

Chapter 21

SEXUAL ASSAULT AND FEMALE RECRUITS

ELSPETH CAMERON RITCHIE, MD, MPH^{*}; CONNIE L. BEST, PhD[†]; MICHELE A. PEARCE, JD[‡]; AND THERESA L. EVEREST, RN, C[§]

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^{*}Colonel, Medical Corps, US Army; Psychiatry Consultant to the US Army Surgeon General, Skyline 6, Suite 684, 5109 Leesburg Pike, Falls Church, Virginia 22041-3258; Associate Professor of Psychiatry, Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland

[†]Captain, US Navy Reserve, Retired; Professor, National Crime Victims Research and Treatment Center, Department of Psychiatry, Medical University of South Carolina, Charleston, South Carolina 29425

[‡]Major, US Air Force, Judge Advocate General's Corps; Chief, Executive Services, HQ USAF/JAES, 1420 Air Force Pentagon (5E1077), Washington DC 20330-1420; formerly, Nellis Air Force Base Sexual Assault Prevention Program, Assistant Staff Judge Advocate, Air Warfare Center, Nellis Air Force Base, Nevada

[§]Lieutenant, Nurse Corps, US Navy; Forensic Nurse Examiner, Sexual Assault Nurse Examiner, SANE Program Director, Branch Medical Clinic USS Red Rover, Naval Hospital Great Lakes, 3001 A Sixth Street, Great Lakes, Illinois 60088-2811

INTRODUCTION

Sexual assault in the military has been a public and controversial issue. The assaults at the 1991 US Navy Tailhook symposium in Las Vegas, Nevada; the Army's Aberdeen Proving Grounds, in Maryland; and the US Air Force Academy, in Colorado, as well as in Iraq have focused public attention on this recurrent problem. The military has a number of excellent programs to educate service members, support victims, and to prosecute alleged offenders. Nevertheless, sexual assault continues to be an issue in the military at large, and in the recruit population. Since the military is now 15% female, and that percentage will likely grow, it is unlikely that this problem will disappear. Indeed reports from a DoD task force and an Army task force, released in the spring of 2004, say that the problem seems to be growing.^{1,2}

This chapter will educate health care providers on the best known estimates of the incidence, prevalence, and nature of sexual assaults in recruit populations; what to do if recruits present with complaints of sexual assault or rape; the sexual assault examination; which medical systems may have an effect on the delivery of services to the recruit patient; the legal process; and prevention programs to reduce this problem.

Most victims of sexual assault in the military are female, which is why this chapter is in the women's health section. The rates of sexual assault in studies on civilian populations also indicate that it is far more prevalent among women; for example, one study shows prevalence rates of 16% for females and 3% for males in civilians.³

Sexual assault also happens to men, an issue that is becoming increasingly visible. All of the issues about

lack of reporting and shame are likely increased when males have been assaulted, either by men or women. If the barriers to disclosure because of shame and stigma associated with male sexual assaults lessen, the rates of reporting in military and civilian populations may increase. (In this chapter the word "she" will refer to the victim and "he" to the perpetrator.)

Rape and other forms of sexual assault are highly emotionally charged issues. Private opinions about morality are often played out in political discussions. Certain advocacy groups believe that the military fosters sexual assault. Anecdotally, some people think that the reports of sexual assault on female soldiers in Iraq mean that women should not be in the military.

The Department of Veterans Affairs (VA) officially uses the term "military sexual trauma" to describe sexual assault in the military. The authors believe that this term is misleading, since it implies that the military caused the sexual trauma. In fact, many female service members are assaulted by civilians, and the incident may have nothing to do with their military service. However, the benefit of this label is that it allows female veterans to receive care for medical or psychological sequelae in the VA system.

The authors do not believe that, in general, serving in the military constitutes a risk of sexual assault. However, there are certain circumstances, in both the military and civilian world, that do contribute to the problem or present obstacles for reporting. The recruit environment displays some of these characteristics. These circumstances and obstacles need to be recognized in order to change them.

PREVALENCE AND INCIDENCE OF SEXUAL TRAUMA IN FEMALE RECRUITS

Accurate data on the incidence of sexual assault is notoriously hard to obtain. Data from studies in civilian populations indicate that 66% to 84% of completed rapes go unreported.^{3,4} In the US military, each service (Army, Navy, Air Force) gathers data on the number of sexual assault cases differently,¹ and the available numbers generally only reflect those that go to court-martial. Incidents that end in courts-martial are a small minority, and do not necessarily represent typical cases. Historically, because of its sensitivity, even this data has been hard to obtain. This makes analysis problematic in ascertaining the true prevalence and nature of sexual assaults. However, data from the 1990s showed an average of about 90 courts-martial for rape a year in the Army alone.⁵

Another confounding problem is that definitions of sexual assault, sexual trauma, rape, and other sexual offenses vary. These terms are often used interchangeably, which may not be an accurate portrayal of the events that occurred. Exhibit 21-1 contains some common definitions used by the US Department of Justice's annual National Crime Victimization Survey. The legal definitions may differ from state to state, and may or may not parallel the Uniform Code of Military Justice (UCMJ). This chapter uses "sexual assault" to describe rape and other types of sexual assaults, but not sexual harassment.

There have been a number of studies assessing histories of sexual assault and rape among female recruits before they entered military service.^{6,7} These

EXHIBIT 21-1**DEFINITIONS OF SEXUAL OFFENSES**

Rape is sexual intercourse, committed by force and without consent. Forced sexual intercourse means vaginal, anal, or oral penetration by the offender(s), however slight. This definition includes attempted rapes, male and female victims, and heterosexual and homosexual rape.

Sexual assault includes a wide range of victimizations that are distinct from rape or attempted rape. These crimes include completed or attempted attacks, such as indecent assault or assault consummated by a battery, that generally involve unwanted sexual contact between the victim and the offender. Sexual assaults may or may not involve physical violence or force, but can include such things as grabbing or fondling.

Data source: US Department of Justice. National Crime Victimization Survey Interviewing Manual for Field Representatives. Washington, DC: DOJ, 2003. NCVS-550. Available at: <http://www.ojp.usdoj.gov/bjs/cvict.htm#ncvs>. Accessed February 8, 2006.

studies are based on self-report surveys. They indicate that rates of prior sexual assaults are relatively high in women entering military service. A study by Merrill et al⁶ found that 36% of female Navy recruits had been raped before entering military service. Another researcher reported that almost 50% of Army recruits reported pre-service sexual assaults.⁷

The differences among services may stem from several factors, including differences in the specific research questions asked of the recruits. More research needs to be done to determine if there is a true difference in assault rates among the services. Nevertheless, across the services, the percentage of assault in recruits

seems to be higher than the 15% reported among college students.⁸

Reasons given for the higher percentage of assault in the military versus the civilian population are based mainly on speculation, but several facts are known that may explain this difference. Female enlisted recruits are drawn from a lower socioeconomic stratum than college students. It may be that young women with a history of sexual abuse—which often correlates with dysfunctional family situations—see the military as a way to get away from home. Women with a history of sexual abuse are more prone to repeated abuse, perhaps because of poor choices in seeking partners, or perhaps because of an increased use of alcohol or drugs.⁹

The best data available about the prevalence of sexual assault during military service showed a rate of 8.6% in a 1998 survey of military women.¹⁰ However, the length of military service was not specified. Surveys of female veterans seeking care in the VA system show a much higher prevalence.¹¹ These VA studies probably do not reflect the true incidence of sexual assault, because only about 4% of women veterans seek care within the VA, and those tend to have with few economic and social resources. Despite the media coverage of allegations of rape by Navy and Air Force cadets, there is no known data about the prevalence of sexual assault during recruit training. More research is needed in this area.

Surveys have generally focused on victims, assessing the prevalence of being assaulted. There are no known surveys that ask men in the military how often, or under what circumstances, they committed sexual assault during military service. It is unlikely, even if such a survey were done, that respondents would be completely honest, but it might provide some important clues. However, one important study, based on a survey that asked about premilitary histories of sexual assault in Navy recruits,⁶ may provide an estimate of sexual assault behavior among men. Out of 3,776 recruits surveyed, 14.8 percent of male recruits admitted perpetrating attempted (3.5%) or completed rape (11.3%) before entering the Navy.

DYNAMICS OF SEXUAL ASSAULT WITHIN THE MILITARY

There is no published data on patterns of sexual assault within the military. The first author (ECR), a forensic psychiatrist, has reviewed scores of rape cases. However, these cases were reported, investigated, and brought to trial, and therefore do not represent the full spectrum of sexual assaults. Some cases involving sexual assault are handled administratively, and there are no published statistics on them.

The cases fall into three broad categories of sexual assault patterns. The first is between individuals who are colleagues and relatively in the same peer group. The second happens when a senior military member victimizes a junior member, using rank as a coercive element. The third, a hybrid pattern, has been alleged at a training academy, where senior cadets have victimized younger ones. Recruits are highly vulnerable in all cases.

Scenario 1: Friends

In the first scenario, sexual assaults within the military often happen when the perpetrator and victim know each other. Frequently the victim trusts the male colleague or friend she is with. Often they have been out drinking together, perhaps with a group of friends, and they later end up in a barracks room or hotel room, maybe to watch a movie. The assault occurs there, perhaps with both parties in a somewhat compromised state. In this scenario, the male does not plan in advance to assault his friend—these are crimes of opportunity that typically involve alcohol. The victim usually does not report the assault right way, often fearing compromises to her career. A composite example of this scenario appears in Case Study 21-1.

Case Study 21-1: Recruits Together. At the end of basic training Anne went out to a local bar with her friends. They had a great time drinking and dancing. They had previously booked several hotel rooms so that they would not have to drive home. Anne fell asleep, only to find a large male on top of her, pulling down her panties. She struggled but did not scream right away, because her friends were in the room and she was embarrassed. The male managed to pull down her panties, despite her cries of “stop.” When he did not stop, she tried to scream, but he put his hand over her mouth and raped her.

He left right away. She lay quiet, frightened that he would come back. Finally, she went into the shower, turned on the water, and began to cry. She stayed there sobbing for 2 hours. Finally, one of the other occupants came into the bathroom and asked her what was wrong. “Nothing,” she replied, “just too much to drink.” She went back to bed but could not sleep.

The next 3 nights she had nightmares about the attack. She saw the man she thought was responsible in the chow line, but avoided him. Finally she called her best friend from high school and told her what had happened. Her friend urged her to report it, but she did not want to, afraid she would be kicked out of the Army—after she had made it through the rigors of basic training.

Scenario 2: Supervisors

In the second scenario, a superior noncommissioned officer, officer, or cadet will take advantage of a large number of females, using his power to force recruits into sexual relations. Because of the large imbalance in power, recruits are especially vulnerable, and they may not know whom to tell. Isolated from normal support systems of family and former close friends, and just developing new ones, the recruit may not know where to turn. The perpetrator probably plans this type of attack, focusing on the most vulnerable

recruits. Again, the victims may hesitate to report the crime, fearing the consequences to their career. Case Study 21-2 exemplifies this pattern.

Case Study 21-2: Aberdeen Proving Grounds. At Edgewood Arsenal, next to Aberdeen Proving Grounds, complaints of rape were made by recruits against certain drill instructors in 1996. As the investigation unfolded, numerous victims alleged sexual coercion and rape by a number of different drill instructors.

Recruits did not report the rapes for various reasons. Several of the victims were in trouble for failing a physical training test, or other minor infractions, and were worried that complaints would mean the end of their military careers. Since the victims were geographically stationed away from chaplains and medical staff, they felt that there was no one that they could talk to. They had to get permission from their drill instructor to go to the main post at Aberdeen to see their commanding officer, a medical practitioner, or a chaplain.

The challenge for the prosecutors at the trial was the lack of evidence of forced sex. A number of the alleged victims did not testify, because their credibility appeared to be suspect (partly due to their own misconduct). Eventually, one of the perpetrators was convicted of numerous counts of sexual assault and was sent to prison. Most of the other accused individuals received some form of discipline.

There were numerous hearings held after this event, and changes were made. For example, there is now a chaplain stationed at Edgewood Proving Grounds.

Scenario 3: Hybrid

Case Study 21-3, the illustration of the third scenario, recruits being victimized by other older recruits, is loosely based on events at a training academy. In these cases there are victimizations of younger soldiers by slightly superior, but still young, older soldiers.

Case Study 21-3: Academy Events. These events are based on scandal still emerging from a training academy. A number of cadets have alleged that they were raped during their service there. According to news reports, the alleged victims claim they were discouraged from reporting by members of their chain of command. Apparently, many of the perpetrators were upperclassmen who were part of the victim’s student chain of command, and there was no mechanism to bring the issue directly to the non-cadet leadership.

A central issue for those cadets seems to have been their concern about getting therapy, since they learned that it was not confidential. If they sought counseling, the sexual behavior would be reported to the chain of command, and they might get in trouble for infractions such as underage drinking or being in the room of another cadet.

IMMEDIATE AND LONG-TERM REACTIONS TO RAPE

During the time of the assault, the victim may not believe what is happening until she is pinned to a bed or a wall. She may or may not struggle, depending on what threats of force have been used. She may or may not scream, out of embarrassment or fear. Often she believes that she can control the situation until it is too late.

A victim's initial reactions may be shock, fear, embarrassment, and disbelief. Afterwards, the victim may not report what happened right away. She may not believe what just happened. She may throw out her clothes, or take a long shower. Two or three days later, she may call her mother, or an old friend, and tell them that she has been sexually assaulted. If she is then persuaded to report to the chain of command and gets a "rape exam" at the emergency room, all evidence of intercourse may have been lost.

The longer-term reactions may be characterized as a form of post-traumatic stress disorder. This has also been called "rape-trauma syndrome."¹² As originally described, rape trauma syndrome included a fear of locations similar to where the rape happened, relocation to another place of residence, or fear of intimate relations. Victims may also have classic symptoms of post-traumatic stress disorder, including intrusive memories, numbness, hypervigilance, nightmares, insomnia, increased irritability, and disturbed interpersonal relations. Therapy may be needed to get them past these symptoms. Long-term therapy is outside the scope of this chapter. However, cognitive-behavior therapy, especially, has been shown to be effective.^{13,14}

REPORTING THE CRIME

The victim may be hesitant to report the crime, for the reasons listed in Exhibit 21-2. With or without delayed reporting, there may be no physical evidence of forced sex from a medical exam. It then becomes a "he said, she said" case, with the credibility of the victim at issue during trial. If a victim is hesitant to report a crime, medical practitioners should give her gentle encouragement while respecting her rights and privacy. Reasons to report include the following:

- getting appropriate medical care, including testing for pregnancy and sexually transmitted diseases;
- receiving psychological support;
- ensuring that the crime gets investigated; and
- helping to prevent the rapist from committing other crimes.

If a victim chooses not to report the crime to local authorities, she must still receive thorough medical and psychological care, without being castigated for her decision.

EXHIBIT 21-2

BARRIERS TO DISCLOSURE OF SEXUAL ASSAULTS

The reasons that victims fail to report sexual assaults are many, and include any or all of the following:

- concern that others will find out;
- concern about being blamed by others;
- concern that no one will believe her;
- embarrassment and shame;
- fear of the aggressor;
- fear of getting in trouble for infractions such as underage drinking or being in the male barracks;
- fear of ostracism from the unit; or
- concern for preserving her military career.

Data source: National Institute on Drug Abuse. National Women's Study. Cited by: Kilpatrick DG, Edmunds CN, Seymour AK. *Rape in America: A Report to the Nation*. Arlington, Va: National Victims Center; 1992.

APPROPRIATE MEDICAL RESPONSES

If and when the victim presents to the emergency department, she should be supported as much as possible, both medically and emotionally, during the physical exam. Evidence should be gathered using the standard rape protocol kit. If at all possible, someone should be present during the visit to offer emotional support. Often this person has a social work back-

ground, but may also be a chaplain or other mental health practitioner.

In 1995 the US Army produced a regulation that instituted a Sexual Assault Response Board at all Army facilities, which was updated in 2004.¹⁵ Many materials are available over the web at <http://www.sexualassault.army.mil>.¹⁶ The Navy has instituted a

EXHIBIT 21-3**THE NELLIS AIR FORCE BASE SEXUAL ASSAULT PREVENTION PROGRAM**

In November 2003, Nellis Air Force Base (NAFB) launched a Sexual Assault Prevention Project (SAPP) as a pilot program aimed at preventing sexual assault. The base commander, Major General Stephen G. Wood, formed a "Tiger Team" to address the issue. Major Wood is the Air Warfare Center Commander and serves as the General Court-Martial Convening Authority for the base. A Tiger Team is typically composed of individuals from different specialties brought together to address an issue or develop a resolution to a problem. Major Wood instructed the team to rethink, revitalize, and reinvigorate how the community dealt with cases of sexual assault. The SAPP resulted from the team's year-long effort to develop a project modeled after civilian community initiatives focused on the same problem. One of the programs the Tiger Team looked at as a model is the University of Indiana "IN-SAP," which the team believed provided excellent guidance on how to create a program and integrate it into the community. The key, however, was figuring out how to take such programs and make them relevant and workable in the military context. The SAPP began as a project, but later developed into a program when it became clear that it was going to be implemented in base training programs and become part of the permanent way NAFB addresses sexual assault through a local operating instruction.

While civilian communities across the United States also struggle with sexual assault cases, there are two particular issues that add to their complexity in the military setting. The first is the large number of people who are generally involved in the reporting and investigative stages of the process. For example, there are two law enforcement agencies in the Air Force that might be involved in the case: the Air Force Security Forces will typically be the first to respond to a call and are charged with securing the scene; the Air Force Office of Special Investigations, however, is responsible for investigating major felony type crimes and will therefore be responsible for all rape allegations. There are also supervisors and squadron first sergeants in the victim's chain of command who have continuous interaction with her throughout the process. All of these individuals may become witnesses and add to the complexity of prosecuting the case. A related concern is that a victim's supervisor or first sergeant (or their equivalent) may be involved in the disciplinary process if she has committed an offense under the UCMJ such as underage drinking. While this may not be a conflict of interest, it does raise questions about fairness to the victim.

The SAPP sought to address these issues through prevention, education, and outreach. No program can be successful without each of these components. The way a community addresses sexual assault must be changed at all levels in order for meaningful change to occur. To effect this change at NAFB, the team focused the first phase of the project on education initiatives. The team wrote, directed, and produced a video on sexual assault that has become part of the NAFB first term airmen training curriculum and is presented at squadron training sessions across the base to promote awareness. The team wanted to create a product that spoke to young people about sexual assault, but was not in a standard briefing format that might not affect the intended audience. The video depicts a dramatization of a sexual assault and educates viewers about what the crime is, how it can happen, and how it can impact a person's life. After the video is shown, a person who has received training on sexual assault guides a discussion on the lessons taught during the video and ways to prevent these crimes from happening.

Another phase of the project focuses on training initiatives for commanders and supervisory personnel who work with victims as part of their job. It is imperative that these individuals know how to appropriately respond to victims when they make allegations and to understand how this type of crime can affect the victim. NAFB has also implemented a Sexual Assault Response Team to ensure that all first responders and personnel who work with victims know how to handle these cases when they arise, thereby preventing revictimization of the victim in the reporting, investigation, and review processes.

The SAPP's final phase is focused on outreach initiatives. The team networked with the Rape Crisis Center and a local hospital to ensure that victims of sexual assault are aware of all potential sources of information and assistance both on base and in the local community. As part of this new relationship with these institutions, NAFB service members can attend training and get certification from the Rape Crisis Center to serve as peer assistants.

Peer assistants who work with victims have become an integral part of the program because they represent an additional victim assistance resource. While they wear the military uniform and understand the military protocols, they

(Exhibit 21-3 continues)

Exhibit 21-3 *continued*

are not in the victim's chain of command and are not involved in case review or disposition. In our experience, this is the first time that the Rape Crisis Center has maintained a list of military assistants who are on-call at all times. If a victim does not feel comfortable discussing issues with her chain of command, she can rely on the services and support of a peer assistant.

This program might prevent some assaults through its education efforts, but at minimum it has changed the way a community addresses sexual assault and sends the message that the community cares about the issue. The effectiveness of the program will be tracked with victim surveys and quarterly reports provided to commanders through a community action information board.

It cannot be overstated how important command focus and support are to this initiative. Without the focus and support from the installation commander, this program would never have been developed. Without the support of the majority of commanders and personnel who have become familiar with it, the system may never have changed. There are still issues that need to be resolved; however, and it will be helpful to review this program after time has passed to assess its value.

Sexual Assault Victim Intervention program to help victims through the legal process. The Air Force is developing a program at Nellis Air Force Base (see Exhibit 21-3).

Support to the victim needs to be given through a

number of avenues, including the command, the legal system, the criminal investigation system, social work, and mental health. The legal system is an arduous process to traverse, and long-term support should be provided.

THE LEGAL PROCESS

After an allegation of sexual assault arises, the complaint is forwarded to the criminal investigation system: the Army's Criminal Investigative Department (CID), the Navy's Office of Criminal Investigative Services (OCIS), and the Air Force's Office of Special Investigations (OSI). These agencies gather evidence, conduct witness interviews, and compile a report of investigation that is forwarded to the command for appropriate action and disposition.

If sufficient evidence exists to believe a crime has been committed, an Article 32 UCMJ hearing takes place. An Article 32 hearing is similar to a grand jury indictment proceeding, in which an independent officer reviews evidence, hears testimony, and makes a recommendation to the command about appropriate case disposition. Ultimately, the commander of the accused perpetrator reviews the hearing officer's report and makes a decision whether to forward it to the General Court-Martial Convening Authority to decide if a court-martial is appropriate.

The entire legal process, especially the court-martial, can be draining and embarrassing to the victim. The prosecution may offer pictures of her vaginal

area taken during the rape protocol examination for everyone in the courtroom to see, and witnesses may be called by the defense to discredit her. It is not uncommon for the accused to utilize a consent defense that tends to shift the focus of the trial to the reasonableness of the victim's actions. In fact, the UCMJ allows an inference to be drawn in favor of the defense when a victim fails to make her lack of consent reasonably known to the alleged perpetrator through measures of resistance.

These are a few factors that make prosecuting sexual assault cases complex and difficult. If the victim was drinking or flirting with the alleged perpetrator prior to the rape, the case can be even more complicated. Therefore, support for the victim throughout the legal process, starting from the time the allegation arises, is critical to successful case resolution. Medical and legal personnel who interact with victims must continually work together to understand what the victim is going through and when she may need assistance in the process. Ideally, these personnel will coordinate with each other and share information throughout the course of the case to ensure that the victim's needs are addressed.

EDUCATION AND PREVENTION PROGRAMS

There are several pilot programs in the military to prevent both sexual assault and unintended pregnancies. One new program is described in detail below. Programs should target both sexes, although perhaps in segregated settings. Those for women should include common-sense precautions, such as returning from a party with a buddy and avoiding being alone with a man in a barracks room, even if he is a friend. Those for men should stress that consequences of casual sex include the accusation of rape, sexually transmitted diseases, and, possibly, child support for 18 years. Programs for the prevention of unintended pregnancy often are very similar to those for prevention of sexual assault (see Chapter 20, Gynecologic and Reproductive Health for the Female Recruit).

There is a dearth of information about the effectiveness of sexual assault prevention programs within the military setting. Perhaps this is because sexual assault is still relatively rare, and it is hard to quantify the effectiveness of the programs. However, the authors believe that there is a critical need to implement sexual assault prevention and intervention programs on a widespread basis, and to design tools to measure their effectiveness. Exhibit 22-3 describes a successful prevention program undertaken at Nellis Air Force Base in Nevada. At a minimum, the Nellis program has generated discussion on the issue and developed a model of how to address sexual assault in the military context. Other military communities can benefit from this pilot program and the future lessons to be learned from its implementation and program evaluation.

SUMMARY

The urge to have sexual relations is strong in young people; sometimes it is consensual and sometimes not. Unfortunately, sexual assault happens, both to experienced service members and to recruits. Both the recruit unit and individual male and female recruits need to take steps to forestall assaults. It is a tragedy for both the male accused of rape and the female subjected to the rape and the subsequent legal process.

If an assault occurs, the victim must feel supported during the reporting and the subsequent legal processes. The medical system has an important role in

ensuring that the alleged perpetrator and victim are treated fairly.

In addition, organizations need to minimize opportunities for misconduct. It is critical to restrict or monitor the use of alcohol in recruit populations. Supervision should be provided for events when recruits have passes or liberty, because many sexual assaults occur under those circumstances. The command must provide an organizational climate that allows for victims to feel safe in coming forward with allegations of sexual misconduct.

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