G. H., Gifford, R., Fullerton, C. S., Ursano, R. J., & Galea, S. (2015). Mental health among a nationally representative sample of United States military reserve component personnel. *Social Psychiatry and Psychiatric Epidemiology*, *50*(4), 639–651. https://doi.org/10.1007/s00127-014-0981-2

Sanday, P. R. (1981). The socio-cultural context of rape: A cross-cultural study. *Journal of Social Issues, 37*(4): 5–27. https://doi.org/10.1111/j.1540-4560.1981.tb01068.x

Sanjari, M., Bahramnezhad, F., Fomani, F. K., Shoghi, M., & Cheraghi, M. A. (2014). Ethical challenges of researchers in qualitative studies: The necessity to develop a specific guideline. *Journal of Medical Ethics and History of Medicine*, *7*(14). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4263394/

Schwarz, J., Gibson, S., & Lewis-Arévalo, C. (2017). Sexual assault on college campuses: Substance use, victim status awareness, and barriers to reporting. *Building Healthy Academic Communities Journal*, *1*(2), 45–60. https://doi.org/10.18061/bhac.v1i2.5520

Sims, T., & Tsai, J. L. (2015). Patients respond more positively to physicians who focus on their ideal affect. *Emotion*, *15*(3), 303–318. https://doi.org/10.1037%2Femo0000026

Smolicz, J. (1981). Core values and cultural identity. *Ethnic and Racial Studies*, *4*(1), 75–90. https://doi.org/10.1080/01419870.1981.9993325

Sofaer, S. (1999). Qualitative methods: What are they and why use them?. *Health Services Research*, *34*(5 Pt 2), 1101–1118. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1089055/

Stander, V. A., & Thomsen, C. J. (2016). Sexual harassment and assault in the US military: A review of policy and research trends. *Military Medicine*, *181*(1 Suppl), 20–27. https://doi.org/10.7205/MILMED-D-15-00336

Surís, A., & Lind, L. (2008). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse*, *9*(4), 250–269. https://doi.org/10.1177/1524838008324419

Suzuki, M., & Kawakami, A. (2016). US military service members' reintegration, culture, and spiritual development. *The Qualitative Report*, *21*(11), 2059–2075. https://nsuworks.nova.edu/tqr/vol21/iss11/4/

Thomas, K. H., & Taylor, S. P. (2015). Bulletproofing the psyche: Mindfulness interventions in the training environment to improve resilience in the military and veteran communities. *Advances in Social Work*, *16*(2), 312–322. https://doi.org/10.18060/18357

Thomsen, C. J., Stander, V. A., Foster, R. E., & Gallus, J. A. (2017). Understanding and addressing sexual harassment and sexual assault in the US military. In S. Bowles & P.T. Bartone (Eds.), *Handbook of Military Psychology* (pp. 357–373). Springer.

Tsai, J. L. (2007). Ideal affect: Cultural causes and behavioral consequences. *Perspectives on Psychological Science*, *2*(3), 242–259. https://doi.org/10.1111%2Fj.1745-6916.2007.00043.x

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80–96. https://doi.org/10.1177%2F1473325010368316

Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, *14*(3), 255–266. https://doi.org/10.1177%2F1524838013487805

U.S. Department of Veterans Affairs. (2020). Vet centers (Readjustment counseling). US Department of Veterans Affairs. https://www.vetcenter.va.gov/Military_Sexual_Trauma.asp

Van Breda, A. D. (2018). A critical review of resilience theory and its relevance for social work. *Social Work*, *54*(1), 1–18. http://doi.org/10.15270/54-1-611

Venema, R. M. (2016). Police officer schema of sexual assault reports: Real rape, ambiguous cases, and false reports. *Journal of Interpersonal Violence*, *31*(5), 872–899. https://psycnet.apa.org/doi/10.1177/0886260514556765

Washington, D.L., Kleimann, S., Michelini, A.M., Kleimann, K.M., & Canning, M. (2007). Women veterans' perceptions and decision-making about Veterans Affairs health care. *Military Medicine, 172*(8), 812–817. https://doi.org/10.7205/milmed.172.8.812

Westphal, R. J., & Convoy, S. P. (2015). Military culture implications for mental health and nursing care. *OJIN: The Online Journal of Issues in Nursing*, *20*(1). http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-20-2015/No1-Jan-2015/Military-Culture-Implications.html

Whiting, B. B. (1980). Culture and social behavior: A model for the development of social behavior. *Ethos*, *8*(2), 95–116. https://doi.org/10.1525/eth.1980.8.2.02a00010

Yaeger, D., Himmelfarb, N., Cammack, A., & Mintz, J. (2006). DSM-IV diagnosed posttraumatic stress disorder in women veterans with and without military sexual trauma. *Journal of General Internal Medicine*, *21*(3), S65–S69. https://doi.org/10.1111%2Fj.1525-1497.2006.00377.x

Zaleski, K. L., Gundersen, K. K., Baes, J., Estupinian, E., & Vergara, A. (2016). Exploring rape culture in social media forums. *Computers in Human Behavior*, *63*, 922–927. https://doi.org/10.1016/j.chb.2016.06.036

Zinzow, H.M., Grubaugh, A.L., Monier, J., Suffoletta-Maierle, S., & Frueh, B.C. (2007). Trauma among female veterans: A critical review. *Trauma, Violence, & Abuse,* *8*(4), 384–400. https://doi.org/10.1177/1524838007307295

Appendix A: Recruitment Letter

Influence of Military Culture on Resilience in Survivors of Military Sexual Trauma

Recruiting licensed counselors, therapists, and other MHPs that are currently treating Military Sexual Trauma Survivors (MST). In order to participate, you must complete a short qualification questionnaire and if all requirements are met, you will be contacted to schedule a 35-45-minute zoom interview.

By participating in this research, you will be assisting with improving the treatment for MST survivors. These survivors experience the most severe symptoms of PTSD and are in need of better treatment. Understanding if and or how the Military culture impacts their recovery will help the MHPs determine more informed directions of treatment.

This study is being conducted by: Rebeka Athena Ives, a PhD Forensic Psychology Student at Walden University.

Background Information:

The purpose of this study is to explore the impact military culture has on resilience in survivors of MST through interviewing MHPs that treat these Veterans for MST.

Procedures:

If you agree to participate in this study, you will need to agree to a zoom interview with only audio recording of the interview. This will be conducted by the researcher and will last approximately 35-45 minutes. In order for the interview to proceed the participant must sign a consent form and meet the following requirements: 2 years of experience after licensure, over 18-years-old, currently treating MST Survivors, willing to participate in follow up, and agree to the interview.

If you meet the criteria above and agree to participate in the study, please respond to this recruitment flyer with your contact information. The researcher will respond to email with the qualification and consent forms. Upon receiving those signed forms, the researcher will then coordinate with you an interview time that best meets your needs. If you choose not to participate, there will be no further contact and your service to our military is greatly appreciated. Thank you for your consideration.

Appendix B: Interview Questions

1. What is your experience with treating your MST Survivor Clients?

2. How does the U.S. Military Culture differ from the U.S. Civilian culture based on your experience as an MHP?

3. What are some aspects of the U.S. Military Culture that stand out to you based on your experiences?

4. Does the U.S. Military Culture have an impact on the resilience of your MST Survivor clients based upon your experiences as an MHP? If yes, how so? Are there any more aspects of U.S. Military Culture that impacts the resilience of your MST Survivor clients?

5. Have you observed a difference in how U.S. Military Culture impacts gender differences of resilience in MST Survivors you have treated?

6. Are there any changes you would suggest to increase resilience in MST Survivors while they are on active duty based on your experience treating MST?

7. Are there any changes you would suggest to increase resilience in MST Survivors after they leave the military based on your experience treating MST?

8. Which aspect/s of U.S. Military Culture's impact resilience in MST Survivors is the most difficult to treat and how would you suggest addressing these difficulties?

9. Are there any recommendations you would like to suggest or address in regards to this study?