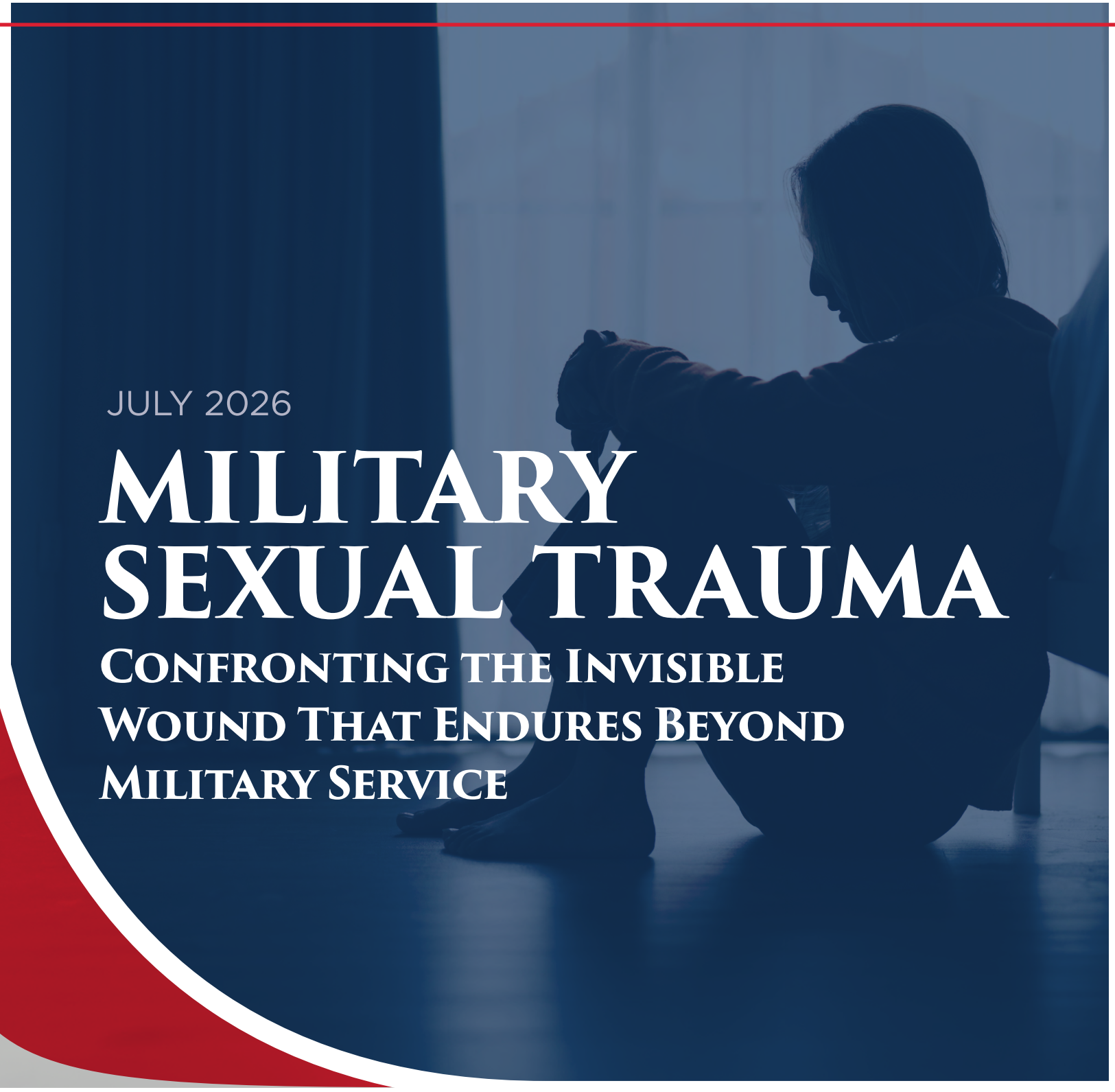

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MILITARY SEXUAL TRAUMA

Confronting the Invisible Wound That Endures Beyond Military Service

SoldierStrong ACCESS

Executive Summary

For generations, the American military has asked extraordinary things of those who wear the nation's uniform. Men and women willingly accept the possibility of physical injury, psychological trauma, and even death in service to something greater than themselves. While combat has historically been viewed as the greatest threat to those who serve, another profound trauma has affected thousands of service members within the very institution entrusted with their protection: Military Sexual Trauma (MST).

Military Sexual Trauma remains one of the most complex and consequential issues facing today's Armed Forces and veteran community. Although significant progress has been made in prevention, reporting, survivor advocacy, and trauma-informed treatment, MST continues to leave lasting psychological, physical, occupational, and social scars that often persist long after military service has ended. Survivors frequently describe not only the trauma of the assault itself, but also the devastating impact of betrayal, isolation, fear of retaliation, and loss of trust in the institutions they devoted themselves to serving.

Unlike many combat injuries, MST is an invisible wound. It cannot be identified through an X-ray or MRI, nor can it always be measured through conventional medical evaluations. Yet its consequences are often equally debilitating, contributing to post-traumatic stress disorder (PTSD), depression, substance use disorders, homelessness, relationship instability, chronic health conditions, unemployment, and suicide.[1–5]

Addressing Military Sexual Trauma requires more than criminal prosecution or institutional policy changes. It demands a comprehensive national commitment that integrates prevention, accountability, survivor-centered healthcare, research, leadership development, and long-term recovery. Just as importantly, it requires creating a military culture in which dignity, respect, and trust are not aspirational values but lived realities.

> *"Military Sexual Trauma is not simply an assault on an individual, it is an assault on trust, unit cohesion, military readiness, and the sacred covenant between a nation and those who volunteer to defend it."*

Understanding Military Sexual Trauma

The Department of Veterans Affairs defines Military Sexual Trauma as sexual assault or repeated, threatening sexual harassment experienced during military service. Unlike criminal statutes contained within the Uniform Code of Military Justice, MST is a clinical designation used to identify individuals who may require specialized physical or mental healthcare resulting from these experiences.[1]

Importantly, MST is not confined to any single branch of service, occupational specialty, deployment environment, or demographic group. It affects active-duty personnel, members of the National Guard and Reserve, officers and enlisted personnel alike. It occurs during training, deployment, routine assignments, and even within healthcare settings. Survivors include women and men, junior enlisted personnel and senior leaders, combat veterans and those who never deployed overseas.

What distinguishes Military Sexual Trauma from many civilian experiences is the unique environment in which it occurs. Military organizations depend upon trust, discipline, teamwork, and hierarchy. Survivors frequently continue serving alongside the individuals responsible for their trauma or within the same chain of command responsible for investigating allegations. This reality can create an overwhelming sense of institutional betrayal, an injury that often compounds the trauma itself.

For many survivors, the military represented not merely a career but an identity, a family, and a lifelong commitment to service. When that environment becomes the setting for abuse, recovery often requires rebuilding far more than psychological health. It requires rebuilding one's confidence in people, institutions, and purpose.

> *"For many survivors, the deepest wound is not only what happened, but believing they had nowhere safe to turn."*

The Scope of the Challenge

Military Sexual Trauma remains substantially underreported despite significant improvements in reporting systems and survivor advocacy. The Department of Defense acknowledges that official reports represent only a fraction of incidents, as many survivors choose not to disclose their experiences due to fear of retaliation, damage to their careers, concerns about confidentiality, or doubts that meaningful action will occur.[2]

Among veterans receiving care through the Department of Veterans Affairs, approximately one in three women and one in fifty men report experiencing Military Sexual Trauma during military service. While women experience substantially higher prevalence rates, men constitute a significant portion of MST survivors because they comprise the majority of the veteran population.[1]

These statistics underscore an important reality: Military Sexual Trauma is not exclusively a women's issue. It is a military issue.

The conversation surrounding MST has appropriately focused significant attention on women, who experience disproportionately higher rates of sexual assault and harassment. Yet doing so should never obscure the experiences of thousands of male survivors whose trauma often remains hidden because of societal stigma surrounding masculinity, shame, and misconceptions regarding victimization.

No survivor should believe that seeking help diminishes their strength.

Indeed, acknowledging trauma often represents one of the greatest acts of courage.

The Invisible Wounds of Military Sexual Trauma

The consequences of Military Sexual Trauma extend far beyond the initial assault. Research consistently demonstrates that survivors experience significantly elevated risks for numerous physical and psychological conditions throughout their lives.[3–6]

Post-traumatic stress disorder remains among the most common diagnoses associated with MST. Unlike some combat-related trauma, which may involve isolated incidents occurring in hostile environments, Military Sexual Trauma frequently involves betrayal by trusted peers or leaders within environments presumed to be safe. This distinction often complicates treatment and recovery.

Depression, generalized anxiety disorder, panic disorders, chronic insomnia, eating disorders, chronic pain syndromes, and substance use disorders are likewise more prevalent among MST survivors. Many individuals experience persistent hypervigilance, emotional numbing, difficulties forming interpersonal relationships, and avoidance behaviors that interfere with employment, education, and family life.

Emerging research has also demonstrated a troubling association between Military Sexual Trauma and suicide risk. Veterans with histories of MST experience elevated rates of suicidal ideation and suicide attempts, reinforcing the need for early intervention, sustained mental healthcare, and comprehensive suicide prevention initiatives.[7]

Recovery is rarely linear.

Many survivors experience periods of significant healing followed by setbacks triggered by anniversaries, military memories, healthcare encounters, or unrelated traumatic events. Consequently, effective treatment requires flexibility, long-term engagement, and trauma-informed care rather than episodic intervention.

> *"Invisible wounds deserve visible commitment."*

Barriers to Reporting

Despite meaningful reforms within the Department of Defense, significant barriers continue to discourage reporting.

Fear remains perhaps the greatest obstacle.

Many survivors worry that reporting an assault will jeopardize promotions, security clearances, deployment opportunities, or professional reputations. Others fear social isolation from fellow service members or retaliation from supervisors. Some simply believe that reporting will not result in meaningful accountability.

Male survivors often confront additional barriers rooted in cultural expectations surrounding masculinity. Misconceptions regarding sexual victimization can intensify feelings of shame, causing many men to delay disclosure for years, or never disclose at all.

Delayed reporting frequently delays treatment.

Unfortunately, untreated trauma often becomes more deeply entrenched over time, increasing the complexity of recovery while affecting nearly every aspect of a survivor's personal and professional life.

These realities highlight why institutional trust remains central to prevention. Service members must possess confidence that allegations will be handled professionally, confidentially, and fairly, while ensuring survivors receive compassionate support regardless of investigative outcomes.

Progress Worth Recognizing

While challenges remain, substantial progress has occurred during the past decade.

The Department of Veterans Affairs now screens every veteran enrolled in VA healthcare for Military Sexual Trauma. Veterans who disclose MST are eligible to receive free treatment for physical and mental health conditions related to those experiences regardless of disability status or whether the incident was officially reported during military service.[1]

Every VA medical center employs Military Sexual Trauma Coordinators responsible for helping veterans navigate specialized services and connect with evidence-based treatment programs. Trauma-focused psychotherapies, including Cognitive Processing Therapy and Prolonged Exposure Therapy, have demonstrated significant effectiveness in reducing PTSD symptoms associated with Military Sexual Trauma.[5]

Within the Department of Defense, the Sexual Assault Prevention and Response Office (SAPRO) has expanded prevention initiatives, survivor advocacy, leadership education, and accountability measures while implementing reforms designed to strengthen reporting systems and victim protections.[2]

These developments represent meaningful progress.

Yet progress should never be mistaken for completion.

> *"Justice begins with accountability. Healing begins with compassion."*

Remaining Challenges

Although treatment availability has expanded, disparities remain across geographic regions. Rural veterans often face shortages of mental health professionals with specialized expertise in trauma and Military Sexual Trauma. Long travel distances, workforce shortages, and appointment delays can discourage consistent participation in care.

Continuity of care also remains an important concern during the transition from active duty into civilian life. Veterans leaving military service frequently experience changes in healthcare systems precisely when they may already be coping with separation from military identity, employment transitions, and evolving family responsibilities.

Research similarly remains incomplete. Greater understanding is needed regarding long-term treatment outcomes, interventions for male survivors, technology-enabled behavioral health, culturally responsive care, and the intersection between Military Sexual Trauma, traumatic brain injury, moral injury, and chronic pain.

As military demographics evolve, continued investment in research and innovation will become increasingly important.

The Future of Care

Emerging technologies offer significant opportunities to improve care delivery.

Telehealth has dramatically expanded access to trauma-informed behavioral healthcare, particularly for veterans living in underserved communities. Virtual care enables survivors to receive counseling from their homes, reducing transportation barriers while increasing privacy.

Virtual reality technologies, many pioneered within organizations such as SoldierStrong through immersive behavioral health initiatives, demonstrate growing promise in treating trauma-related conditions by providing controlled therapeutic environments that facilitate emotional processing under clinical supervision.

Artificial intelligence may similarly enhance screening, identify patterns indicating elevated suicide risk, improve care coordination, and personalize treatment planning while reducing administrative burdens on clinicians.

Technology, however, must remain an adjunct, not a replacement, for compassionate human relationships.

Healing ultimately occurs through trust.

Policy Recommendations

Meaningful progress requires sustained national leadership.

Congress should continue expanding investments in trauma-informed behavioral healthcare while addressing workforce shortages among psychologists, psychiatrists, social workers, and peer-support specialists with expertise in Military Sexual Trauma.

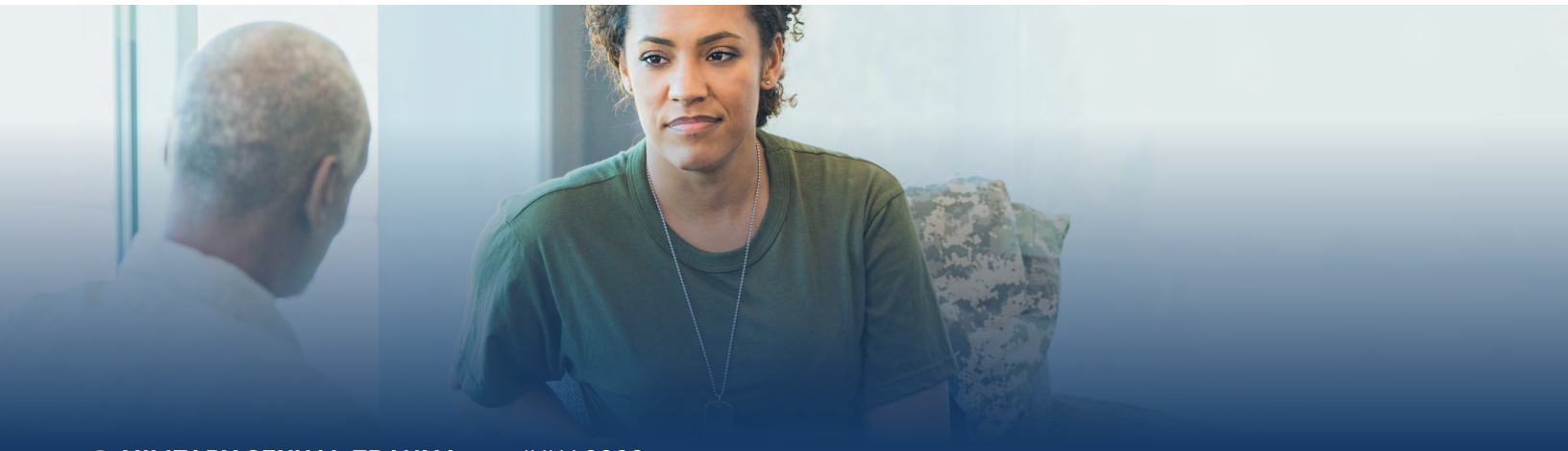
The Department of Defense should continue strengthening prevention education throughout military careers, emphasizing leadership accountability and command climate as foundational components of readiness.

Transition programs should ensure uninterrupted continuity of care between military treatment facilities and the Department of Veterans Affairs.

Greater investments should support research examining long-term outcomes, innovative treatment approaches, suicide prevention strategies, and technologies capable of improving access while maintaining clinical quality.

Finally, greater attention should be devoted to family education, recognizing that spouses, caregivers, and children frequently experience secondary effects of trauma and remain essential partners throughout recovery.

> *"Recovery should never depend upon where a veteran lives, whether they reported their assault, or how many years have passed since the trauma occurred."*



Conclusion

Military Sexual Trauma challenges us to confront uncomfortable truths about leadership, accountability, and the responsibilities we owe those who volunteer to serve.

Every service member deserves an environment built upon trust, dignity, professionalism, and mutual respect. When those values are violated, our obligation extends far beyond investigation or prosecution. It continues throughout a survivor's lifetime.

America has demonstrated extraordinary innovation in treating traumatic brain injury, post-traumatic stress, catastrophic physical injuries, and other invisible wounds of war. Military Sexual Trauma deserves the same sustained national commitment.

Healing requires courage.

Seeking help requires courage.

Changing institutional culture requires courage.

Fortunately, courage has never been in short supply among those who wear our nation's uniform.

On that foundation, meaningful progress remains possible.

Military Sexual Trauma is not merely a veterans' issue.

It is a readiness issue.

It is a healthcare issue.

It is a leadership issue.

Above all, it is a moral imperative.

How we respond will reflect not only our commitment to those who have served, but also the values our Armed Forces exist to defend.

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