CRB
SHORT SUBJECTS
WOMEN VETERANS SERIES
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California's Women Veterans and Military Sexual Trauma (MST)

Approximately 1 in 5 women and 1 in 100 men in the Armed Services report experiencing military sexual trauma (MST) to the Veterans Health Administration (VHA).[2] In a recent survey of California's women veterans requested by the California Commission on the Status of Women and CalVet, CRB found a substantially higher percentage of women reported military sexual harassement (55.8 percent) and military sexual assault (33.3 percent). This difference may be due to the sample composition—CRB utilizied snowball sampling of a cross-section of veterans while the VHA only accesses veterans who choose to use VHA services. Additionally, CRB utilized a confidential survey to ask about MST while the VHA collects this information during medical appointments.

The VA defines MST as "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training."[2] MST impacts the lives of veterans who experience it. Servicemembers who suffer MST have higher rates of physical health problems, mental health problems, alcohol and drug abuse and relationship difficulties.[2]

CA's Women Veterans and MST

The CRB survey of CA's women veterans provides the the first survey-based quantative information on MST experiences. Anecdotally and in journalistic accounts, women veterans report pervasive sexual harassment and assaults.[3] The CRB survey of 843 women veterans residing in CA supports these findings. This brief presents information about the MST experiences of the 281 women veterans reporting sexual assault and 470 reporting sexual harassment in the CRB survey.*

*For complete survey results, please view the full report at http://www.library.ca.gov/crb/12/12-004.pdf.

Women veterans of different ranks and different service eras report varying experiences with MST. Women who separated from the military as an officer were much less likely than their enlisted counterparts to report experiencing MST. Forty-four percent of lower-enlisted women reported experiencing sexual assault connected to their service compared to 38.1 percent of non-commissioned officers (NCOs) and 21.7 percent of officers.

Women serving during peacetime reported the highest rate of sexual assault connected to military service (42.7 percent). Women serving in more recent conflict were more likely to report experiencing MST than those who served during Korea or WWII (see Table 1). However, inconsistent sample sizes between eras make comparisons tenuous.

Table 1. Women Veterans Reporting MST by Era.

Era Served	Experienced Harassment		Experienced Sexual Assault		Total Women in Era, CRB Sample
OND**	14	(48.3%)	7	(24.1%)	29
GWOT***	162	(63.8%)	85	(33.5%)	254
Desert Storm	181	(66.8%)	108	(40.0%)	271
Vietnam	125	(62.8%)	70	(35.2%)	199
Korea	5	(20.8%)	0	(0.0%)	24
WWII	2	(6.1%)	1	(3.0%)	33
Peacetime	148	(65.2%)	97	(42.7%)	227

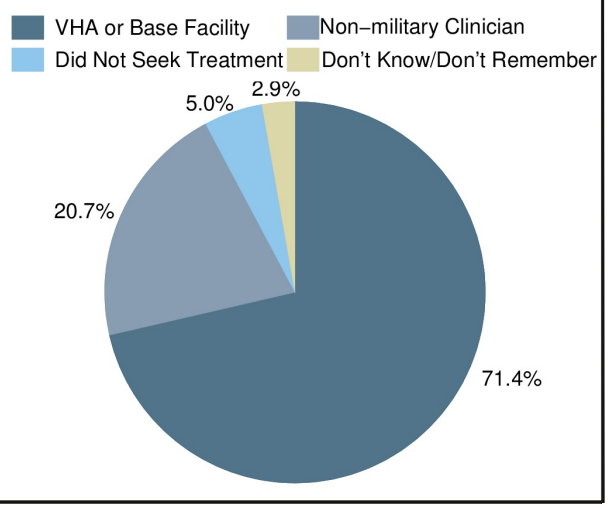
**OND: Operation New Dawn
*** GWOT: Global War on Terror

Military and Non-military Health Service Utilization

Of women veterans reporting military sexual assault in the CRB survey, one quarter reported they never sought treatment. Another quarter sought treatment within a year of the incident. Half of all women veterans reporting sexual assault reported seeking treatment between two and 25 years after the incident.

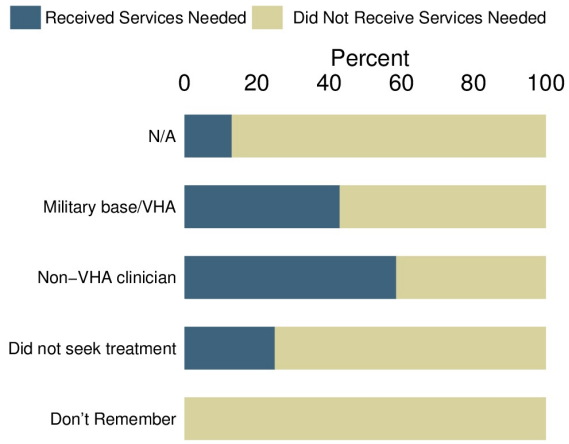
Women servicemembers and veterans have a number of resources that assist victims of MST. The VA, through the VHA, offers both mental and physical health treatment for MST. Women may seek out non-military based health and mental healthcare providers to assist with their needs. Some women turn to friends.

Figure 1. Most Veterans Seeking MST Treatment Go To the VA or Base Hospitals



Of the 281 women in the survey reporting sexual assault, 140 provided information about where they sought treatment . Of these 140, a majority (71.4 percent) sought treatment either on a military base or through the VHA. As shown in Figure 1, approximately one-fifth sought treatment from a non-military based clinician (this includes non-military rape crisis centers, non-military physicians, and non-military mental health clinicians). An additional 7.9 percent reported not seeking treatment or not knowing where they sought treatment.

Figure 2. Most Veterans with MST Did Not Feel They Received the Services They Needed



A majority of women veterans who sought treatment for sexual assault through a military base or the VHA (57.0 percent) reported that they did not receive the services they needed. Women who sought non-military based treatment were more likely to report receiving needed services (58.6). However, only a small percentage of women veterans sought treatment from non-military providers. See Figure 2.

Resources for Women Veterans

MST surviviors have a number of resources to draw on for help. The federal VA has made addressing MST a priority.[3] Private nonprofits and Veteran Service Organizations also provide help. The box below provides examples of such organizations.

Selected Resources for MST Survivors

US VA's MST Care Site:
http://www.womenshealth.va.gov/WOMENSHEALTH/trauma.asp

Network of Care, CA:
http://networkofcare.org/index2.cfm?productid=17&stateid=6

Women's Trauma Recovery Program (Menlo Park):
http://www.womenvetsptsd.va.gov/

Protect Our Defenders:
http://www.protectourdefenders.com/

Citations

1. Benedict, Helen. (2009). *The Lonely Soldier: The Private War of Women Serving in Iraq*. Boston, MA: Beacon Press.

2. Department of Veterans Affairs. (2010). "Military Sexual Trauma." http://www.mentalhealth.va.gov/docs/MilitarySexualTrauma-new.pdf.

3. U.S. Congress, House of Representatives. "Healing the Wounds: Evaluating Military Sexual Trauma Issues." Committee on Veterans Affairs. 111th Congress. Hearing May 20, 2010. Serial No. 111-79.

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