



July 17, 2013

House Committee on Veterans Affairs
Subcommittee on Health
Cannon House Office Building, Room 334
Washington, DC 20515

To the Honorable Members of the House of Representatives Subcommittee on Health:

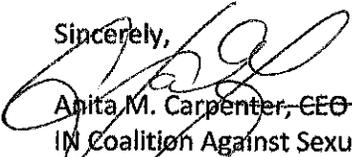
It is with esteemed honor that I submit comment for your consideration regarding the care and treatment of survivors of military sexual trauma. As a civilian advocate with over 15 years of experience serving victims of sexual violence and the appointed sexual assault victim advocate for three Department of Defense task forces investigating sexual assault in the military, having talked to more than 100 victims of military sexual violence I believe there remains much work to be done to effectively address this issue.

There are inherent structural system challenges in addressing military sexual trauma for any active duty personnel. The challenge for survivors to seek and receive appropriate mental health care after experiencing such an intimately violent trauma is of the utmost concern. In general, a victim of sexually violent trauma who does not receive appropriate mental health care will experience manifestations of the trauma through other disorders or mental health problems such as anxiety, depression, night terrors, and eating disorders. These issues compound the problems for victims of sexual violence. In a military setting it is recognized that fitness for duty is critical to mission and military personnel must be assessed and ready for combat at all times. This standard, while vital and not to be overlooked, has created a situation for survivors of military sexual trauma where many expressed concerns that if they were to come forward to report and receive proper mental health care and treatment they would be discharged from duty. In my interviews with victims during my time on the DoD Task Forces I spoke with several military personnel who indicated they would not report or get help because they had a fellow soldier, seaman, airman, or marine who was discharged for seeking mental health services as a result of military sexual trauma.

This is perhaps one of the most concerning issues in my opinion that needs attention. There needs to be a mechanism that allows for survivors of sex crimes in military settings to receive appropriate and effective mental health care without fear of reprisal through discharge or duty transfers. To survive something as traumatic as a rape or sexual assault indicates the true strength of a warrior. I will not cloud my statement with statistics and data that you already have in your possession. You already know this is a significant problem that must be addressed. We are losing valuable military personnel primarily because our military leadership is failing to respond appropriately to victims. It is not a sign of weakness to be sexually assaulted; rather the weakness lies with the offender, the perpetrator who uses violence, force, and/or coercion to assert control over a fellow soldier, seaman, airman, or marine. When we begin to enforce the zero tolerance across the military branches of service and hold the offender accountable, as opposed to re-victimizing the victim, there will be a systemic change for the positive. I have heard from survivors and members of their respective units that when command responds supportively and swiftly to a report of sexual assault/rape the climate of the installation reflects a greater willingness to report and seek assistance.

It is my firm belief that the military has the capacity to effectively respond to survivors of military sexual trauma and promote care and treatment in a structured, competent, and comprehensive manner without diminishing the need for fitness of duty and without re-victimizing the victim. Thank you for the opportunity to provide information on this matter and for giving this issue the priority consideration it deserves. If I can be of further service please do not hesitate to let me know.

Sincerely,


Anita M. Carpenter, CEO
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