

FORWARD ASSIST

PRIVILEGED ACCESS INTERVIEW REPORT

‘EL HOMBRE INVISIBLE’

(THE INVISIBLE MAN)

MALE VETERANS SHARE THEIR LIVED EXPERIENCE OF MILITARY SEXUAL TRAUMA IN THE
BRITISH ARMED FORCES

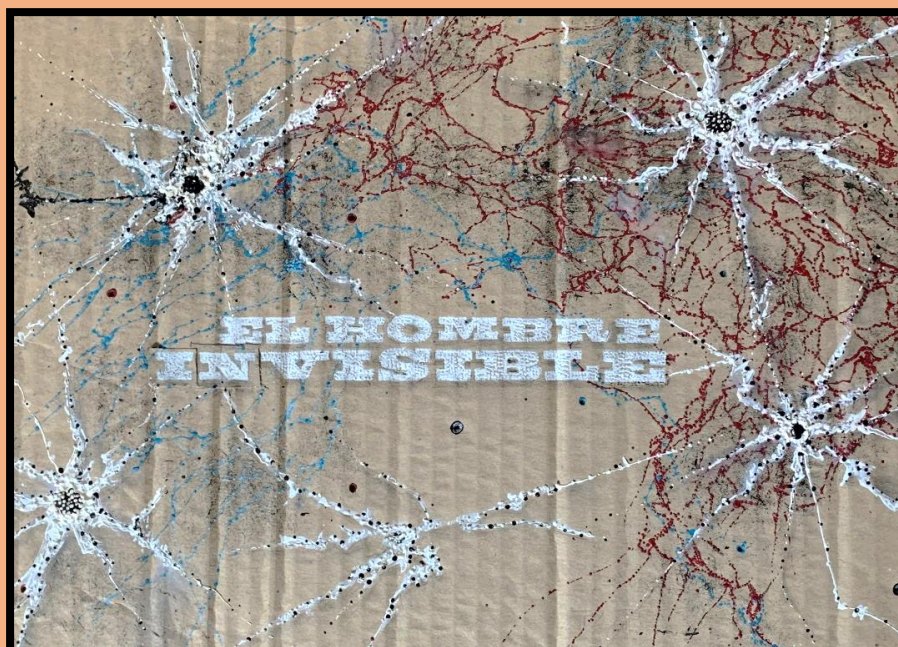
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Section One: Background and Methodology

1.1 Who We Are

Forward Assist is a multi-award winning 'veteran centric' registered charity based in the North East of England. The charity offers practical support and guidance to former service personnel of all ages as they adapt to civilian life. Forward Assist promotes community involvement and engagement in 'civic service' projects that benefit both the individual and the wider community. The charity offers mental health support, therapy, life coaching, employment advice, vocational skills training and volunteering opportunities. All our activities are designed to improve mental wellbeing, physical health and reduce social isolation and loneliness. Forward Assist has five full-time staff, one part-time and 30 active volunteers, each of whom bring a wealth of experience to the team.

Since conception, Forward Assist has involved and consulted with those that access its services to ensure the design and delivery of 'needs led' and 'person centered' projects are both required, and sustainable in the long term. In 2019 the team published its groundbreaking research into the needs of UK women veterans. The Forward Assist/Salute Her 'No Man's Land' research paper was circulated to members of the Defence Committee and Office of Veterans Affairs. One hundred women veterans were interviewed and over half reported that they had been victims of a sexual assault during service. Many reported that they had struggled to come to terms with the assaults long after they had left the military and suffered from Military Sexual Trauma (MST) ¹

Disappointingly, the report received a 'lukewarm' response from Government but Sarah Atherton MP took the time to read it and meet with the authors and initiated a first of its kind, Defence Select Committee Inquiry into 'Women in the Armed Forces: From Recruitment to Civilian Life'. The Inquiry received over 4200 responses from serving female personnel and women veterans. Over 62% reported harassment, bullying and/or serious sexual assault and rape whilst serving in the UK Military.² Whilst shocking in content, it did vindicate Forward Assist's findings and recommendations for systemic change. In July 2020 the Defence Committee Report 'Protecting those who protect us: Women in the Armed Forces from recruitment to Civilian Life, was published.³ The subsequent response from the UK Government; 'Committee Inquiry on Women in the Armed Forces' was published in December 2021 and recognised the need for significant change in practices and procedures over the coming years. Similarly, the 2022 'Veterans Strategy Action Plan' does indicate it intends to research the needs and lived experience of female veterans.⁴ All these reports have opened up a new front in regard to awareness of women in the military. This previously hidden and voiceless population within the Armed Forces community

are now in plain sight, yet more needs to be done to support those survivors negatively impacted by bullying, harassment and sexual assault during military service. We are proud to have played our part and look forward to the impact Salute Her UK (Registered Charity in England & Wales), will have in the coming years as it continues to design and deliver trauma informed training and services to women veterans.

Military Sexual Assault (MSA) can lead to Military Sexual Trauma (MST) The circumstances of assault/abuse within military settings is at times unique and complex. It can commonly take the form of initiation ceremonies and often involves the abuse of power and control, yet there is no evidence to suggest that such practices build unity or team cohesion.

Sexual abuse in any setting usually takes place behind closed doors and it's no different in the military. This however limits the effectiveness of prevention initiatives such as 'active bystander' training and interventions. We, like many others, believe that robust anti-discriminatory practices and policies and procedures should be developed that are both timely and victim focused. Recent reports from both the UK and our Five Eyes partners indicate that sexual assault and abuse from peers and senior officers is more common than previously thought and has a long term impact on the physical and psychological wellbeing of individual survivors, whilst also impacting on operational effectiveness and retention of service personnel.

MST is a term the UK Ministry of Defence has refused to adopt or acknowledge. It encompasses experiences of sexual harassment and/or assault that occur both during and after active duty/military service. Military Sexual Trauma (MST) refers to a service member's experience with sexual assault or sexual harassment occurring at any point during his or her military service.⁵ The following are all examples of MST

- Forced or coerced sexual encounters.
- Sexual encounters perpetrated while a person is unwilling or unable to give consent.
- Inappropriate sexualised 'banter' jokes or remarks.
- Unwanted physical contact.
- Repeated sexual advances.
- Offers of something in exchange for sexual favours.
- Sexualised Initiation ceremonies.
- Physical assault of a sexual nature, including the penetration of a vagina, anus and oral cavity

Although sexual assault in the military has received increasing media attention over the past couple of years, historically, MST has been treated as an issue affecting only female service members. This report focuses on Male MST, a topic of enormous relevance in need of additional research. It explores the unique ways in which men

may experience MST, examining the impact it can have on the veteran's physical and mental health and the barriers individuals face in seeking help and what best practice recommendations may look like going forward.

MST can be associated with poor mental health both during and after military service and appears to be more influential in the development of post-traumatic stress disorder (PTSD) than other active duty experiences, including combat. Though MST has historically been associated with women service members, it is also experienced by male service members yet, rarely reported. Those that do report sexual assault frequently experience being ostracised, down-graded or pressurised to drop the charges.

Sadly, in the UK, there is a paucity of research into the lived experience of male veterans who have experienced sexual abuse whilst serving. Not surprisingly, research into the long term psychological damage caused both MSA & MST is nonexistent and this report hopes to act as a catalyst for further research. We would like to take this opportunity to thank Baseline Research for assisting in the preparation of this report and thank all those male veterans that came forward to share their lived experience of sexual assault and abuse. The authors have deliberately avoided a blame narrative to highlight the lack of support for those traumatised by sexual abuse during military service yet it is clear so much more needs to be done to ensure the UK Armed Forces live up to its duty as an employer to protect the health and safety of its employees.

1.2 Aims and Objectives

The overall aim of this study was to obtain detailed information that illustrated the lived experience of male veterans that had been victims/survivors of MSA & MST. As mentioned earlier, research regarding adult male sexual assault within a military setting is nonexistent in the UK with limited research available in the United States (Allard et al. 2011). The research that does exist focuses on prevalence rates and does little to describe the impact of MST on Male survivors, the differences between male and female survivors or potential treatment approaches. Research focused predominantly on female survivors suggests that MST is linked to a whole host of detrimental outcomes including increased rates of PTSD, mental/physical health problems, suicide attempts and decreased quality of life with a difficulty in adjusting to civilian life.⁶ In examining mental health diagnoses of all veterans with a positive MST screening, Kimerling found that women with a positive MST screening were most likely to be diagnosed with PTSD, dissociative disorders, eating disorders, and personality disorders, whereas men were most likely to be diagnosed with suicidal behaviour, personality disorders, PTSD, attention deficit hyperactivity disorder and military conduct problems, dissociative and bipolar disorders.⁷

Civilian studies of male sexual assault suggest that when compared with women, men who are sexually assaulted have significantly higher rates of psychiatric hospitalisation, psychiatric symptoms/distress and elevated rates of substance abuse.⁸ and self-harming behaviour. A National study in Canada of 941 male and female survivors of adult sexual assault found that male survivors reported significantly higher levels of distress in areas including sexual dysfunction, anger management anxiety, impaired self-image, and defensive avoidance.⁹ In addition to this they found that the probability of receiving a PTSD diagnosis following sexual assault was higher for men (65%) than women (46%).¹⁰

For American gay-bi-sexual male veterans, research in the USA indicates that they are likely to experience higher rates of depression (3x), anxiety/stress, low self-esteem, drug and alcohol misuse, suicidal ideation/attempts (2-3x) and greater exposure to violence in military settings. Similarly, research within military populations focused on the impact of sexual harassment on male and female service members. A sample of male and female Gulf War veterans indicated that sexual harassment was found to have a greater impact on men's mental health than on women's mental health. The authors conclude that this is likely because sexual harassment is more unexpected and has a greater stigmatising effect for men than for women, and thus is more detrimental.¹¹

In summary, despite an increase in research in recent years, the literature on sexual assault during military service in males is quite limited. Although information about the impact of sexual assault on adult males in civilian contexts may apply to the psychological treatment of males with lived experience of military sexual assault. Similarly, the unique context in which MSA and MST occurs in military settings is not well understood.

We believe future research in the UK should adopt an intersectional approach to ascertain the long term physical and psychological damage caused by MSA and MST that are specific to minority groups within Her Majesty's Armed Forces. Our goal is to empower MSA and MST survivors by giving them a voice by which they can share their experiences. We also aim to generate a meaningful discussion around service improvement so that safe working practices can be put in place to protect future generations from institutional abuse and harm. The men involved in this report were keen to influence the future development of support services that could deal with the multiple and complex issues faced by male veterans both during and after military service. We hope to identify barriers to seeking help, look at correlations between MSA, MST and PTSD, and recommend practical solutions to improve health and social care support for victims and their families. We are also keen to be involved in assisting those tasked with reviewing current practice in relation to military complaints and investigations.

1.3 Research Methodology

The methodology employed in this research was designed specifically to access so-called hidden populations or hard to reach groups. Hidden populations is an expression applied to marginalised and excluded groups, such as the homeless, criminal and deviant populations, sex workers and heavy-end drug users.¹²

The interviewer for this report was a professionally qualified trauma informed therapist and an experienced member of the Forward Assist staff team. Those interviewed were able to receive one to one support before, during and after the interview process and continue to have privileged access to the therapist if and when they need it. This approach ensured that the consultation process was both positive and supportive. By giving hidden populations (experts through experience) a voice and a platform to be heard, it dovetails well with the wider governmental approach to personalisation outlined in the publication *Putting People First*. This report emphasised the vital role of individuals in determining needs led, person centred support and the need to give people greater choice, control and power over the services they receive.¹³

The aim of this research was to listen, voice, represent and improve awareness of the impact MST has on the lives of male military veterans. This subgroup of the civilian community sadly remain, isolated, marginalised and disenfranchised from mainstream support.

The American social scientist Howard Becker coined the expression 'the hierarchy of credibility' to describe the ways in which 'credibility and the right to be heard are differentially distributed through the ranks of the (social) system'. It is important that we listen to the views of a highly marginalised group whose voices are almost never heard. Their complaints and views are accorded credence, recorded objectively and treated non-judgmentally.

To say this may sound as though the research is partisan in design, however, as Becker suggests one can never avoid taking sides in research. The point is that the experiences, lifestyles and behaviours of a hidden group who sit at the very bottom of our society's social hierarchy and hierarchy of belief are represented in as accurate and undistorted way as possible.¹⁴

The beneficiaries of this approach are not only the commissioners or service providers, but also and more importantly, the end users who benefit both from their involvement in the research and any developments it may help shape alongside their partners, family and friends.

If carefully and sensitively managed, privileged access interviewing is a powerful research tool for studying hidden populations. It allows researchers to access groups

whose existence is hidden from official view. We believe it offers a way of overcoming the fact that veterans self-report data can be subject to interviewer bias effects. It can overcome the fact that, as John Davies has demonstrated, those on the margins of society will present themselves in markedly different ways to professional interviewers than they will to peer researchers and counsellors. In talking to their peers, it is much harder for users to either exaggerate or minimise their experiences of transition and associated trauma.¹⁵

1.4 The Process

Forward Assist commissioned Baseline Research Ltd (recognised specialists in the study of hidden populations and hard to reach groups), to assist with this research project. We recruited 30 veterans interested in taking part in the research, by advertising our interest on this subject matter to the Forward Assist case load and social media followers. We believe this to be the largest sample of male MSA and MST victims/survivors in a study of this type in the UK.

Following the collection of the data, statistics were generated, and a thematic analysis conducted on qualitative data. Thematic analysis (TA) is a method of data analysis which identifies themes within literature. The analysis took an inductive method where literature drove the codes and themes rather than pre-defined concepts of researchers. The researchers coded the emerging themes by annotating the text to avoid bias and improve reliability. This enabled Baseline research to determine similarities between participant responses, thus giving an independent and accurate representation of the data.¹⁶

1.5 Strengths and Weaknesses

Research using ethnographic methods often utilise long interviews drawing on the cultural context of the interview subject. Long interviews provide deep and incisive interrogation of the cultural context of sexual assault. The interviews describe the associated circumstances and factors surrounding the assault and the institutional responses to the assault. This is important for higher risk research areas where accessing the population is difficult and disclosure is a significant barrier to research participation. It is also an environment where robust safety and care processes must be in place. A smaller sample of in-depth interviews breaks new ground in a poorly understood research area and tills the environment for future wider research design options. A strength of this research design is that it is not institutional therefore presenting an element of safety for the interview participants to speak freely, especially given the finding that speaking out brings significant opprobrium in the military.

The limitation of this approach is that the findings are indicative but not representative or generalisable in this context. They don't seek to be but addressing sexual assault requires associated extensive research designs to widen our understanding of the incident and its context. Another limitation is that the interviews only describe a proportion of sexual assault events and thus our understanding of where sexual assault occurs, when, and how is limited.

This report presents the findings of our research study which involved in person interviews with veterans carried out between October 2020 to December 2021.

Warning; Trigger Alert

The report that you are about to read contains references to sexual assault and the lived experience of traumatic events.

Section Two: Findings

2.1 Demographics

In total we interviewed 30 male survivors of MST aged between 37 to 69 years. 17 veterans classed themselves as single, 10 were married and 3 were in a civil partnership. The majority of those interviewed had served in the Army 53.33% (n16) with 30% (n9) serving in the Royal Navy and 16.67% (n5) serving in the Royal Air Force . Average length of service across the sample was between 2-17 years.

2.2 Before Military Service

As of January 2019, the British Armed Forces had a combined strength of approximately 190,750 UK service personnel. Of those, approximately 89% are male. Very little research has been carried out on the childhood experiences of those that serve or indeed why individuals decide to serve in the military. Of the individuals interviewed for this study 40% reported suffering from adverse childhood experiences (ACE's) with only half of those interviewed completing their formal education. Many joined to make others proud of them and/or to positively re-invent themselves in the eyes of their peers or significant others. Karen Horney in 'The Search for Glory' suggests that;

“Self-idealization always entails a general self-glorification and thereby gives the individual the much needed feeling of significance and of superiority over others.”

'I was very violent as a kid and would fight. I felt like I had something to prove. Had regular beatings off my Father - belts, fists and anything he could get his hands on. When I was beat up by my Father they would put witch hazel on me to make the bruises disappear. I hate the smell now'.

'I was brought up in an Asian community in North Yorkshire and my father was a strict disciplinarian'

'My mum died when I was young so my Dad brought us up on his own. We had to drag ourselves up as he worked all the time'.

'I did OK at school, I was probably classed as average. Brought up in a strict household where my Dad ruled the house and used to beat us up most days. Everyone was scared of him'.

'Both my parents died in a car accident when I was 10 years old. I didn't have any family and went into foster care'.

'Parents were not great role models and spent most their time getting drunk or having parties. They didn't really care'.

'I grew up in a rough area in Liverpool, lots of drugs and crime. My Mother was abusive and would kick me and my sister all around the house for no reason'.

'Never finished school. Never could catch up with school work and always felt like a failure. Never made friends. Felt like an outsider. Left with no qualifications'.

'Didn't have anything going for me. I wagged school all the time and always believed that I would amount to nothing'.

'I was in a gang and was going down the wrong path. I spent no time in school and hung round with older guys'.

'Did not achieve at school and felt like an outcast so didn't go to school very often'.

For many, joining the military was a way of escape. An opportunity that gave them a sense of pride and purpose.

'I was made to join the Army I had no other choice.'

'I didn't have any employment opportunities. So I joined the army to follow in the footsteps of my grandparents. I wanted to make my parents proud and help them out financially'.

'Everything was great. We drank too much and put ourselves in situations that could get us in trouble. I loved my training and everything about military life. I fitted in really well'.

'I wanted to join the RAF because my teacher would tell us stories about his career. Training was easy, I passed everything and found most of the work easy. I had a distinguished career for 10 years and had no issues with anyone or anything'.

'I was a lads lad, and wanted to join the army from being 4 years old. I joined when I was 19, thinking I knew everything and could do anything if I put my mind to it.'

'Didn't feel like I had many options. I would have got sucked into a life of drugs and violence if I didn't join the military'.

'I needed a way to provide for my Mam she struggled all the time and I wanted to make sure she didn't. I loved basic training. I felt at home and like I had another family. I loved saying I was in the Army it made me and my Mum really proud'.

'It was expected of me. All my family had served in one way or another. I didn't want to let them down, as I had been in so much trouble. My first few years in the military were amazing, I went on tour in Northern Ireland it was a hard tour but it made me a great soldier'.

'I only joined the Navy because my Dad was in. He said if you want to see past your own door step join the Navy. Being on a ship is amazing but when it goes wrong you are on a floating prison'.

2.3 Experience Whilst Serving

During this research exercise 50% of the sample reported sexual assault as soon as they joined the military in what could loosely be described as an 'initiation ceremony'. Given that 40% of the sample had already suffered trauma in their younger years the fact they sought solace in 'joining up' only to suffer more trauma is particularly harrowing when we read some of the comments below:

'One night after drinking all day, initiations started. It was a laugh to start with but then it went too far. No one knew when to stop. I was tied up with a hose pipe, one guy held my nose so I couldn't breathe and the other put his penis in my mouth then they swapped over.'

'I was seeing a civilian male, nothing serious. I never told anyone as it was frowned upon and never talked about. Whilst away on a training course I was blackmailed into performing a sex act on a colleague who said he would destroy my career if I didn't do it. Afterwards I did report it through my chain of command, it made it through to an investigation but in the end it was dropped as there was no evidence and I had went willingly to his room. I wasn't happy and I tried the service complaint route, that made things worse. My work was picked on all the time, I was micromanaged and I couldn't cope. I ended off going sick, I was told that I was losing air time and was now medically unfit to fly. I did what I thought was right by making the complaint but it cost me my career.'

'Went to Germany and two new recruits were taken to a cellar. I had heard rumours of initiations but I didn't believe them. I was shitting myself, there were three men wearing masks. I was forced to drink a small bucket of piss followed with a jug of vodka. I was trying to laugh it off and make a joke of it but they pinned my arms behind my back. I freaked out and started punching and kicking them to get away. At one point I was kicked in the head and knocked out. I woke up due to the pain, I felt a burning pain and came to the realisation I was being raped. One of them had their boot on the back of my head. I must have passed out as I woke up on my bed alone.'

'Soldiers would get black plastic bags, fill them with shit, piss, spunk and alcohol. Young soldiers would be held down and forced to drink it. The initiation gang was made up of Commissioned Officers, NCO's and other soldiers. I wouldn't take part and that was my downfall and I was raped.'

'A group of men tied me to my bed and wanked off all over me. I felt humiliated and I couldn't fight them, six big guys and just me. I didn't stand a chance. They thought it was a laugh and that it was a test, to test my loyalty to the group.'

'There was lots of rumours that the Commanding Officer was a sexual predator, he would leer at young lads or make jokes around sex. We used to take the piss out of each other and say watch yourself if you were called to his quarters. I thought it was joke at first, as he said everyone who came through the unit had to participate in an initiation ceremony. He told me I had to perform oral sex on him to prove loyalty to the team. He undid his pants and I put his penis in my mouth. He started laughing saying it was a joke to see how far I would go.'

'It wasn't just me it happened to, there was two other guys who were part of it. We all got drunk, we did that a lot. It started with a stupid game and we got dared to do stupid things to start with then it seemed to get worse with the dares. When we said we didn't want to do a dare we got the piss taken out of us and ridiculed . The last dare was to get naked and put each other into sex positions they took pictures and said if we told anyone they would share them and print them out'.

'At the leaving ceremony I was dragged through the assault course naked. It was humiliating. If I didn't complete the initiation I would be physically assaulted and beat up. We were screamed and shouted at and made to feel that if we didn't go along with the initiation that we would fail in our careers'.

All of the interviewed reported being sexually assaulted whilst serving. Though graphic in their nature, below are details of the trauma they experienced:

'My drink was spiked on a night out – I woke up in a pool of blood. A vein in my leg had been severed. When I was examined I was also bleeding from my back passage. I was told I had been raped but had no memory of it'.

'Soldiers came into my room while I was asleep. They punched and kicked me and tied me up. I was made to drink the black plastic bag contents. I was mortal drunk and made it back to my room and passed out. I woke up whilst being raped, other people were in the room laughing. I passed out and when I woke up the next morning there was a chocolate bar up my arse'.

'There was a birthday bash and we were all pissed, I was mortal and went to bed. The instructor pinned me to my bed, I froze and couldn't fight him off. I pleaded with him to stop but he wouldn't. Can still hear him laughing. Told me that he would destroy me if I told anyone'.

'One night ruined it all. A NCO after a night out, tried to rape me, we had gone into a back lane of a pub to have a smoke, he didn't succeed and he ended off in hospital. He kept saying 'Sssshh I know you want it, you know you are gay'. It was kept hush hush'.

'We had parties all the time. Too many. We would lose control and no one stopped us, everyone joined in. Anything goes in these parties and we would often take speed or coke. One Sergeant offered me a line of coke, we went to the toilet to have the lines. In the cubicle he locked the door, after my line he tried to rub my genitals. I pushed him out the way but he said if I didn't masturbate him he would make sure I got drug tested and kicked out. I thought I couldn't let

my Mam down ... so I did it'.

'I was much smaller than most of the lads. Two of them came into my room one put a pillow over my head and held me down so no one could hear me shout out. I thought I was going to suffocate. They pulled my boxers down and all I could feel was pain and burning in my bum. I lay there for hours afterwards frozen'.

'Everyone has to pitch in and sometimes that means covering for people if they are sick. I had to go to the storage rooms. I was hit over the back of my head and passed out. I remember feeling the weight of someone on my back and hands holding me but I was disorientated. When I came round I was covered in blood from a gash on my head. My trousers were down. I thought it was some sort of sick joke'.

'I wasn't raped so I feel a fraud saying this impacted on me. However, I was constantly touched by a Staff Sergeant. He would brush past me, rub past my crotch and offer to come to my room. It made me on edge all the time and made me feel uncomfortable'.

Despite the entire sample claiming to have experienced the trauma's referenced above only 25% of individuals reported this at the time, with limited success in resolution or a sense that justice was served.

'I reported it to the Special Investigation Branch (SIB) they lost evidence and no further actioned the case. It was the ultimate betrayal. The second time I reported it evidence went missing and fake evidence was submitted. I was stripped of my dignity'.

'I reported it and the (SIB) picked it up. The case was dropped a year later, the two witnesses wouldn't get involved and said they weren't there. I was treated like I had made the whole thing up and was betrayed. I hated myself and decided to leave after telling my girlfriend everything'.

'I had to report it, I was disgusted in myself. A week later I was escorted into the CO's office. I was told I was being investigated for being gay and drug use. I was told I could walk away from the military and nothing more would be said... to be honest I am glad I left'.

The remaining 75% of participants either didn't trust the process or were fearful of recrimination from their superiors. The re-occurring theme of leaders allegedly ignoring and/or avoid taking allegations seriously, or the negative experience of the

Military Police and their investigations, may have led to many of the interviewees experiencing a sense of betrayal and moral injury.

For the victim a lack of justice, resolution and closure can be devastating, for the vulnerable perpetrator and/or active bystander it may be seen as a green light to behave in that way again. We have spoken with victims who by their own admission became perpetrators and they too are struggling to come to terms with the harm they caused others by their behaviour. Desperate to belong, many convince themselves that they are taking part in a military tradition and that their involvement in these rituals/behaviours as either, victim, active bystander or perpetrator, will guarantee acceptance and team membership. Sadly, we heard anecdotal evidence that suggested other MSA victims went on to commit similar offences long after they left the military.

“A principled ideology equips people with qualities that guide them toward beneficial conduct and away from detrimental conduct. Just as stronger attitudes are more likely to predict behaviour, greater integrity is more likely to predict behaviour that reflects moral principles.”¹⁷

‘Didn’t report my assault because I didn’t feel I would be believed. I felt under constant threat and always looking over my shoulder. The pressure I felt was just too much’.

‘He (the perpetrator) went out his way to humiliate me. I laughed it off to start with and then it got to me. I made lots of mistakes due to the pressure. I thought reporting it would make things worse so I hid it instead’.

‘Didn’t report it, everyone was in on it, so no one would have supported me. Didn’t see the point. it might of been part of making me soldier but it destroyed me and my career’.

‘Everyone noticed I had changed. I could have told someone but I just couldn’t, I kept it bottled up instead’.

‘I was angry, I didn’t want anyone to find out about me doing this. He told me if I did tell anyone he would make sure everyone would find out that it was all my idea’.

‘It was torture seeing them every day. They laughed at me and took the piss at every opportunity. I couldn’t tell anyone. In the end I rang my parents and told them to make up something so I could get a special measures transfer’.

'I wouldn't have been believed, so what would be the point?'

'I never reported what happened to me as I don't want people to think I am weak or find out what had happened... there are no secrets on a ship'.

2.4 Impact of MST

The impact of MSA and MST on the subjects interviewed makes for difficult reading. We know that MST is associated with poor mental health, military conduct problems, dissociative disorders, interpersonal and physical intimacy difficulties. It also appears to be more influential in the development of Post-Traumatic Stress Disorder (PTSD) and (CPTSD).

Sexual abuse and harm negatively impact on not only the victims/survivors but also on their families. We know that the transition back to civilian life is problematic given the shaming effect it has on their relationships with significant others and their mental health and wellbeing.

Benjamin Schrader, Fight To Live - Live to Fight. ¹⁸

"...the high rates of suicide among soldiers and veterans due to war trauma, makes male survivors of sexual assault a particularly a vulnerable population with possibly high rates of suicide"

Short Term Impact

Initially many of the men we spoke to struggled to cope with the effects of the assault. Many said that they were further victimised and/or ostracised by both their peers and senior officers if they initiated complaints.

'I was ashamed and will never forget the look my mam gave me. Eventually I got help from a trauma informed mental health therapist who saw me for two years. The therapy helped me get back on my feet, get a job and start to rebuild me life'.

'I tried to end my life and was detained under the Mental Health Act for my own safety. I also started to get lots of physical health issues that won't go away. I can't get an erection anymore and struggle to sleep.'

'I was accused of lacking moral fibre for not taking my initiation as a joke and if I wanted to be part of the team I had to accept it and move on.'

'To cope, I went AWOL so I didn't have to deal with what had happened to me.'

Eventually I was found and charged. Sometimes I stab myself with a screwdriver and any confrontation makes me aggressive. I sometimes hit myself to cope with the emotional pain. I miss the structure and organisation of the military. I liked that I didn't have to think or worry about anything before this happened'.

'I internalised everything and I felt like I was always about to explode. I took everything out on the people I care about and never felt like I could just talk normally. I drank vodka pretty much every day. I used to go on week long benders and take gram after gram of coke.

'When I joined I felt like I was someone. Now I am a no-one.'

'Stayed in my room, never left the house. I isolated myself from my family and friends. I starved myself as it's the only control I have.

'I was embarrassed and ashamed. Doctor put me on anti-depressants to help with low mood and suicidal thoughts but they didn't help. Felt too ashamed to ask family for help. Felt empty inside and every day is still a struggle. I felt like a nobody then and still do now'

'I felt dirty and ashamed that my behaviour had caused all this. I would sit up all night thinking about it and how it had ruined my career as I was medically discharged in the end'.

'I was out of control. I became the hunter and protected young recruits. No one stopped me. I went AWOL and escaped Germany with the help from friends, they saved my life and my abusers'.

'Faked illness when I knew the bully would be there. I started to cut my thighs so no one could see. All I was bothered about was what would my Dad would say. I nearly drank myself to death. I hit the self-destruct button'.

'Feel disgusted with myself but after being in civvy street for a year I decided to tell everyone the truth about my sexuality and what happened to me'.

'I left early I couldn't function anymore and didn't feel like it was a good place for me to be. I feel robbed of my future. I stay away from anyone that served in the military it just makes me really angry and I am scared about what I might do'.

I was taken off the ship as I was classed as a liability. I was no longer needed and medically discharged'.

Long Term Impact

In the longer term we can see self-harm, alcohol misuse and self-imposed social isolation become coping mechanisms, the entire sample reported significant mental health issues and self-harming behaviours impacting on their quality of life as a result of their experiences.

“Deaths of despair are prevalent among those who have been left behind, whose lives have not worked out as they expected. It is the loss of meaning, of dignity, of pride, and of self-respect that comes with the loss of marriage and of community that brings on despair.”¹⁹

‘I drink a lot, pretty much every day. I drink to forget and to numb myself. If I don’t drink I become aggressive. I self-harm and cut myself’.

‘Isolated myself and couldn’t face anyone or even look in the mirror’.

‘I have tried to end my life three times, everything gets too difficult for me. I self-harm a lot, I have scars all over my stomach’.

‘I am addicted to self-harm and do it up to 3 times a day - always cutting but I hide it well’.

‘I work on my own all day as a refuse collector. I don’t have to talk to anyone. I don’t want to get help it makes me feel like a failure talking about it. I am depressed and really struggle to think of happier times. Everything is dark’.

‘I work but I struggle and have a constant battle inside my head every day. I am lucky I have my faith. I wouldn’t tell anyone at my mosque. I would be cast out’.

‘I work myself to death so that I don’t have to think. I know it’s avoidance but it keeps me alive. If I stop too long I will end it all’.

‘I drink far too much. I just want to be numb and not think. I have taken several overdose’s and cut my wrists. I always get found though... I must have a guardian angel’.

‘What a rite of passage, to be part of this fucking institution. To show manliness or be part of the team you have to accept being raped then shut up and put up. It doesn’t make sense in my brain and never will. One minute everything is fine then one night changes the rest of my life. I am broken, I know I am. How can

you tell someone that you let someone rape you.... you can't. I didn't fight back, I froze . What does that say about me – weak... that's what people think.

'Everyone thinks rape is a women's issue, I did too until it happened to me. I felt like I couldn't say anything, I would look like a total failure.'

'I was scared to death. I got forced into sex acts. I was forced to do things that I didn't want to do, I was made to perform oral sex or be raped. When you go into the mess the next day you are facing these people, I kept my head down for year before I broke and asked for a medical discharge. I feel very alone and stuck, just surviving in a black hole and no one can help me.'

'Angry all the time, I hate everyone and everything. Can't sleep and have flashbacks and nightmares that haunt me every day'

'I often have flash backs and certain smells trigger me. I don't trust anyone at all. I am snappy with people and hold a lot of anger inside'.

'Diagnosed with depression and anxiety. Feel like a burden and a failure. I have spent time in mental health hospitals, being in there doesn't help it makes me worse. I am bitter and feel anger all the time'.

I ran, and never stopped but I can't run from myself though... that's the problem. I am tormented, I feel possessed sometimes. I want to hurt people but mostly I want to hurt myself. I hate myself. I have cut myself so much I look like I have been burned. I ask myself where is the help?... nowhere is the answer! Nothing but a big FUCK YOU!"

'...because of what happened to me I really struggle in relationships. I am now in an open relationship which works better for me. I work but I struggle and have a constant battle inside my head every day. I live my life in secret, one big dirty secret. I keep everything inside and don't tell anyone or trust anyone. I use sex as a way of self-harm, I have sex with multiple partners without protection...trying to prove I am a man. One day my luck will run out and I will die. The military turned their back on me... it's like I never existed.'

'I want to die most days but I don't do anything about it. My Mum ended off getting me detained under the mental health act for 6 months. I constantly battle with feeling ashamed'.

'I feel suicidal a lot of the time. I don't go fishing now as I think of ways to drown myself'.

‘...because I was knocked unconscious I don’t know who raped me. Having to continue to serve with your abusers is an abuse in its self. I’m terrified my rape was videoed and might be still out there.’

‘Really anxious and I struggle in social situations. I have mood swings and can’t control which way I am going to feel from one minute to the next’.

‘I suffer from crippling panic attacks . I get no warning they just happen and I lose control. I don’t feel like a man’.

‘My life isn’t the same as it was, it destroyed my ability to enjoy my life and I don’t think I can ever be the person I was. I deliberately go to Army reunions to bump into him. I want to see him, I want to hurt him’.

Impact On Relationships

Almost all those interviewed mentioned that their experience in the military led to them having difficult relationships with partners, significant others and family members both during and after service life.

Research indicates similar themes:²⁰

“All veterans interviewed identified at least one stigma-related barrier, such as a belief that sexual assault should be kept secret, fear of intense humiliation and shame if the assault was revealed to others, shame related to a perception of not fighting hard enough during the assault, fear of disbelief with disclosure, a belief that the assault should not bother them, and fear of their masculinity or sexuality being questioned.”

To para-phrase Farrell & Gray.²¹

“The abused are firstly left isolated and if they get up the courage to report their abusers they are often left fighting for credibility.”

‘Don’t trust anyone and I never will. The military destroyed my future and my ability to work. I am always looking over my shoulder. I wish I could erase my military career’.

‘My family feel like they are walking on egg shells all the time. I won’t be able to work again. I feel broken’.

'Cannot sleep in same bed as wife as I have night terrors and have woke up strangling her before. I am never home, I don't know who my wife is anymore.'

'I have had a few relationships but end them as soon as they get too close. I don't want anyone to know what has happened.'

'I was married but my wife left me in the end. I was cold, distant and didn't show any affection. I miss her and love her but she has moved on.'

'My girlfriend loves me but it hurts my heart as I know she is scared of me as I can just turn.'

'I knew I couldn't keep doing this to my family. My wife and eldest son know everything. I couldn't keep it to myself anymore. It's so much easier now they know.'

'What do you say? Hello my name is Dave, I was a soldier and got fucked up the arse. That's why I bounce round jobs or get sacked. I hate men, every man I meet I think to myself, I'm going to get you before you get me.'

'I keep everything inside and don't tell anyone or trust anyone.'

'Because of what happened to me I really struggle in relationships. I am now in an open relationship which works better for me. I work but I struggle and have a constant battle inside my head every day.'

'I have stayed single I have too much baggage. I don't think anyone could cope with my mood swings.'

'Verbally attacked wife who called police. Police arrived and I lost it then physically attacked police.'

'Most of my relationships ended quickly. My latest girlfriend asked me outright why I was pushing her away. She helped me to start believing it wasn't all my fault and that the Officer was just as much to blame. Talking about it does help.'

'I attacked my Dad that was my lowest point. I told him what happened and he said he loved me no matter what. That changed how I felt about myself.'

'Haven't been in a relationship since leaving. I don't trust anyone and would prefer to live on my own. I rely upon myself and that's the way I like it. I do get lonely'

sometimes and regret what has happened in my life. I feel lonely quite a lot of the time’.

‘Because of how I was treated, ignored, marginalised and blamed. I felt like I never really mattered and I was a problem that had to be got rid of... still do!’

‘My wife ended off divorcing me. She said she couldn’t cope with my mood swings. I never told her what happened to me’.

‘I stab myself to punish myself, any confrontation I see red - my partner was verbally abusive. I didn’t want to tell the police how controlling my partner was, I was not allowed money, friends or anything. I was only allowed to go to work, If I did not go my partner would threaten to call the Police and have me arrested. Eventually we split up and I lived on the streets, I was safer there, I was too ashamed to ask my family for help.’

2.5 What Would Help?

We asked those we interviewed what support they felt would be useful or what changes they would like to see going forward which offered a mixed response. For some there was a clear emphasis on processing their experiences, for others there was a call for systemic changes which allowed perpetrators to be brought to justice:

“The tendency to habitually feel like you don’t matter evokes distress, psychological pain, and defensive avoidance motives and needs that are underscored by a negative self-concept and identity. People who are high in a sense of not mattering have experienced a clear violation of their need for validation.”²²

‘It would help to talk to someone who is independent from the Military, someone you could trust’.

‘Soldiers should be trained to be civilians. Given lifelong support and help from day one - holistic care’.

‘We need an independent place to go to get help and support whilst serving. A place that is safe and confidential. A place that could provide support with medical, legal, psychological and justice issues’.

‘More needs done to support young people in basic training. They need to be protected from predators. Everyone should be given an interview half way through training to check how every things are going. This should be done by an independent person’.

'A place for soldiers to go to away from the military where you are not judged and taught how to cope or accept what happened to you'.

'Not sure what happens now... but a start would be everyone should get training on sexuality and consent'.

'There needs to be clear consequences. Officers have too much power and think they can get away everything'.

'Soldiers should be given lifelong support and help from day one - not abandoned.'

'I don't know, I am not sure how many men would be honest or access a service. Maybe more surveys and interviews like this would help people understand the scale of the problem'.

'Victims need protecting as the military seem to do what they want, when they want and just protect each other'.

'Change has to come from the top down. How can change happen if the officers at the top are the problem?'

'I can't forget what happened but volunteering has helped me get some self-respect back. Better volunteer programmes with mental health support might help'.

'Talking to others who had been through the same experience would help me feel less alone'.

'Initiations have to stop. Someone has to say that these can't go on. Recruits have to be protected in some way'.

'A peer led support group for men, where you can talk to others who have been through the same shit and help process it. I have regular counselling sessions and they help me cope with my dark thoughts'

'I rang a helpline once for support but thought I recognised the voice and hung up. If I did access counselling I'm not going to talk to a male veteran about what happened to me as I don't trust them. Stop thinking all veterans want to talk to veterans.'

Section 3: Conclusion

This study has given us an insight into the lived experience of a group of male veteran survivors/victims of MSA and MST. We have heard about the impact it has had on them both during their time serving in the UK military and the significant struggles they faced trying to cope afterwards in civilian life.

The goal of military indoctrination is described as;

1. Remove characteristics detrimental to military life.
2. Subordinate self-interest to follow orders.
3. Train individuals to kill when necessary.
4. Enable recruits to view themselves in collective terms.²³

Let us not forget that military recruits can be vulnerable young people recruited from areas of multiple deprivation and a career in the military may be the 'last chance saloon' for those looking for employment and a long term career. Many are desperate to fit in, and will do anything to be part of the team. Almost all will re-invent themselves with a new military identity. As such they can be easily manipulated to do things by those in positions of authority and control. As such they can be easily exploited, because, after all, obedience is compulsory in the military.

Whilst it is accepted that the transition from citizen to soldier is a much needed process, there is no evidence to suggest that involvement in sexualised initiation rituals, sexual assault or rape improves operational effectiveness or that such rituals create unit cohesion. In fact, survivors felt exploited and abused by a system that was supposed to take care of them. Indifference to the harm incurred from those in command led to a sense of betrayal and loss of trust that would impact on them for the rest of their lives. Similarly, it is well documented that when members of the UK military are sexually assaulted they often face an arduous path to justice which makes any form of resolution or closure impossible. Sadly, there is a fundamental lack of trust in the military to address this issue. Simply because it is both, bureaucratic, inward looking and risk averse. It would seem that anything that might damage the reputation of the military institution comes before the needs of victims and survivors. Rather than viewing sexual assault and the resulting trauma with compassion or understanding, many of the veterans interviewed reported that they felt ostracised and alone and the cause of the assault was in some way their fault. All those interviewed have continued to suffer from poor mental health long after leaving the services which further compounds their experience of abuse and neglect in their childhood. Many reported being re-traumatised as a result of the abuse they experienced during sexualised and humiliating initiation ceremonies. For some this led to involvement with the Criminal Justice System, periods of homelessness, drug and alcohol misuse, relationship

difficulties, unemployment, poor life choices and suicidal ideation. Sadly, others were left feeling abandoned and unable to reach out to military charities or associations in case their abuse was discovered. This enduring sense of shame led several to say that at times life was just not worth living.

It is obvious that male survivors have both a severe and complex pathology and the stigma associated with being raped, sexually assaulted and humiliated also appears to be a barrier for the veterans seeking help. Victim focussed policies and a systemic change in culture that facilitates access to justice and medical/psychological support services will help to decrease the stigma associated with male sexual assault and increase the currently suboptimal level of reporting. Such changes would encourage access and engagement with specialist trauma informed support services after discharge from the military. Many of the interviewees stated that they would try to manage their problems on their own until they got 'so bad' they had no other choice but to seek help or were referred by concerned partners/significant others to specialists to deal with the symptoms of the abuse.

The men we spoke to all struggled to reconcile their military identities with being victims of sexual assault. At times, they expressed a belief that their manhood was stolen, and that they were no longer worthy of a military identity—one they equate with strength and masculinity. Very few of those interviewed had stayed in contact with those they had served with and for many the idea of going to a regimental reunion was an anathema. All, in our opinion, could be said to have sustained Moral Injury.

“Moral injury is an emerging construct that has been conceptualized as “the lasting psychological, biological, spiritual, behavioural, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations”²⁴

For men, dealing with Military Sexual Assault, not talking about it, is considered “manly.” It is erroneously believed that real men don’t burden others with their problems. Men are socialised to believe that men are supposed to be strong, fearless and emotionless, this makes it extremely difficult to acknowledge emotional reactions to a sexual based trauma. Research in the USA has supported the existence of the frequently held belief that men are emotionally strong and stoic so that male victims are able to “tough it out” and cope with the experience of rape. This often results in less sympathy for male survivors than for female survivors because of the belief that rape is less serious for men.²⁵ In fact, Wood, Cotterill and Cronin-Davis argue that the very ethos and culture of the Armed Forces is often a barrier to veterans seeking help as it is dismissive of emotion and feeling.²⁶ While trauma can be easy to hide in the short-term, it ultimately leads to problems in long-term relationships, emotional dysregulation, anger, suicidal/risk-taking behaviour, trust issues, intimacy problems as

well as alexithymia.²⁷

The following symptoms are clearly present in all those we interviewed:

- **Sense of Betrayal** - Inability to trust and form meaningful relationships. Many survivors struggle to form safe long-lasting relationships.
- **Insomnia** – All reported difficulties with sleep after they were assaulted. Nightmares and mood swings were common and alcohol and drugs were frequently used to address this problem.
- **Shame** – Many of the men reported feeling dirty and ashamed as a result of the assault. Many victims reported taking frequent showers in an effort to feel clean.
- **Fear** - Fear responses associated with the assault (to certain sights, sounds, smells, thoughts,) can persist for weeks, months, or even years after the assault
- **Self-blame** - The most common source of guilty feelings is the result of self-blame. The victims tell themselves such things as, “I should have been able to protect myself,” or “I should have seen it coming”
- **Hyper vigilance** – Many of the survivors avoided busy, loud environments and engaged in safety behaviours e.g. sitting with their back against a wall and needing to know how to escape. There was an observed increase in trauma responses from involuntary startle reflexes, increased paranoia and catastrophic thinking styles.
- **A lack of emotional vocabulary** – The men reported that they developed a habit of hiding emotions and were emotionally unavailable. They also struggled to find the words to identify the emotion they experienced.
- **Feeling numb** – For survivors this was often the body’s automatic response to a traumatic experience. It is one way the body tries to protect itself from the impact of trauma.
- **Anger** - Survivors bottled up feelings of anger or turn it in on themselves, it can have negative physical and emotional effects.
- **Suicidal Ideation** - There are two kinds of suicidal ideation that the interviewees experienced: passive and active suicidal ideation.

- **Increased risk-taking behaviour** – This included driving too fast, instigating fights with others and un-protected sex.
- **Emotional dysregulation** - Sexual assault is often about power and control. Perpetrators take control away from the people they assault. Emotional dysregulation was a prominent symptom for victim/survivors to continue to feel a loss of control over their body and their life
- **Substance misuse and addiction (self-medicating)** – Many of the survivors used substances to numb the distressing symptoms associated with the sexual assault.
- **Helplessness** – Many of the survivors did not seek help or report the assaults as they were fearful of how people would react and not be believed.
- **Flash backs** - Victims re-experienced the assault over and over again in their thoughts and/or in their dreams/ nightmares. When this happened, it is almost as though the assault was actually occurring again.

All of the above led to the clinical presentation and diagnosis of the following:

- Anxiety, depression, mood disorders, dissociative disorders, somatization disorders & (PTSD) (CPTSD)
- Post Traumatic Embitterment Disorder (PTED)
- Long term physical health problems - It was common for victim/survivors to feel nauseous, experience gastrointestinal problems, continued colds or flu, muscle aches, poor memory. Headaches as well as a loss of interest in physical intimacy. They also experienced changes in appetite, sleep disturbances and difficulty concentrating .
- Long term physical damage caused by sexual assaults such as rectal prolapse, incontinence, fissures etc
- Possible undiagnosed Mild or Traumatic Brain Injury (MTBI)
- Moral injury and survivor guilt

If the UK Office for Veterans Affairs are serious about making the UK the best place in the world to be a veteran? Then recognising, apologising, addressing past injustices and compensating accordingly would be a great start for MSA and MST victims/survivors and their families. The Armed Forces Covenant defines the relationship between the Government, Nation and Armed Forces. It stipulates that military personnel and their families should receive timely, effective and consistent access to support services during and post-military service. When it comes to veteran centric services for Military Sexual Assault and Military Sexual Trauma survivors there are limited if any, services available.

The Forces in Mind Trust (2019) Impact Report called for more effective promotion of the benefits of signing the Armed Forces Covenant in order to rectify the deficit and provide access to support through public and voluntary sector support.²⁸ Numerous reports call for outreach programs to address social exclusion in the veteran community. No action has yet been taken to meet these recommendations when it comes to those traumatised by sexual assault.

However, the NHS Long Term Plan has promised to provide more integrated primary care within the next five years through the generation of a Veteran's Accreditation Scheme in partnership with the Royal College of GPs, and to expand access to specialist complex treatment services by 2023-24.

In response to the findings of this research, Forward Assist and Salute Her UK has created and designed information leaflets and training materials for professionals that are both trauma informed and victim centred. We also facilitate regular gender specific MST support groups for survivors.

It's time to acknowledge the long term impact sexual assault, in all its forms, has on military veterans and their families years after military service. Far too many are cast adrift with no means of support and we can only surmise how many go on to complete suicide or live chaotic lives devastated by unresolved trauma and shame.

We all have a collective and moral responsibility to ensure that those service personnel affected by sexual trauma leave the military able to access effective treatment and non-judgmental support, so that they can successfully transition back into civilian life and live lives filled with purpose, significance and meaning. Currently, this is not the case, and we must all, do more to provide services that are fit for purpose and designed for demand.

3.1 Observations and Recommendations:

We offer the following observations and recommendations for service providers and commissioners of Military Service charities:

- 1** The sexual abuse of men in the UK military is both a hidden and in the main unreported offence. Significant, large scale academic research is needed to further examine the long term impact on victims/survivors traumatised by Military Sexual Assault and Military Sexual Trauma.
- 2** The term Military Sexual Trauma (MST) should be adopted and recognised by the Ministry of Defence as a experiential symptom of Military Sexual Assault.
- 3** The UK Government should initiate an independent and robust reporting system for male and female victims/survivors who wish to report historical abuse.
- 4** Every NHS England Regional Team should have a dedicated Military Sexual Trauma coordinator who serves as a single point of contact for all Military Sexual Trauma related issues.
- 5** We recommend that every NHS Secondary Care, Mental Health Team commission dedicated providers who are professionally qualified and knowledgeable about treatments for the long term after effects of Military Sexual Assault and Military Sexual Trauma. Specially trained independent civilian sexual trauma counsellors should be available on request.
- 6** Many survivors of Military Sexual Assault are reluctant to ask military charities and veteran specific health initiatives for support in case they encounter perpetrators during the triage assessment or when referred onto other service charities.
- 7** Adopt and roll out a Military Sexual Assault 'Victims Charter' which is made accessible to all serving personnel. Veterans living with Military Sexual Trauma should be classified as a priority group in need of additional support when they leave the military.
- 8** The records of convicted perpetrators of military sexual assault should be shared with civilian police on discharge.
- 9** The MOD should offer in-depth psychological screening for individuals prior to joining and when leaving the Armed Forces, especially those that may have Adverse Childhood Experiences (ACE).
- 10** Military initiation rituals that humiliate and sexual abuse serving personnel should be criminalized and abolished.
- 11** Establish an Independent Defence Authority that deals with all cases of serious sexual offences and intimate partner violence in the UK.
- 12** The Ministry of Defence should outsource the Service Complaints Team and the

Service Complaints Ombudsman.

- 13** The Ministry of Defence should refer all sexual assault and domestic violence cases to the civilian police in the first instance.
- 14** All military victims of rape and sexual assault should be automatically referred to a civilian hospital for medical treatment and/or the nearest Sexual Assault Referral Centre for forensic evidence gathering and independent advice.

Section 4: Appendix

Thematic Analysis

Theme	Sub-theme	Description
Personal History	Education	Low levels of educational attainment and persistent truanting.
	Poor Job Prospects	Living in areas of multiple deprivation. Many of those we interviewed were unemployed or on low incomes and/or benefits. Decreased employment opportunities.
	Escape Abuse	Interviewees thought the military would serve as a refuge and that joining the military would enable them to escape troubled home lives and abuse.
	Military Family	Being a member of a family where one or both parents served in the armed forces. Strong feelings that they were expected to join as well.
	Masculinity	Feeling that they had to prove that they were masculine. Joining the military was what "real men" do.
Military Service Experience	Drinking Culture	There was a high prevalence of hazardous drinking including binge and excessive drinking of alcohol reported.
	Under Valued	If you are not accepted within the unit (peers) then you are often ostracised and given demeaning jobs. This often leads to low self-esteem, lack of confidence and a strong sense that you don't matter.
	Masculinity	Competitive toxic masculinity.
	Combat	Experiencing combat situations which are difficult to process without support.
	Part of a Family	Reinventing oneself through a military identity and by creating a new family unit.

Theme	Sub Theme	Description
Trauma	Initiation Ceremonies	Abusive and sexualised initiation ceremonies seen as a rite of passage often viewed as character building and getting over emotional sensitivities. Others argued that it was part of army life and builds group cohesion.
	Bullying	Being bullied is seen as making a man a better soldier.
	Sexual Assault	Intentional penetration of an anus or mouth with a penis without consent.
	Drugs	Date rape drugs are substances that render the victim unable to give consent.
	Physical Assault	Physical assault perpetrated by a group or individual.
Barriers to seeking help	Didn't think I would be believed	Boys learn to be tough, strong and sexually dominant, reporting a sexual assault is extremely difficult and leads to increased vulnerability. Men also face some additional challenges because of social attitudes, stereotypes about men and masculinity as well as the fear of not being believed if they do report the assault.
	Stigma	Men may feel the need to be silent about their abuse because of the internalised belief that men can't be victims, or that men should not express weakness.
	Punishment	Victim blaming occurs when the victim of a crime or any wrongful act is held entirely or partially at fault. When a sexual assault was reported some of the victims were medically downgraded, passed over for promotion or posted out.
	Afraid	Frightened that there would be ostracised by peers if they reported the sexual assault.
	Loss of Masculinity	Young recruits are primed to embrace the use of force and violence when joining the military. Many men felt that they had lost their masculinity. When victims needed to reach out for help related few had the emotional vocabulary or to talk about what happened. The men interviewed in this report often expressed coming up against an attitude of "no big deal" by those that that perpetrated the sexual violence.
	Becoming the perpetrator	First the victim is assaulted they then become an active bystander which then leads to becoming the perpetrator.

Theme	Sub Theme	Description
Examples of good practice	Compassionate Leave	Being allowed to leave to process trauma and receive the help and support that they need.
	Criminal Investigation	Criminal investigation is an applied science that involves the study of facts that are then used to inform criminal trials. A complete criminal investigation includes evidence collection, interviews, searches, and forensic science.
	Policies & Procedures	A report of the trauma being taken seriously, and the policies and procedures being used to ensure a fair outcome that protects the victim.
	Mental Health Support	Referred to an independent mental health organisation to help the victim process their trauma sustained.
Transition & Adjustment to Civilian Life	Discharge Reason	A military discharge is given when a member of the armed forces is released from their obligation to serve. They are generally based on whether the person completed their training and then fully and satisfactorily completed their term of service.
	Criminal Justice	Recent government research estimates that military veterans make up 3.5% of the UK prison population. Although veterans are less likely than the general population to offend, they are more likely to be in prison for violent or sexual offences
	Domestic Violence	Domestic abuse against men can take the form of physical violence, emotional, verbal, or sexual abuse. Men are less likely to report the abuse.
	Feeling Abandoned	Many of the interviewees experienced an existential loss and a disconnection from the life that had defined them. Becoming a veteran created an identity crisis, resulting in feelings of exclusion and painful separation. The Armed Forces is seen as a family when military service ends the bubble bursts.
	Not Feeling Safe	Survivors of Military Sexual Assault have an increased likelihood of developing symptoms of post-traumatic stress disorder (PTSD) such as nightmares and intrusive thoughts. They often feel that they are always in danger or need to always be on guard, and distrust other people.
	Finding Employment	Moving on from one role in the Armed Forces with identifiable qualities, to another, less heroic and less defined employment role, was frightening. There was a strong belief that the skills acquired in service were incompatible with civilian employment

Theme	Sub Theme	Description
Service Recommendations	Better Reporting Systems	Need for independent support service that is separate to the military institution.
	Training	Sexual Assault and prevention training programmes need to be developed and rolled out to all military leaders.
	Victim Support	A victim support pathway needs to be developed to enable victims to get specialist help and support.
	Protection	Some male victims of military sexual assault do not seek help because they are afraid that the information they share will not be kept private and that they will not be protected. The safeguarding of vulnerable adults must be seen as a priority.
	Independent Support	Lifelong information, advice and guidance to be provided by specialist independent agencies.



This report talks about Military Sexual Trauma that some readers may find upsetting. If you are a victim of sexual trauma and need help? Please contact: Paula Edwards Forward Assist - Salute Her UK: Mental Health Therapist & Independent Sexual Violence Adviser: Email: admin@forward-assist.com

www.forward-assist.com

Section 5:

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