

# Sexual Violence in the Military

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## STOP!

**If you or someone you know has recently experienced sexual violence, make sure the victim is in a safe place and call 911 if immediate medical help is needed.**

- **Contact the DoD Safe Helpline: 877-995-5247** for information on reporting options and finding additional support after an incident of sexual violence. You **do not** have to identify yourself or report what happened. All information requested from Safe Helpline is provided to you anonymously. Safe Helpline can also connect you with civilian resources in your community. Safe Helpline will, at your request, connect you with your servicing Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA).
- **The DCoE Outreach Center call line 866-966-1020** provides licensed, health resource consultants trained in psychological health and traumatic brain injury. Consultants provide free, confidential, customized information to address your specific concerns and help connect you to programs and resources that can help you.
- **Call the National Suicide Lifeline 800-273-TALK (8255)** if you are having thoughts of suicide. This is a non-military affiliated program operated by the U.S. Department of Health and Human Services.

Additional resources and information on reporting options and procedures can be found in Appendix A: Reporting and Legal Issues.

This booklet provides information about sexual assault and sexual harassment to help

with understanding the confusing and disturbing thoughts and emotions that often follow, and provides guidance and resources for getting help.

## **1.0 Sexual Violence Defined**

There are many terms used in the Department of Defense (DoD) and the Department of Veterans Affairs (VA) that relate to sexual violence. Sexual harassment, sexual assault, and military sexual trauma are the three most commonly used terms. Each term is defined in detail below. Because it can be wordy and repetitive to say “sexual assault and harassment,” the terms “trauma” or “sexual violence” are used at times in place of “sexual assault and harassment” in this document.

The terms “victim” and “survivor” refer to people who have experienced sexual assault or harassment. In this booklet, we use both terms interchangeably. Some professionals, such as those in the legal system, may use “victim” exclusively. However, those who experience sexual assault or harassment may identify as both “victims” and “survivors” throughout the healing process.

Talking about sexual violence can trigger intense feelings for some readers, especially if they have mixed feelings about calling their experiences with sexual violence “trauma” or a “violation.” We use these terms because assault and harassment are events that violate personal boundaries. “No,” whether stated verbally or not, was not honored — a line was crossed. If a survivor feels the words “trauma” and “violation” do not correctly describe their unique experience, that’s understandable and completely acceptable. Survivors should feel free to define their experiences in a way that feels most true to them; the information in this booklet should be relevant regardless of how an individual’s experience is described.

### **1.1 Sexual Assault**

Sexual assault, as used by the Department of Defense, refers to a broad range of non-consensual sexual activities between adults. These sexual activities can include any of the following acts (or attempts to commit these acts):

- Unwanted sexual touching, groping or grabbing
- Oral, vaginal, or anal penetration
- Penetration of the body with an object or body part

The use of force, threats, intimidation, coercion, abuse of power, and the administration of substances to make a person submit to sexual activity are all considered to be circumstances “without consent.” These circumstances also include situations where the victim cannot consent because they are substantially incapacitated, such as when a

person is asleep, heavily intoxicated by alcohol or drugs, or unconscious. This means sexual assault can occur under conditions that may not necessarily involve physical force or even visible physical injury.

## **1.2 Sexual Harassment**

Sexual harassment is defined as unwelcome or threatening verbal or physical conduct of a sexual nature. Sexual harassment can be experienced both by the person who is the object of the behavior and by others who may have witnessed the behavior. For instance, a person may make a sexually suggestive comment about a co-worker's clothing that is overheard by another co-worker in the neighboring cubicle and who may also find the comment disturbing. Sexual harassment may include:

- Gender harassment (e.g., someone puts down another person based on their gender)
- Unwelcome sexual attention (e.g., someone makes offensive or inappropriate remarks about a person's sexual activities or body)
- Requests for sexual favors and sexual coercion (e.g., someone offers special treatment for sexual cooperation or punishment if the person does not cooperate)
- Verbal and nonverbal communication (e.g., sexual gestures, displays of sexually oriented magazines, inappropriate photos)
- Physical aggression or contact (e.g., touching, cornering, kissing). Physical contact, especially with intimate areas of the body, could also constitute a sexual assault, depending on the circumstances.

If in doubt about whether or not a behavior constitutes sexual harassment, contact a Sexual Assault Response Coordinator (SARC), a Victim Advocate, or the Safe Helpline.

## **1.3 Military Sexual Trauma**

Military sexual trauma (MST), as defined and applied by the Department of Veterans Affairs (VA), refers to psychological trauma resulting from a sexual assault or repeated, threatening harassment experienced during military service.

## **2.0 Sexual Violence in the Military: How Is It Different?**

Service members may expect to face trauma in the line of duty, like coming under fire from an enemy. But sexual assault or harassment is different: It happens during military service, comes from within the ranks, but isn't related to the mission. Assault and harassment in the military may also differ from the civilian world because military survivors often live and work with, or rely on, their perpetrators. Military sexual trauma is

an **insider threat** since it happens within the military and poses a threat to the military's mission.

Here are some ways that sexual assault and harassment in the military lead to unique difficulties:

***I can't get away!***

Because the assault or harassment may happen where the victim lives and works, it's difficult to "move on" after sexual violence in the military. Instead, victims may have to keep living or working closely with their attackers. Victims may even have to rely on their attackers for basic needs, like medical and mental health care, or take orders from them if the perpetrator happens to be a higher rank. In the war zone, the lives of victims may literally be in the hands of the people who assaulted them.

Being assaulted by someone who is supposed to have your back can leave survivors feeling helpless, powerless, betrayed, vulnerable, and at risk. Victims may question the notion of being part of a "band of brothers and sisters" if their attacker is another service member. A victim's sense of belonging to a cause bigger than themselves can turn into a feeling of being trapped and unable to escape. Additionally, there is an increased risk of re-victimization if survivors must rely on their attacker for any reason.

***Will others see me differently now? What impact will this have on our mission?***

Victims may hesitate to report out of concerns about the impact it may have on the unit and mission. This may be especially true in a deployed location. Survivors may also worry about their own reputations, or appearing weak or vulnerable in a military culture. They may also worry about others blaming them for what happened. Victims may be distracted or overwhelmed by the emotions triggered and this can cause increased risk of accidents or other dangers.

Sexual assault is a crime that has no place in the Department of Defense (DoD). It is an attack on the values we defend and on the cohesion our units demand. Sexual harassment also has no place in the DoD. When sexual harassment goes unchecked in the military environment, it can not only make work a hostile place, but it can also create a culture in which sexual violence is normalized or even condoned.

The Equal Employment Opportunity and Military Equal Opportunity programs are designed to create a climate of dignity, respect, and fairness in which sexual harassment has no place. In 2005, the DoD established the Sexual Assault Prevention and Response Office (SAPRO) to promote prevention, encourage increased reporting of the crime, and improve response services for victims. Since that time, the support provided to victims of sexual assault has increased substantially. Nearly all support services can start with just a phone call to the DoD Safe Helpline (877-995-5247) or

your installation's Sexual Assault Response Coordinator (SARC) or SAPR victim advocate. Additional information on these resources can be found in Appendix A: Reporting and Legal Issues.

### **3.0 Common Physical and Psychological Reactions After Sexual Violence**

#### **3.1 When To Seek Immediate Help**

After experiencing sexual violence, a survivor's feelings may vary between fearful, angry, sad, anxious, and feeling nothing at all. Having these feelings doesn't mean that something is wrong or that the person will never recover. In fact, most people are resilient and are able to return to everyday life in the weeks following an assault.

**However, seek help immediately** if you or someone you know who has experienced sexual violence has *any* of the following reactions:

- Suicidal thoughts
- Irregular heartbeat
- Cutting or other self-destructive behavior
- Homicidal thoughts
- Extreme nausea or persistent vomiting
- Bleeding
- Intense, new or unexplained pain
- **Call 911 for immediate medical help**
- **Call DoD Safe Helpline: 877-995-5247**
- **Call Defense Centers of Excellence (DCoE) Outreach Center: 866-966-1020**
- **Call National Suicide Lifeline 800-273-TALK (8255)** if you are having thoughts of suicide.

#### **3.2 Other Troubling Experiences Usually Not Requiring Immediate Help**

A victim of sexual violence may have other troubling experiences immediately after a traumatic experience including:

- Feeling disoriented or out of touch with reality
- Feeling afraid to leave home
- Drinking too much alcohol or
- Increased symptoms of a preexisting condition
- Hyperventilation
- Uncontrollable shaking

taking more drugs than prescribed, or using illegal drugs

- Extremely vivid memories of the event, like it's happening again
- No memories of periods of time

These feelings can resolve within a few days or weeks and they may return. If these experiences continue for more than a few weeks or get worse, seek help from a health care professional.

### **3.3 Sexual assault and sexual harassment are traumatic events.**

During sexual assault or harassment, victims often feel afraid, helpless, horrified, humiliated and confused. Some victims may dissociate, or disconnect from reality as a way of surviving an assault. Each person's experience and responses are different, as are the effects. Like other kinds of psychological trauma, sexual assault and harassment often negatively impact survivors for years after the event. Lingering experiences of unwanted or intrusive thoughts, feeling jumpy or on edge, and disturbed sleep including nightmares, may occur. Some survivors may have intense, ongoing feelings about the trauma, while other survivors say their feelings about the experience were absent for a long time, then reappeared.

Sexual violence can shatter how people see themselves, others, and the world. Survivors may question what is safe and what is not, what's predictable, what can be controlled, or who they can trust. The attacker has taken away power and betrayed trust. The survivor's body and sexuality have been disrespected and violated. And when survivors continue to work or live with their attacker, they question their own control and power. Many survivors experience feelings of shame and self-blame for what happened to them. The response that survivors receive from others when they disclose their experience can also significantly impact how they feel about and cope with the assault.

Survivors may have conflicted feelings and questions such as:

- Should I trust others, when even friends and brothers- and sisters-in-arms may betray me?
- Should I allow myself to get close to others, to feel supported, when I know I could get hurt?
- Should I prioritize safety or freedom?

Sexual violence can affect a person's mental and physical health for years. The experiences listed below are all normal reactions to sexual violence, but if **any** of these symptoms interfere with relationships, work, or self-esteem, survivors should seek support from loved ones or a health professional.

### 3.4 Common Effects of Sexual Violence

- Post-traumatic stress
- Anxiety
- Emotional numbness
- Sleep problems
- Upsetting memories
- Anger
- Suicidal thoughts
- Difficulties at work
- Physical health problems
- Depression
- Strong emotions
- Problems with alcohol or other drugs
- Difficulties with attention, concentration, and memory
- Being constantly on guard
- Shame and self-blame
- Difficulties in relationships with family and friends
- Sexual problems
- Spiritual crisis

### Posttraumatic Stress Disorder (PTSD) Following Sexual Violence

Rates for developing PTSD are higher among men and women who have been sexually assaulted. Research with veterans has shown that those who experienced sexual trauma in the military developed PTSD at higher rates than those exposed to combat trauma, and this was found both in women and men. These high rates of PTSD may be attributed to the ongoing stress of being required to live and work with the attacker, often in the same environment in which the attack occurred. The inability to feel safe and secure at home and at work, and feeling that there's an ever-shrinking circle of available and trusted social relationships and events adds to the stresses placed upon survivors of sexual violence.

Symptoms of posttraumatic stress disorder (PTSD) may include:

- Reliving the traumatic event
- Avoiding reminders of the trauma
- Negative thoughts and emotions connected to the event, such as feelings of guilt, fear, or shame, or feeling detached and disinterested in other people or things that had been enjoyable
- Experiencing constantly high levels of tension and alertness, or hyperarousal

Not everyone who experiences post-traumatic stress develops PTSD. Symptoms can develop soon after a traumatic event, or they may occur much later. Having symptoms lasting longer than a month, or that interfere with usual social and workplace activities suggest that seeking the help of a health care professional is advised. Good treatments are available for coping with PTSD. For more information about PTSD and ways to deal with it, visit the [PTSD topic](#) on AfterDeployment.

### **Suicidal Thoughts**

Survivors may think about or attempt suicide to escape the fear, anger, depression and other intense feelings after the sexual trauma. Some survivors may fall into a pattern of thinking in which suicide seems the only way to regain a feeling of control. If you or someone you know are thinking about suicide, talk to someone for support.

**CALL 911 immediately** if you feel that you cannot keep yourself safe.  
**Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)** for immediate crisis counseling. Counselors are available 24/7.

### **Depression**

Survivors of sexual violence often say they feel sad, “blue,” or depressed. Many suffer loss of pleasure or joy, low energy and motivation, hopelessness and low self-esteem. While it’s normal to feel sad and upset after experiencing sexual violence, these feelings can become debilitating if they stop the person from participating fully in life. More information about depression and how to overcome it is available in the [Depression topic](#) on AfterDeployment.

### **Anxiety**

Survivors may suffer from anxiety attacks for weeks or months afterwards because their brains and bodies are focused on preparing for and protecting against future trauma. These attacks may come out of the blue or when the victim is reminded of the experience. Victims may constantly worry about possible dangers or difficulties. Bracing for danger and worrying about the future is a natural response when one’s sense of safety has been violated but can become debilitating if it persists after the immediate danger has passed. The [Anxiety topic](#) on AfterDeployment has more information about coping with anxiety.

### **Strong Negative Thoughts and Emotions or Emotional Numbness**

Survivors may experience intense emotions. They may feel angry, terrified, constantly irritable, or have strong, sudden emotional reactions they can’t control. They may feel

anxiety, fear, sadness or grief. Or they may feel unable to feel emotions as they did before the event.

It is natural to feel angry, or even enraged, after being sexually violated. For some, this anger leads to aggressive and dangerous behavior, or thoughts of justice and revenge. Survivors must learn to feel and express anger without harming others or causing more problems for themselves. Although anger often feels righteous and therefore acceptable to express, it can also mask other, more difficult emotions such as fear, sadness, and sense of loss.

Many survivors of sexual trauma alternate between intense negative feelings and no feeling at all. Others may feel emotionally numb most of the time. Feeling numb may mean feeling emotionally flat, or having difficulty experiencing love, happiness, or other positive emotions. Some survivors say they no longer know who they are or what matters to them. They feel empty inside and may fail to see a meaningful future ahead of them. Their thoughts may turn towards guilt or blame of themselves or others, or looking at the world as threatening and out of control.

### **Alcohol and Drug Abuse**

Survivors often drink alcohol, use illegal drugs, or misuse or overuse prescription drugs to cope with intense feelings of anxiety or sleep problems. Using drugs and alcohol to sleep or escape often backfires. Sleep quality suffers after drinking or using drugs, and “medicated” emotions and memories resurface when the effects of the alcohol or drugs wears off.

### **Sleep Problems**

It is common to have trouble falling or staying asleep after experiencing sexual violence, since survivors’ brains and bodies feel a need to stay alert and ready for danger. Many survivors also have disturbing nightmares that interrupt their sleep. These may cause anxiety and make it difficult to return to sleep after waking. These disturbed sleep responses may cause survivors to try to avoid sleep altogether.

### **Difficulties with Attention, Concentration, and Memory**

Survivors may struggle with concentration, attention and memory, affecting work performance and straining relationships. Some people may not remember the event, or they may have vague or disjointed memories. Some may have “checked out” during the experience; feeling they are present in body but not in spirit. They may feel “spaced out” or disconnected from their bodies or experience.

Memories of the trauma may come to mind unexpectedly and frequently after being sexually assaulted or harassed. Survivors may feel like they are reliving what happened. Or they may have vivid and upsetting memories or nightmares. They may try to avoid reminders of their trauma, feeling upset or anxious when reminded of the event. Avoidance may ease distress in the short run, but can lead to long-term problems with avoiding life in general and isolating oneself.

After sexual violence, survivors may be easily startled by loud noises, people coming up behind them, or by being touched unexpectedly. Crowds can become difficult to tolerate, and it may be challenging to feel truly safe in familiar or unfamiliar places. There may be a compelling need to be always on alert for something harmful or threatening that might occur.

### **Shame and Self-Blame**

Survivors often feel shame or guilt over their trauma because of common myths and misconceptions about sexual assault and harassment (See Appendix B: Myths and Misconceptions About Sexual Violence). They may blame themselves for what happened or regret decisions made before the trauma. They may feel humiliated or embarrassed over what they were forced or coerced to do, or for how they responded during the assault. Victims may blame themselves as a way to regain some control. A victim should never take responsibility for the attacker's choices and behaviors. Sexual violence is never the victim's fault.

### **Relationship Difficulties**

Relationships with loved ones, especially intimate relationships, can be deeply affected when one partner suffers an incident of sexual violence. Survivors may feel isolated or disconnected, and may have difficulty trusting others. This can lead to distance, fear, and suspicion in relationships. Partners may have a hard time understanding the impact these experiences can have on survivors. Survivors often report problems with vulnerability and intimacy, and often report more fighting and conflict in their relationships.

### **Work Difficulties**

Some sexual violence survivors have an increased need for control after feeling powerless during the attack. This can create conflict in the workplace over issues of power, control, and fairness. Some survivors report decreased work satisfaction, especially when they must continue to work in the environment in which the trauma took place or continue working with their attacker. Some quit their jobs or even their military

careers when faced with their attacker each day, or when required to work in unsupportive environments. Often survivors blame the military for what happened to them.

### **Sexuality Difficulties**

Survivors may see changes in their sexual responses, such as lack of desire, lack of orgasm, or painful intercourse. Sexual experiences may be interrupted by anxiety, fear, angry reactions, or unexpected memories of the incident. Intimacy can trigger feelings of vulnerability and discomfort. To avoid these feelings during sex or intimacy, survivors may use alcohol or other substances. Some survivors become highly sexual to regain a sense of control. Others may “shut down” physically and emotionally during sex after an assault. It is important for survivors of sexual violence to focus on safety and comfort in their sexual experiences.

Survivors may experience involuntary sexual arousal in response to a sexual assault. This involuntary response may lead them to wonder if they enjoyed the violation or have an abnormal sexual response. Some may question their sexuality or sexual orientation after the attack. Men may also question their masculinity or believe they should have responded more aggressively and been able to fight off the attack.

### **Physical Health Problems**

Sexual assault can result in pregnancies and sexually transmitted diseases, including HIV. Sexual violence is also linked to reproductive health problems, chronic back pain, pelvic pain, headaches, eating disorders, gastrointestinal problems, weight problems, and chronic fatigue. Survivors are more likely to drink and smoke, and suffer more physical health problems such as liver or lung disease as a result.

### **Spiritual Crisis**

Experiencing sexual violence can lead to a spiritual crisis, especially for survivors who were spiritual or religious before they were assaulted or harassed. Some survivors gain a deeper sense of faith in their beliefs, while others may lose their faith completely. Many feel anger toward God or other symbols of their religious beliefs. Some survivors think their trauma is a kind of spiritual punishment. Such spiritual crises are yet another impact of sexual violence on one’s sense of identity and well-being.

## **3.5 Gender and Sexual Violence**

People of all gender identities and sexual orientations can be victims of sexual violence.

Although survivors may experience many of the same challenging feelings and thoughts, each person's responses to sexual violence are uniquely personal. Men and women may experience different kinds of challenges depending on the circumstances of the attack, the responses from others, demographic differences in the military, and other conditions.

### **Male survivors of sexual violence**

Men who are sexually traumatized often feel angry, trapped, and alone. Male survivors may have particular difficulty dealing with stigma issues. Men are often unwilling or unable to seek support. Many male survivors report that they feel isolated, alienated from others, emotionally vulnerable, and insecure about their masculinity. Victims are forced to submit, and often feel vulnerable and overwhelmed by intense emotions. Many sexual assaults of men involve more than one attacker, weapons, or forced participation.

For men, sexual violence can lead to feelings of shame and self-doubt. It may also trigger negative self-judgments and cause male victims to question their masculinity. For example, male survivors may feel concerned about:

- **Legitimacy** (e.g., "Men can't be sexually assaulted" or "No one will believe me.")
- **Masculinity** (e.g., "I must not be a real man if I let this happen to me" or "My manhood has been stolen.")
- **Strength and Power** (e.g., "I should have been able to fend them off" or "I shouldn't have let this happen.")
- **Sexual orientation** (e.g., "Am I gay?" or "Will others think I'm gay and that I only pretended not to like it?")

Men may feel confused if they experience involuntary sexual arousal during the attack.

**Sexual arousal during an assault is a completely involuntary bodily response.**

These reactions are not an indication of pleasure, interest, or emotional excitement. Rather they are simply the body's natural physiological responses to stimulation.

Seeking help from loved ones or professionals can help survivors overcome feelings of shame and isolation. Seeking help takes courage and strength: Courage to face what happened, and strength to acknowledge and overcome vulnerabilities. But with commitment, discipline, and the right support, recovery from sexual violence is possible.

### **Female survivors of sexual violence**

Female survivors of sexual violence in the military face unique challenges due to the demographics of military personnel. As minorities in a male-dominated environment, women are more often in situations where they could be targets of violence. Female survivors who interact with mostly male peers may now feel unsafe and alone. As a minority, women may feel they need to prove themselves and want to avoid seeking help. Some female survivors worry that others will see them as weak, causing trouble or undermining the group's strength. Female survivors may also worry that speaking up will damage unity and morale, especially if their attacker is a co-worker or fellow service member. Since many women find it hard to break into the military "boys club," some worry coming forward will interfere with social and career opportunities. Finally, female survivors may simply fear they will not be believed or taken seriously. But, as a result of remaining silent, they may become more isolated and have more difficulty healing.

## **4.0 Recovering from Sexual Violence**

Recovery from sexual assault or harassment takes time and effort. To help the recovery process, survivors should find safety, take good care of themselves, and seek support.

### **4.1 Stages of Recovery**

Everyone reacts differently to sexual assault and harassment, but there are some general stages of recovery that nearly all victims experience:

- **Initial shock**
- **Denial**
- **Reactivation**
- **Healing**
- **Integration**

These stages do not need to go in the order listed here. Recovery is not a linear process. Survivors may pass through these stages at different times or go through a single stage multiple times on their individual journey.

- **Initial Shock:** Immediately after a trauma, survivors may experience emotional and physical shock. Survivors may express their shock in different ways. They may act very controlled, become quiet and withdrawn, or they may cry, scream, and shake.
- **Denial:** In denial, survivors attempt to go back to their normal routine. They avoid thinking about the assault, or they deny its impact. Using distraction to avoid intense emotions and thoughts during the period immediately following an assault can be helpful, especially when trying to take appropriate steps to deal

with the situation. However, survivors should be careful not to fall into a pattern of avoiding thoughts and feelings.

- **Reactivation:** Survivors experience the intense feelings related to the sexual violence all over again, usually because of reminders or memories of the assault. Depression, anxiety and shame may increase during reactivation. Survivors may also have nightmares, flashbacks, feelings of mistrust and vulnerability, and physical pain. Survivors may feel consumed by thoughts and feelings about the traumatic experience. Survivors often reach out for help during this stage of recovery.
- **Healing:** Survivors begin to process their anger, grief, fear, and emotional turmoil. Survivors may address the anger they feel toward themselves, friends, significant others, society, or the legal system. They may also have to deal with their grief over the ways life has changed since the incident. They may come to terms with feelings of fear and loss of relationships, betrayed trust, or lost innocence. During this stage, survivors begin to reclaim their lives.
- **Integration:** With support, hard work, and time, many survivors integrate the traumatic event into their larger life story. Survivors may continue to see the world differently. They may feel less innocent or naïve. They may be more guarded or cautious, but they may also feel stronger, with different priorities or a different sense of purpose. Their recovery can be a source of insight, activism, and personal growth.

## 4.2 Steps Toward Recovery

**Step 1. Create Safety:** Creating safety means having a safe place to live, work, and sleep. It also means addressing any health concerns. If survivors feel like hurting themselves or others, being safe means seeking support and counseling to deal with those feelings. Safety also means avoiding dangerous behaviors like alcohol abuse, drug use, unsafe sex and reckless driving.

Creating safety can be difficult if the survivor lives or works with the attacker. In these cases, seek the support of a SARC (see Section 6.0 Resources in this booklet), who can help the survivor identify options for increasing safety. Some survivors choose to file a report and may request a protective order or transfer. Some may decide to leave their jobs.

By seeking medical care and behavioral health counseling, survivors can arm themselves with support and healthy coping skills.

**Step 2. Self-Care:** To heal and recover after sexual violence, survivors must take care of themselves. Basic self-care includes:

- Getting enough sleep
- Eating healthy foods in healthy amounts
- Seeking medical care for any physical problems
- Finding behavioral health care for emotional and behavioral health problems
- Avoiding the overuse of alcohol
- Avoiding illicit drug use and overuse of prescription drugs
- Avoiding risky behavior, like unsafe sex, gambling, and reckless driving
- Getting support from friends, family and/or professionals
- Doing normal, everyday things to maintain a sense of normalcy
- Exercising regularly

If self-care feels overwhelming, survivors should focus on changing behaviors that are most unsafe, like excessive alcohol use, and drug use. Once those behaviors have been dealt with, survivors should move on to things like eating healthy and exercising. Support from others can help them develop better self-care, too. For example, a survivor may find it easier to cut down on drinking with the support of friends and loved ones.

**Step 3. Get Support:** Getting support from friends, family, and professionals, such as advocates, counselors, chaplains, or doctors, is an important part of self-care. Survivors often isolate themselves, which makes them feel more alone. Those who seek support and reach out to others do better than those who try to go it alone.

**Step 4. Set Boundaries:** Survivors should find ways to reach out and get support that feels safe and comfortable. For example, survivors avoiding contact because they do not like people touching them physically can set boundaries with people and ask them to respect those boundaries. Setting boundaries can feel awkward, but there are ways to protect personal privacy and respect others. For example, one could ask not to be touched by saying: “I’m a little jumpy lately. Please don’t touch me without asking me first.” Or ask to avoid certain “off limit” topics by saying “I’d rather not talk about \_\_\_\_\_ (sexual harassment / dating / a rape in the news, etc.) right now, thanks.”

There’s no need to explain or justify boundaries. Setting boundaries can be an empowering experience, especially if physical or sexual boundaries have been violated. Survivors should check in with themselves about what feels okay, and to get comfortable saying what they want and need.

For more information on setting boundaries, visit the [relationships topic](#) on AfterDeployment.

**Step 5. Develop Good Coping Skills:** Everyone has different ways of coping with stress and upsetting events. During and immediately following a sexual assault, survivors may find ways to respond to the trauma that seem to help in the short-term, but are not effective or healthy in the long-term. Developing healthy ways to cope with the emotions and stresses experienced will take some effort but will lead to better and long lasting results.

Examples of short-term adaptive responses that should be avoided include:

- **Emotional numbing:** Avoiding emotional pain from the trauma. Blocking anger and fear may also block positive feelings like joy and love.
- **Dissociation:** Victims of sexual assault may “leave their bodies” during the attack. This is one way the body copes with an unbearable experience. However, dissociation (“spacing out,” “checking out,” or even losing memory for periods of time) can become a pattern for dealing with stress or intense feelings. Ultimately, dissociation does not help survivors deal with the stresses of life in a healthy way.
- **Controlling behavior:** Some survivors attempt to regain a sense of security, power or control in their lives using obsessive thoughts or compulsive cleaning, counting or checking. These obsessions and compulsions may end up controlling the survivor.
- **Alcohol/substance use:** Some survivors turn to alcohol and drugs to escape from upsetting memories and emotions. However, these substances create health and relationship problems – they make the survivor’s life worse.
- **Eating changes:** Survivors may try to gain control by eating too much, purging, or not eating at all. Unfortunately, these unhealthy eating habits all carry serious health risks and can affect overall ability and fitness for duty.
- **Getting revenge:** Some survivors feel upset about how others respond to their situation. They may feel justice is not being done. Some may seek revenge for their pain and suffering. It is normal to think and feel this way, but one should not act on these thoughts and feelings. If you or someone you know are thinking about revenge, talk with someone. **If you feel you won’t be able to stop yourself from acting on those thoughts, call 911 or the SafeHelpline 877-995-5247.**

Here are some good coping skills to help manage the stresses and difficult emotions survivors may experience:

- **For relaxation:** Practice deep breathing and progressive muscle relaxation. [Read more](#) about using these relaxation techniques to control stress, or learn about some mobile applications that can teach you how to use “[belly breathing](#)” to relax, or how to perform [progressive relaxation](#).
- **For better relationships:** [Learn some ways](#) to handle conflict resolution, reduce social isolation, and improve interpersonal communication skills.
- **For managing difficult situations:** Practicing better [problem-solving](#) and time-management skills can help reduce stress and gain more control over life.
- **For managing upsetting emotions:** Practicing methods like [mindfulness meditation](#) can help with managing difficult emotions and feeling better able to cope with stress. Gaining better awareness of feelings throughout the day by using a tool to [rate mood](#) can also help.

**Step 6. Revisit the Experience and Its Effects:** This process usually involves seeking professional guidance. It includes acknowledging the impact of the sexual violation, and expressing some of the feelings associated with it. This process may also include exploring thoughts and beliefs about the trauma. Survivors may process their self-blaming thoughts, assess the reasons behind the trauma, and dissect their beliefs about who was responsible. For some, writing or telling the story of what happened is helpful. Prolonged exposure therapy is another therapeutic approach that removes the associations between the memories of events and the emotions they generated so that these memories no longer trigger the same emotional responses. Cognitive processing therapy (CPT) is an approach specifically developed for treating sexual trauma that reduces avoidance of traumatic situations by changing the beliefs and thoughts associated with them. Research has shown that these methods are effective methods for treating trauma related to sexual assault.

**Step 7. Reach Out and Help Others:** For some survivors, healing comes through helping others. Trauma leaves some survivors feeling helpless, powerless, and unsafe. Others may reclaim a feeling of healthy power by advocating for themselves or other survivors, or by doing something to support those in need. Supporting a cause that has personal significance can be empowering and enlivening. It may help feel less like victims and more like survivors.

#### 4.3 Reducing Risk of Assault and Re-Victimization

Sexual assault is **never** the fault of the victim or the result of their action or inaction — it is the fault of the perpetrator. The perpetrator is the only one who can prevent sexual assault and harassment from happening. Re-victimization is a common problem faced

by many sexual assault survivors. Some survivors may continue to have contact with perpetrators following an assault, which could increase the potential for re-victimization. Survivors may also find that strategies they may have used to try to get past a sexual assault, or changes in emotions or thought patterns following the incident, interfere with their ability to effectively assess their level of safety in a given situation.

However, there are steps that one can take to increase safety. The following are some strategies that may help people feel safer and more in control of their surroundings.

### **Be Alert**

- **Trust your instincts.** If a person or place makes you feel unsafe, it's probably for good reason.
- **Be aware** of your surroundings at all times.
- **Watch** for signs of trouble, like strangers in private areas or people loitering where they shouldn't be.
- If you sense trouble, **get to a safe place** as soon as possible.
- If you feel you are in danger, **attract help any way you can.**
- **Report** any unauthorized or suspicious people in the barracks.

### **Be Prepared**

- Travel with a buddy or in groups. Watch each other's backs and say something if you notice a situation or interaction that seems "off."
- Stay sober, or drink in moderation. Studies indicate that most sexual assaults involve alcohol.
- Never leave a drink unattended or accept a drink from an open container. Educate yourself about date rape drugs.
- Lock the doors to your home, workplace, and car.
- Always carry extra money to get home. Have a plan for someone you can call if you need help.
- If you plan to go out with someone you don't know very well, tell a close friend.

### **Be Assertive**

- Being assertive means that you state what you want, and what you don't want.
- If you feel uncomfortable, scared, or pressured, act quickly. Say, "Stop it" and leave or call for help.

**No means No.** If you decide you don't want to be intimate with someone, make your decision clear, if you feel safe to do so. Know that you have the right to say no even if you:

- Said yes, but changed your mind
- Have had sex with this person before
- Have already been kissing or making out
- Are wearing clothing some may consider “provocative”

#### **4.4 Reducing Risk in a Deployment Environment**

Be especially prepared and alert in deployed environments. Deployed environments present special risks for military personnel. These include:

- Sleeping areas (tents, bunkers, and other buildings). These are often less secure in a deployed environment. Report any unauthorized people in sleeping areas.
- Non-military personnel present in deployed unit and working areas. Report any suspicious activity.
- Different lighting conditions and facilities. Stay alert and aware of your surroundings.
- Different expectations of culturally appropriate behaviors for men and women. Be assertive and clearly state if you feel uncomfortable with the way someone treats you.

Always **travel with a buddy**.

## **5.0 What to Do if You Recently Experienced Sexual Violence**

If you were recently a victim of sexual violence, you may be experiencing a lot of conflicting and confusing thoughts and feelings. Knowing what to do and how to respond can be challenging. Here are things you could do first.

### **5.1. Options for Getting Immediate Help After a *Sexual Assault***

**Get to a safe place.** Find a friend that you trust, or go to the closest medical facility or emergency room.

**Call for help:**

- **Call 911** if you need immediate medical help.
- **DoD Safe Helpline: 877-995-5247.** You **do not** have to identify yourself or report what happened. All information requested from Safe Helpline is provided to you anonymously. Safe Helpline can also connect you with civilian resources in your community.
- **Talk with a Sexual Assault Response Coordinator (SARC) or Victim**

**Advocate (VA).** Call the Safe Helpline (877-995-5247) who will, at your request, connect you with your SARC or Victim Advocate.

- **Call the DCoE Outreach Center: 866-966-1020.** Licensed, health resource consultants trained in psychological health and traumatic brain injury provide free, confidential, customized information to address your specific concerns and help connect you to programs and resources that can help you.
- **Call the National Suicide Lifeline 800-273-TALK (8255)** if you are having thoughts of suicide. This is a non-military affiliated program operated by the U.S. Department of Health and Human Services.

## Understand Your Resources and What They Can Provide

### Sexual Assault Response Coordinator (SARC)

To help assault survivors, each branch has SARCs to coordinate sexual assault victim care. SARCs are available 24/7 every day of the year. You don't need an appointment or referral to contact a SARC. If you have the number, call your local SARC. If you don't know how to connect with the SARC on your installation, the DoD Safe Helpline (877-995-5247) can provide this information.

Your SARC can explain the reporting options to help you decide whether and how to report your incident. SARCs make sure you and other sexual assault victims get appropriate and responsive care. They'll address any concerns you have about your health or well-being. And, if you decide to report, the SARC and/or Victim Advocate will help you from the initial report through disposition of any legal case. Your SARC may ask some general questions about the incident to make sure you get medical and emotional help. **Note: All communication with the SARC is confidential.**

### Victim Advocate

If you choose, the SARC will assign you a Victim Advocate. Victim Advocates provide support, liaison services and non-judgmental care. They provide crisis intervention, safety planning, and help victims get necessary services, referrals, and ongoing non-clinical support. The Victim Advocate provides information on available options and resources so you can make informed decisions about medical and mental health care and about reporting the assault. At your request, your Victim Advocate can also go with you to investigative interviews, medical examinations and follow-up appointments. However, your Victim Advocate does not make decisions or speak for you. They won't interfere with the medical, investigative, or judicial processes.

**Get more information about your reporting options.** Restricted and unrestricted reporting options are available for service members and their adult military dependents. While there is no requirement for a victim to report the crime, the DoD highly encourages all victims to select the reporting option that best suits their circumstances and report the matter as soon as they are able. The SARC and/or the Safe Helpline are good resources to help understand and choose a reporting option. Appendix A: Reporting and Legal Issues in this booklet has more information. The [MyDuty.mil](http://MyDuty.mil) website, operated by the Sexual Assault Prevention and Response Office (SAPRO) also offers current information about reporting and other resources.

**Get medical care as soon as possible.** Even if you're not hurt, you may need medical help to protect your health. While you may not have visible physical injuries, you may have internal injuries or be at risk of a pregnancy or sexually transmitted disease.

- Consider asking health care personnel to conduct a sexual assault forensic examination (SAFE) to preserve evidence of the assault. In Military Treatment Facilities, a SAFE can be accomplished under both the restricted and unrestricted reporting options available to service members and their adult military dependents. Civilian hospitals also offer SAFE exams and are legally required to provide exams free of charge, whether or not the victim chooses to report to law enforcement. The Safe Helpline (877-995-5247) can provide more information about your options.
- Get an examination for medical treatment. Even if some time has passed since the sexual assault or you don't want a forensic examination, a medical exam is still helpful to document the appearance of any remaining injuries on your body, and to address your risk for sexually transmitted diseases and/or pregnancy.
- Ask if you can provide a urine sample if you think you've been drugged. Some drugs pass out of the body very rapidly, so it is important that this sample be taken as soon as possible following an incident.
- Consult with a health care provider. You may feel uncomfortable talking about these medical procedures, but it is very important to ask for a health care provider about these services. If you would feel more comfortable, ask the desk staff at the treatment facility to allow you to speak privately with a nurse. You can also request that a Victim Advocate accompany you to the exam.

**Save all evidence of the assault,** even if you haven't decided whether or not to report it. Avoid bathing, using the restroom, washing your hands or brushing your teeth before seeking medical care. Do not clean or straighten up the scene. If you do not seek a SAFE immediately after the assault, it's a good idea to remove the clothes and underwear you were wearing. Place your clothing in a paper bag, even if they are wet or soiled. Do not use a plastic bag as this can affect the ability to identify

evidence.

**Write down any details** you remember about the assault and your assailant. Diaries containing this information could later be seized as evidence, so personal notes on paper (not your smartphone) are probably best. Sometimes trauma and substance use at the time of the incident can impact memory in unpredictable ways. Don't be afraid to add to these notes over time, should you remember additional details.

## **5.2 What to Do If You Have Been *Sexually Harassed***

If you were recently a victim of sexual harassment, you may have a number of different and conflicting feelings. You may be confused about what you should do or who you can trust to talk to about it. Here are things you could do first.

**Stay safe:** stay away from your harasser, or make sure you're not left alone with the person.

**Call for help** (see Section 5.1 above for more details):

- **Call 911** if you need immediate medical help.
- **DoD Safe Helpline: 877-995-5247.**
- **Talk with a Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA).**
- **Call the DCoE Outreach Center: 866-966-1020.**
- **Call the National Suicide Lifeline 800-273-TALK (8255)** if you are having thoughts of suicide.

**Save all evidence and document any contact you have with your harasser.** Include dates, times and what was said and done each time.

**There are formal and informal procedures** for making complaints and reporting sexual harassment. The "Sexual Harassment Reporting" section in Appendix A: Reporting and Legal Issues of this booklet has more information.

## 6. Resources Providing Support to Survivors of Sexual Violence

There are a number of options available for obtaining support following sexual violence. Some of these resources are specific to service members and to veterans.

### 6.1. Support Resources for Service Members

There are a number of options service members have for getting emotional support, counseling, and mental health treatment. While it's normal to struggle with memories, thoughts, and intense feelings about your trauma, getting support can help victims heal.

**People you know and trust.** Many people feel comfortable getting help from family members, friends, and other loved ones. It may also help to talk with someone who knows about sexual assault in the military and how victims are affected. Support and counseling are available through behavioral health services and health centers, chaplains, and civilian counselors and advocacy agencies.

**Sexual Assault Response Coordinators (SARC).** Each branch of the service has Sexual Assault Response Coordinators (SARCs) who coordinate sexual assault victim care. A SARC is available for confidential consultation 24 hours a day, 7 days a week, every day of the year. You don't need an appointment or referral to contact a SARC. Contact your local SARC or call the **Safe Helpline** to get connected.

**Safe Helpline: 877-995-5247** provides confidential sexual assault support for the DoD community

- Find a Sexual Assault Response Coordinator (SARC) on Safe Helpline's website [here](#)
- Safe Helpline support is also available using this free [app for iOS](#) or [Android](#)

**DCoE Outreach Center: 866-966-1020**

- Licensed, health resource consultants trained in psychological health and traumatic brain injury provide free, confidential, customized information to address your specific concerns and help connect you to programs and resources that can help.

**MyDuty.mil**: A service of the Sexual Assault Prevention and Response Office (SAPRO), this website provides guidance on what to do immediately after a sexual assault, how to report an assault and reporting options.

**Military OneSource**: (800) 342-9647 (CONUS) (Instructions for international (OCONUS) calls can be found [here](#)). This is a resource to access short-term counseling with a licensed professional, as well as get referrals for ongoing counseling. This resource is free and available 24/7. Military OneSource behavioral health counselors and chaplains provide counseling. However, **these services are not confidential** since counselors are required to report sexual assaults and to share information with commanding officers.

**Find a Military Treatment Facility**: If you use Tricare for your health needs, you can locate your nearest facility here: [tricare.mil/mtf.aspx](http://tricare.mil/mtf.aspx).

## 6.2 Support Resources for Veterans

Every VA Medical Center (VAMC) provides free, confidential treatment for mental and physical health conditions related to sexual assault occurring while in the military. These free services include outpatient, inpatient, residential, and pharmaceutical care. You do not need a VA disability rating to obtain these services, and you are not required to make an incident report or provide documentation to receive these services. Pre-military trauma and pre-existing conditions do not impact eligibility for MST-related care.

Each VAMC also has a designated MST Coordinator who serves as a contact person for MST-related issues and can help veterans find and access the VA's MST-related services and programs that meet their unique needs. To access MST-related care, veterans can contact the MST Coordinator at their local facility or ask their existing VA health care provider for a referral for MST services. Veterans who were deployed to Iraq or Afghanistan can also contact the OEF/OIF program manager at their local VHA facility.

Additional information about services and options for accessing care is available at [www.mentalhealth.va.gov/msthome.asp](http://www.mentalhealth.va.gov/msthome.asp) and by calling the VA's general information hotline at 1-800-827-1000. Free counseling for military-related sexual trauma is also available through Vet Centers. These are community-based centers providing clinical services for veterans. To locate a Vet Center go to [www.va.gov/directory/guide/vetcenter.asp](http://www.va.gov/directory/guide/vetcenter.asp) or call the VA general information hotline at 1-800-827-1000. Civilian counseling services may also provide support.

**Veterans 24-hour crisis helpline: 800-273-TALK (8255)** for free support for sexual assault.

**Veterans MST Information:** [www.mentalhealth.va.gov/msthome.asp](http://www.mentalhealth.va.gov/msthome.asp). This resource provides information about the VA's sexual violence-related services, and access to

MST related articles, fact sheets, and additional resources

**Veterans General Information: 800-827-1000** or online at <http://www.va.gov>. Contact VA general information to access free VA medical center services for MST-related physical and health conditions.

**VetCenter:** [www.vetcenter.va.gov](http://www.vetcenter.va.gov). Use this resource to contact your local VetCenter.

#### **Other VA resources:**

- Contact the MST Coordinator at your local facility;
- Ask your existing VA health care provider for a referral for MST services;
- Contact the OEF/OIF program manager at your local VHA facility if you are a veteran who was deployed to Iraq or Afghanistan;

### **6.3 Other Services, Support, and Information**

- **SAMHSA Helpline: 800-662-HELP (4357)** for non-military agency support.
- **National Sexual Assault Hotline: 800-656-HOPE (4673)**  
This is a support resource operated by the non-profit private organization RAINN (Rape, Abuse & Incest National Network). It can provide referrals to civilian rape crisis centers.
- Chaplains on base, or local clergy (see local listings)
- Legal assistance attorney (see local listing)
- Psychotherapists (use the [Locate](#) feature on the AfterDeployment website)
- Civilian rape crisis centers. Referrals can be provided to civilian rape crisis centers by the [National Sexual Assault Hotline](#)
- National Center for PTSD Fact Sheet: "What is MST?" at [www.ptsd.va.gov/](http://www.ptsd.va.gov/)
- US Department of Defense Sexual Assault Prevention and Response Office (SAPRO) ([www.sapr.mil](http://www.sapr.mil))

## APPENDIX A: REPORTING AND LEGAL ISSUES

This appendix provides information about how to report sexual assault and harassment, find resources for support and care, and understand the legal investigation process. Having access to this information can inform your decisions and actions. There are resources available to you when you are ready to seek help.

For complete and current information about reporting options and legal issues regarding sexual violence, visit [MyDuty.mil](https://www.militaryduty.com) or the [SAPRO](https://www.sapro.mil) website.

### Sexual Assault Reporting Options

The military offers victims two different options for reporting an assault: **Restricted** and **Unrestricted**. The Sexual Assault Prevention and Response Office (SAPRO) provides a [flowchart](#) that outlines the steps and people involved in both reporting options. The availability of these options accounts for victims' privacy concerns while making sure they receive health care and support.

Please note that this information does not apply to victims of sexual assault perpetrated by a spouse or intimate partner, or military dependents under the age of 18 who are sexually assaulted. The [Family Advocacy Program](#) responds to and provides services for victims in these cases. When a sexual assault is committed against a child or occurs in the context of a domestic violence relationship, the victim will be directed to the Family Advocacy Program.

**Unrestricted Reporting** is a complete report of a sexual assault to military and legal authorities that activates victims' services, including medical treatment and counseling. Unrestricted Reporting also notifies chain of command and triggers an official investigation by the Military Criminal Investigation Organization. This type of report also gives victims the ability to request a Military Protective Order and/or an Expedited Transfer to another unit or base. The Unrestricted Reporting process can be started by chain of command, law enforcement, a SARC, or health care providers.

When they receive a report of sexual assault, SARCs will immediately assign a Victim Advocate. At the victim's request, a health care provider will conduct a sexual assault forensic examination (SAFE), which may involve collecting evidence. Access to details about the incident will be given only to those personnel with a legitimate need to know, such as the Victim Advocate, chain of command, medical personnel, and law enforcement.

**Restricted Reporting** was created in 2005 to allow victims to confidentially disclose details of their assault *without* triggering an official investigation or notifying chain of command. Restricted reports are confidential but not anonymous. This reporting option is *only* available to military personnel of the Armed Forces and their adult dependents. DoD civilians and DoD contractor victims may only make an Unrestricted Report. Like the Unrestricted option, Restricted Reporting includes confidential medical treatment and counseling for the victim.

A Restricted Report can only be made to a SARC, a Victim Advocate, or a health care provider. The SARC, the assigned Victim Advocate, and health care provider will not disclose confidential communications from a Restricted Report, except in limited circumstances and after consultation with the staff judge advocate. The SARC is required to report general information about the incident (without identifying the victim) to command within 24 hours.

If the victim reports the sexual assault to a healthcare provider, the provider will offer appropriate treatment, and notify the SARC. When they receive a report of sexual assault, the SARC will assign a Victim Advocate to the victim. At the victim's request, a healthcare provider will conduct a sexual assault forensic examination (SAFE), which may involve collecting evidence.

Though Restricted Reporting allows victims to seek care and evaluate their options, it does have disadvantages. It limits a victim's access to formal military protections and may also impact the evidence available in an investigation should the victim decide to convert to an Unrestricted Report. Additionally, if a victim wants to maintain a Restricted Report, they are discouraged from talking to anyone about the assault other than those who have a duty to maintain confidentiality (health care professionals, chaplains, Special Victims' Counsel, SARCs, and VAs). Others, including friends, may have to report the assault.

**NOTE:** Making a Restricted Report does not prevent victims from later filing an Unrestricted Report for the same incident.

### **Victim Support: Who Does What?**

#### **Sexual Assault Response Coordinator (SARC):**

- Coordinates sexual assault victim care
- Helps victims determine if they want to report the assault
- Ensures victims receive appropriate and responsive care
- Provides support through resolution of health, legal, and well-being concerns
- Is available 24 hours a day, 7 days a week, every day of the year
- Provides confidential communication

**Victim Advocate (VA):**

- Provides support, liaison services and care, including:
  - Crisis intervention
  - Referrals for services
  - Ongoing non-clinical support
  - Information on available medical, mental health, and legal options and resources
  - On request, accompaniment to investigative interviews, medical exams and follow-up appointments
  - Confidential communication

**Victim/Witness Assistance Program Provider (VWAP):**

- Works with victims who file an Unrestricted Report
- Explains victim's legal rights
- Keeps victim updated on the legal proceedings for their case
- Explains military criminal justice system, legal process
- Coordinates other support with the Victim Advocate

**Victims have the right to:**

- Privacy
- Fair and respectful treatment
- Reasonable protection from the accused offender
- Timely notice of court proceedings
- Appear at all public court proceedings related to the offense (unless the court decides otherwise)
- Talk with the attorney for the Government in the case
- Restitution, if appropriate
- Information about the conviction, sentencing, imprisonment or release of the offender

For more information about Unrestricted and Restricted reporting, legal issues, and other concerns regarding reporting decisions for sexual assault, visit the [SAPRO website](#).

**Sexual Harassment Reporting**

There are several ways to respond to sexual harassment. Both informal and formal complaints can be made to the chain of command. If this feels uncomfortable or creates a conflict of interest, you can discuss and/or file your complaint with an inspector general, chaplain, provost marshal, staff judge advocate, medical or behavioral health

personnel, or the Community Housing Referral and Relocation Services Office.

**Informal complaint:** An informal complaint is not made in writing. Instead, the complaint is resolved informally, often verbally, with or without the help of others.

Resolution can take place in a number of ways:

- **Direct approach.** You confront the harasser, explain that you don't appreciate the behavior, and demand that it stop. If you take the direct approach with your harasser, it may help to:
  - **Prepare.** Write out your thoughts before approaching the person. Think carefully about what to say and how to say it.
  - **Communicate clearly.** Avoid interpreting motives. Instead, focus on behaviors that must change. This will help you determine whether the person respected your request or not. Clear communication also gives the person something specific to do and may help that person comply with your request.
  - **Stay calm and courteous.** Don't give the person anything to use against you. If tempers flare, walk away.
  - **Focus.** Stick to the reason for the conversation – the harassing behavior and its impact. Don't get distracted by other topics.
  
- **Indirect approach.** Send a letter to the harasser that outlines the situation, your feelings about the harasser's behavior, and your suggested resolution. Keep the focus on how the person's behavior made you feel. The indirect approach can be useful if you feel unsafe or uncomfortable having a conversation with your harasser. Be sure to keep a copy of the letter for your own records.
  
- **Third Party.** Take along another person when you confront your harasser. This other person might intervene on your behalf to resolve the conflict. Or the third party might simply come along to provide protection or support as you confront the harasser yourself.
  
- **Chain of Command.** Reporting the situation and behavior to the chain of command, the SARC, or Victim Advocate can also help resolve the situation. Reporting doesn't mean you have to file a formal complaint. Be aware that an informal complaint of sexual harassment can only be guaranteed to be confidential with chaplains and lawyers.

**Formal Complaint.** This written complaint triggers an official investigation. Formal complaints require specific documentation and must be filed within 60 days of the incident. Contact your SARC or call the Safe Helpline (877-995-5247) for more information.

In any of these approaches, you should document all contact with your harasser, as well as their reactions. This can be useful information if the situation escalates, or you decide to file a formal complaint later. You can write down the information on a pad of paper. Using a computer, smartphone or recording device is not advised since these could be seized as evidence later.

Outcomes of sexual harassment investigations can vary. Guilt is determined by a “preponderance of evidence” that supports the claim of harassment. If found guilty, offenders will, at minimum, receive counseling from their commander. Punishment may also include discharge or other administrative or judicial action.

For more information about support and options for responding to sexual harassment incidents, visit the [sexual harassment page at SexualAssault.Army.mil](https://www.army.mil/sexualassault).

## APPENDIX B: Myths and Misconceptions About Sexual Violence

This section attempts to dispel common misconceptions about the causes, effects and dynamics of sexual assault and harassment in the military.

### Myths and Misconceptions About Sexual Assault

<p style="text-align: center;"><b>Myth</b></p> <p>Only women are sexually assaulted, not men.</p>	⇒	<p style="text-align: center;"><b>Fact</b></p> <p>Of the estimated nearly 21,000 service members who experienced unwanted sexual contact during the year studied, over half (52%) were men.</p>
<p style="text-align: center;"><b>Myth</b></p> <p>Most victims are sexually assaulted by strangers, in unfamiliar places or on dark nights.</p>	⇒	<p style="text-align: center;"><b>Fact</b></p> <p>The most commonly occurring sexual assault in the military happens between people who know each other, also known as “non-stranger” sexual assault. Up to 85% of perpetrators are known by the person they attack. "Acquaintance rape" by a friend, new acquaintance, or coworker is common, especially among young, single women and men. In the military, most sexual assaults tend to occur on military installations, from Thursday to Sunday, between the hours of 1800 to 0600 and happen between two military members who know each other.</p>
<p style="text-align: center;"><b>Myth</b></p> <p>Victims who were drinking or drunk when sexually assaulted are partially to blame.</p>	⇒	<p style="text-align: center;"><b>Fact</b></p> <p>Use of alcohol by the victim, the offender, or both parties plays a major role in many reported and unreported sexual assaults of service members. However, sexual assault survivors are never responsible for their assailant’s behavior, no matter how much alcohol they’ve had. Excessive use of alcohol may increase the risk of sexual assault, as it can leave people unable to resist an offender, perceive threats, and escape. Perpetrators may use alcohol and/or drugs as weapons to</p>

	incapacitate someone they intend to sexually assault.
<p><b>Myth</b></p> <p>Military law does not permit someone to consent to sex after he or she has consumed a single alcoholic drink.</p>	<p><b>Fact</b></p> <p>⇒ Military law does not allow someone to consent to sex when they are “substantially incapacitated” by substances such as alcohol. However, the law does not indicate a clear number of drinks that makes someone “substantially incapacitated” because alcohol affects everyone differently.</p>
<p><b>Myth</b></p> <p>People often falsely accuse others of sexual assault (to get back at someone, or because they feel guilty about having sex).</p>	<p><b>Fact</b></p> <p>⇒ The vast majority of reported sexual assaults are valid. Research among civilians estimates that false reports of sexual assault, meaning no crime was attempted or occurred, account for as little as 2 to 8% of all reports. Too often, sexual crimes go unreported because victims feel ashamed and fear no one will believe them.</p>
<p><b>Myth</b></p> <p>People who commit sexual assault come mostly from certain races or backgrounds.</p>	<p><b>Fact</b></p> <p>⇒ Assaultants can be anyone. Any race, ethnicity, age, sexual orientation, or economic or social background.</p>
<p><b>Myth</b></p> <p>If the victim didn't fight or try to run away, or if there was no weapon or injury, then what happened wasn't a sexual assault.</p>	<p><b>Fact</b></p> <p>⇒ Military law does not require a victim to fight off or resist an attacker as part of the evidence required to prove a sexual assault. Military law also does not require that a perpetrator use a weapon or for the victim to be injured. Sexual assault victims may not resist because:</p> <ul style="list-style-type: none"> <li>• They are threatened with violence.</li> <li>• They are coerced (threats to their career or reputation).</li> <li>• They fear injury or death.</li> <li>• An uncontrollable physiological process kicks in that makes people unable to move their bodies.</li> </ul>

**Myth**

Victims "ask for it" by flirting, or by acting or dressing seductively.

⇒

**Fact**

No one "asks" to be sexually assaulted through his or her behavior or dress. When attackers decide to assault someone, the victim's outfit is of little consequence. This kind of myth perpetuates a false stereotype that somehow a victim's dress or behavior ignites an "uncontrollable sexual response" from a perpetrator – yet another very old myth, disproven long ago.

**Myth**

Rape, sexual assault, and sexual contact crimes are crimes of passion or desire.

⇒

**Fact**

These are all crimes of violence, anger and power -- not sexual desire.

**Myth**

People commit sexual assault because they are sexually frustrated.

⇒

**Fact**

Most people who commit sexual assault engage in other "normal," consensual sexual relationships with partners. However, perpetrators sexually assault to get gratification from intimidating, humiliating, and degrading their victims.

**Myths and Misconceptions About Sexual Harassment****Myth**

Only women are sexually harassed in the military; not men. All sexual harassment perpetrators are male.

⇒

**Fact**

While the majority of sexual harassment victims in the military are women, men do get harassed by both men and women.

**Myth**

People exaggerate the seriousness of sexual harassment. Most "harassment" is really minor, harmless flirtation.

⇒

**Fact**

Sexual harassment can be devastating. Studies find most harassment has nothing to do with "flirtation" or sincere sexual or social interest. Victims often feel offended, frightened, and insulted. Research shows victims often leave their schools or jobs to avoid continued

harassment. Many victims suffer serious psychological and health-related problems, including depression, anxiety, and post-traumatic stress.

### Myth

Sexual harassment is no longer a problem

⇒

### Fact

Recent studies have found that sexual harassment affects as many as 78% of military women and up to 38% of men at some point in their military career. In the year studied, 22% of active duty women and 7% of active duty men experienced sexual harassment.

### Myth

Sexual harassment policies and legislation demonize normal flirtation and sexuality.

⇒

### Fact

Sexual harassment may be common, but it is not normal, appropriate, or acceptable. It is unwanted and uninvited, as perceived by the target of the behavior. Sexual harassment is not about sex; it's about abuse and misuse of power and authority.