




Counseling Active Duty Female Service Members Who Have Experienced Sexual Assault: A Guide for Professional Counselors


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Abstract

Sexual assault is a prevailing problem for active duty women in the United States military. We explore the unique nature of military culture and explain the military's dual pathway process for reporting sexual assault. In addition, we describe, in depth, evidence-based theoretical approaches applicable for counselors to use in their work with female service members who are survivors of sexual assault. Finally, we discuss sexual assault resources available to military clients and the steps counselors can take to engage in advocacy for and with this population.

Keywords: active duty, military, female service members, sexual assault, professional counselors

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Introduction

Across the global workplace landscape, gender norms continue to be challenged and barriers broken (Salahuddin et al., 2022). The United States military reflects this same trend in advances of women's rights. Today, the United States military consists of 229,996 active duty female service members, both enlisted and officer, which comprises about 17.2% of the total military population (Department of Defense Office for Diversity, Equity, and Inclusion, 2021; Military One Source, 2021). Overall, women in the military have seen a

Note: This study is the opinions of the authors and does not reflect the official policy or position of the Uniformed Services University, Defense Department, or US Government.

steady increase in occupational equality throughout the 20th and 21st centuries, culminating in the reversal of the ban of women in combats in 2013 (United Services Organization, 2021).

Despite these advances for women, much like many workplaces around the world, sexual assault is a prevailing challenge within the military. Currently, the rate of sexual assault is 25% for female service members (U.S. Government Accountability Office, 2021), and female service members are 20 times more likely than men to suffer from sexual assault while in the military (Southwell & MacDermid Wadsworth, 2016). Overall, it is more likely that a female service member will be sexually assaulted by a peer than shot by an enemy during war (Council on Foreign Relations, 2021).

The consequences of sexual assault for female service members include depression, posttraumatic stress disorder (PTSD), panic disorder, chronic pain, gastrointestinal symptoms, and substance misuse, often resulting in separation from the military (Disabled American Veterans Organization, 2018). Female service members who have been sexually assaulted and who leave the military are more likely to be homeless, unemployed, and to experience mental and physical impairment compared with other veterans (Mankowski & Everett, 2016).

Current research exists regarding best practices for treating sexual abuse victims who have separated from the military (Kintzle et al., 2015; Street et al., 2011; Valente & Wight, 2007). However, there is a gap in the professional literature regarding best practices for counseling female active duty service members who have been sexually assaulted. While we recognize that male service members experience sexual assault as well, we focus this report on actionable ways in which professional counselors should approach their work with female service members who are sexual assault survivors. More specifically, we provide a description of sexual assault among women within military culture, explore the nature of the sexual assault reporting process, and provide evidence-based approaches to counseling female service members.

Literature Review

Understanding Sexual Assault Reporting Process Within the Military

When working with female service members, counselors must foremost be aware of the military's pathway of reporting sexual assault. The military's sexual assault program provides a two-pronged pathway of reporting to provide protection for the victims—and allow them to get help (U.S. Department of Defense, 2022). The first option provides the service member with the opportunity to file a restricted report. This option affords the victims medical and mental health services without any legal action since the name of the perpetrator is withheld. Victims may choose this option when they are assaulted by someone they know or distrust the system, yet they still want help. The second option involves an unrestricted report, which is similar to the civilian justice system, in which the case will become officially investigated. In this instance, the victim is often moved to a different unit immediately and is provided with mental health services. An unrestricted report can take a heavy mental health toll on the victim since the victim must retell her story to investigators and, as such, relive the experience.

Cultural Awareness

These two sexual assault reporting options are one of the many unique aspects of military culture. It is critical that counselors integrate multicultural practices into their work with all clients, and military members are no exception (Stebnicki, 2020). The military has its own set of customs, expectations, values, and norms (Cole, 2014). With service members, counselors should empathize with a sense of mission, sentiments of self-sacrifice, and the ways in which service members strive for a higher purpose. It is crucial that counselors do not try to patronize service members by trying to emulate their lingo but, instead, they should demonstrate an

awareness of specific circumstances that pervade military culture, such as deployments and frequent moving (Cole, 2014).

Counselors should note that many inherent aspects of military culture may contribute to low rates of reporting a sexual assault. For example, service members are constantly moving from one duty station to another and may not have supportive or established relationships at their new duty station. As a result, female service members are more likely to be sexually assaulted and less likely to report the assault when they move to a new duty station (Castro et al., 2015). In addition, military culture is very team oriented. Within this team-oriented environment, female service members may be reluctant to report being sexually assaulted by a colleague because they feel they are betraying the team (Castro et al., 2015).

Therapeutic Support

When providing support for female service members who have been sexually assaulted, mental health providers should consider using a variety of approaches. One such approach is the biopsychosocial approach (Engel, 1977), in which various sociocultural and psychological factors are considered, in addition to biological factors, throughout assessment and treatment (Stebnicki, 2020). This approach allows clinicians to gain a more holistic view of the client and interventions can be tailored keeping these three factors in mind (Engel, 1977). For instance, when social support is low, this can have a significant impact on mental health (Harandi et al., 2017; Tramonti et al., 2021). Additionally, poor coping skills can lead to negative mental health outcomes (Tramonti et al., 2021). Therefore, counselors can help female service members find ways to bolster support and coping if needed. Counselors should also stress shared decision making (Tramonti et al., 2021) when working with females in the military. Shared decision making can increase trust and rapport and is empowering, especially when working with women who have experienced the trauma of sexual assault.

To promote long-term healthy relationships, if applicable and helpful to their situation, counselors should also encourage female service members to engage in marriage and family counseling. Marriage and family therapy is highly effective, and 70% of couples who seek out these services report that their relationship improved and distress decreased (Lebow et al., 2012). In return, psychological well-being and issues such as anxiety, depression, substance abuse, and PTSD have been shown to improve when relational distress is decreased (Lebow et al., 2012; Tramonti et al., 2021).

Ultimately, given the cultural and organizational dynamics that are unique to the military, it is important that professional counselors use an empathy-based approach to services when counseling female service members. As outlined previously, female service members may be seeking help from a complex array of circumstances depending on if they have filed an unrestricted or restricted report—both bringing unique traumas to the individual. When counseling female service members who have been sexually assaulted, counselors should use the following evidence-based approaches that have been found to be effective for working with victims of sexual assault: Eye Movement Desensitization and Reprocessing (EMDR), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT; Center for Deployment Psychology, n.d.).

Eye Movement Desensitization and Reprocessing (EMDR)

Research indicates that women in the military may be at a higher risk of PTSD if have they experienced sexual assault or harassment (Mankowski & Everett, 2016; Stebnicki, 2020). Evidence-based modalities, such as EMDR, can be used to assist female service members with processing these traumatic experiences (Balbo et al., 2019). EMDR has been found to significantly reduce PTSD symptoms (Balbo et al., 2019), such as flashbacks, nightmares, and heightened arousal (American Psychological Association [APA], 2013).

Prolonged Exposure (PE)

In addition to EMDR, PE is another option for counseling female service members who have experienced sexual assault. PE is a specific type of cognitive behavioral therapy (CBT) that was initially developed for rape survivors with PTSD and has been proven effective for individuals experiencing military sexual trauma (MST) (Foa et al., 2007, 2019; Bedard-Gilligan et al., 2016; Rothbaum et al., 2005; Schnurr et al., 2007). PE allows the clients to challenge their thoughts and feelings of fearful situations in a safe space with a counselor who is trained and competent in using this theoretical orientation (Cater & Leach, 2011). This treatment approach is facilitated individually and typically consists of 10 weekly sessions or two sessions per week for a duration of 90–120 minutes (Foa et al., 2007; 2019). The three main treatment components of PE are in vivo exposure, imaginal exposure, and imaginal processing.

When using in vivo exposure, the counselor walks the client through the experience within a coach-like role, educating the client on PE and identifying situations and places the client has avoided due to trauma (Banducci, 2021). The client then rates each situation based on their personal levels of distress, with the counselor helping the client approach the situation with the least amount of distress first (Foa et al., 2007, 2019). Counselors and clients can work through in vivo exposures together, as the goal is to teach clients to approach rather than avoid (Banducci, 2021). This technique is often repeated until the client's stress levels have decreased and, following this, the client then moves on to more stressful situations building upon the same success as with the initial in vivo exposure (Foa et al., 2007, 2019).

With imaginal exposure and processing, the counselor provides a rationale, as was done with in vivo exposure, and then supports the client through revisiting their traumatic memories (Foa et al., 2007, 2019). This requires the client to recount the traumatic situation, along with thoughts and emotions connected to this experience. The counselor teaches the client to understand that they are remembering a past event in the present moment, where they are safe (Foa et al., 2007, 2019). The counselor may invite the client to close their eyes during this process and, while the client recounts, the counselor may ask questions to continuously monitor stress levels, track nonverbal communication, including body language, body posture, and facial expressions, and remind the client that they are in a safe space (Bedard-Gilligan et al., 2016). Following imaginal exposure, the counselor and client shift to imaginal processing, where the client is engaged in dialogue regarding their experience with imaginal exposure (Bedard-Gilligan et al., 2016). This process is helpful in moving the client toward gaining control over the traumatic memory so that they do not re-experience the event whenever the thought reappears (Cater & Leach, 2011).

Cognitive Processing Therapy (CPT)

Another commonly used cognitive behavioral approach, CPT, is an integration of information processing theory and exposure therapy (Cater & Leach, 2011). CPT highlights the connectedness among thoughts, behaviors, feelings, and physiological sensations (Resick et al., 2017). Specifically, CPT focuses on recognizing how trauma exposure can shift thoughts and beliefs as well as the ways in which thoughts impact present behaviors and feelings (Cater & Leach, 2011). Goals include understanding PTSD, reducing stress related to trauma-based memories, and decreasing emotional numbing (Resick et al., 2017). Over 12 sessions, either individually or in a group, counselors who utilize a CPT-based approach with sexual assault survivors provide psychoeducation on PTSD and frequent responses to trauma, use cognitive restructuring strategies to challenge and confront maladaptive thoughts, and assign homework to encourage clients to practice and apply strategies learned during the session (Resick et al., 2017). Because CPT uncovers issues related to trust, safety, self-esteem, intimacy, power, and control, this approach is one of the most appropriate and effective treatments in reducing PTSD symptoms in MST survivors (U.S. Department of Veterans Affairs, n.d.).

Ultimately, when counseling survivors of MST, counselors should not just focus on the service member's PTSD symptoms. Due to the complex cultural layers of individuals who serve in the military, looking solely at

symptomology does not allow the counselor to address the service member's unique background, values, needs, and responses (Cole, 2014). Because treatment approaches such as EDMR, PE, and CPT require clients to address the memories and situations related to trauma, techniques utilized should also include acknowledgment, validation, and support (López Levers, 2012).

Resources

There are multiple resources available that might be useful when working with active duty female service members who have experienced sexual assault. Overall, counselors should familiarize themselves with both military and civilian resources, so that they are aware of the supportive services available, if needed. For instance, the Department of Defense offers a Safe Helpline that service members can contact if they have been affected by sexual assault (U.S. Department of Defense, n.d.) This helpline is confidential and offers an option for service members to chat online or call a crisis counselor. The U.S. Department of Veterans Affairs (n.d.) has developed a self-help mobile app for survivors of sexual assault or harassment. The app provides information on coping and well-being, and users can track their symptoms and progress. Additionally, the Service Women's Action Network (2021) offers a *Survivor's Guide* that survivors of sexual assault can use to learn more about the healing process and the military and nonmilitary resources available. Protect Our Defenders (n.d.) also made several resources available to service members who have experienced sexual trauma, such as a crisis line, legal services, and a resource library. Finally, the Victim Advocacy Program (VAP; U.S. Army, 2021) is a military resource that provides short-term and long-term support for adults who have experienced any kind of domestic abuse.

Advocacy

Although the reporting for cases of sexual assault and harassment in the military has increased, many incidents continue to be underreported (Melin, 2016). Counselors can partner with mental health professionals within the military health system to continue to support zero-tolerance policies within military culture. Additionally, if a woman in the military discloses a sexual assault to her counselor, this provider can help advocate for her as she navigates the options embedded within the military reporting process, should she decide to do so (U.S. Department of Defense Sexual Assault Prevention and Response, n.d.).

Future Research

Future qualitative and quantitative research should be conducted to better understand how to meet the needs of both male and female service members who are survivors of sexual assault. For example, a quantitative study might investigate the effectiveness of various theoretical approaches in working with active duty sexual assault survivors, providing an evidence base for best practices. Another quantitative study might track the mental health needs of sexual assault survivors from active duty throughout retirement so that counselors have a better understanding of how to help them throughout these developmental periods. In addition to these quantitative studies, a qualitative phenomenological study might explore the experiences of active duty service members who have experienced sexual assault. Finally, both qualitative and quantitative research should explore the benefits of partnerships and collaboration between the counseling profession and military support services to provide comprehensive and holistic care for service members who have experienced sexual assault.

Conclusion

Counselors are well positioned to help female service members who are survivors of sexual assault. Best approaches for counseling this population include a culturally competent approach to working with these individuals in addition to evidence-based counseling approaches that address the trauma they have experienced. Ultimately, counselors should strive to become familiar and comfortable with military culture so that they can effectively work with this population and advocate for their well-being, allowing them to continue to serve and reach their potential as they rise in the ranks of the military.

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