Understanding sexual offences in UK military and veteran populations: delineating the offences and setting research priorities

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ABSTRACT

Recent publications have highlighted the need to address inappropriate behaviours, including discrimination, bullying and sexual harassment, within the British Armed Forces; however, no UK work to date pays sufficient attention to sexual offences as defined by the Sexual Offences Act (2003). In trying to ascertain prevalence, nature and consequences of sexual offences in military and veteran populations, one is faced with majority United States (US) research with different definitions of offences, different populations and different research methods. These and UK publications use various terminology, often ill-defined and used interchangeably (eg, harassment, abuse, violence, assault, trauma), meaning it is not always clear what is being discussed, and the criminal acts of sexual offences have become lost, oversimplified and blurred by their incorporation into wider discussions of sexual harassment and inappropriate behaviour. As a result, there is lack of clarity around the topic, and insufficient recognition and weight is given to the nature and complexity involved in understanding sexual offences and their consequences. It is important to distinguish between different types of unlawful behaviour: each are associated with different physical and psychological health outcomes for victims, and management of perpetrators will differ. Some behaviours will be managed through education and awareness programmes; other behaviours necessitate a prison sentence. This article highlights that understanding sexual offences in military and veteran populations is more complex than existing UK publications have acknowledged, and sets out some of the issues that research needs to consider if we are to develop prevention and management strategies.

Key messages

- There has been no research to date into sexual offences in UK military and veteran populations.
- Sexual offences in England and Wales are defined by the Sexual Offences Act (2003) and include rape, sexual assault and assault by penetration.
- Sexual assault has been identified as the event with one of the highest risk probabilities for being diagnosed with post-traumatic stress disorder.
- Military-perpetrated sexual offence patterns may differ from those of civilian-perpetrated sexual offences.
- Prior trauma exposure can predict future trauma exposure, and personnel may enlist with a history of sexual assault.
- UK research should delineate sexual offences from other unlawful behaviours, and establish the prevalence, nature and consequences of sexual offences in military and veteran populations.

INTRODUCTION

The United Kingdom (UK) Armed Forces Act (2006)[1] is the law under which the UK Armed Forces operate. It includes offences unique to service and any criminal offence under the civilian law of England and Wales, and applies to members of the Armed Forces at all times, wherever in the world they are serving. Sexual offences in England and Wales are defined by the Sexual Offences Act (2003) (SOA03)[2] (different legislation applies in Northern Ireland and Scotland). Offences include rape, sexual assault and assault by penetration. For accuracy, the term 'sexual offences' is used where possible throughout this article; otherwise, terms used by referenced publications are retained and 'sexual assault' is used as an overarching term.

There has been no research into sexual offences with UK military or veteran populations, and there are many challenges extrapolating United States (US) research findings. Most US research refers to "military sexual trauma" (MST), defined for healthcare purposes by the Veterans Health Administration (VHA) as "…psychological trauma, which in the judgement of a mental health professional…, resulted from physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty, active duty training or inactive duty training".[3] This definition was established for a screening programme implemented in 2000, to ensure all registering with the VHA were questioned about MST.[4] US terminology and definitions are therefore different from those of the UK. The SOA03 sets out behaviours of perpetrators that are unlawful; MST is defined from the perspective of the victim, registering for healthcare and choosing to disclose their experiences. Consequently, US research has a heavy victim-focus, with little attention paid to perpetrators' behaviour, motivations and offence patterns. Additionally, MST includes harassment (typically non-contact offences) and sexual offences (typically contact offences), researched separately or together, further confusing the picture.

It is not necessary to establish a "military sexual trauma" category in the UK: sexual offences perpetrated by military personnel are accounted for under the SOA03 and military personnel are subject to the same laws around sexual offending as civilians.[1]

In addition to differing definitions, prevalence estimates of sexual offences within the US military vary due to population (active duty, veterans), methodology (interviews, questionnaires) and setting (seeking healthcare or not).[4 5] In a meta-analysis of 69 studies of MST,[6] 23.6% of women and 1.9% of men reported sexual assault (not including harassment). Wilson[6] details the different definitions used by each study, illustrating the difficulty drawing conclusions.

The US RAND Military Workplace Study (RMWS) and Workplace and Gender Relations Survey of Active Duty Members established three categories of sexual offences: penetrative, non-penetrative and attempted penetrative.[5] 4.87% of female and 0.95% of male active-duty service members experienced one or more of these during 2013/2014, and 2.10% of women and 0.33% of men reported penetrative offences. The authors report that the rate of sexual offences for US servicewomen is comparable to US civilian women (data not available for civilian men).

The Crime Survey for England and Wales (CSEW) (2018)[7] estimated prevalence of sexual offences in the general population. Offences included rape (including attempts), assault by penetration (including attempts), causing sexual activity without consent, indecent exposure and unwanted touching. 2.1% of adults (aged 16 to 59

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years) experienced at least one of these scenarios in the 12 months before interview; 3.4% of the female population and 0.9% of the male population. Younger men and women (aged 16–24 years) were more likely to be victims than older people. It should be noted that veterans will be among this sample.

The UK's Ministry of Defence (MOD)[8] publishes data annually on alleged sexual offences defined under the SOA03, including rape, sexual assault (penetration), sexual assault (no penetration) and other offences contrary to the SOA03. Sexual offences reported to civilian police are not recorded.[9] During 2018, 140 serving personnel reported a sexual offence; 108 women and 25 men (seven not recorded). Prevalence is not provided; however, the figures are in line with the CSEW in that alleged victims are predominantly female (77%) and in younger age categories (81% aged 30 years and under). Half (51%) had the rank of Private. A number of civilian victims are noted (24%) but no further details of these are given. Alleged perpetrators were predominantly male (94%), mostly Private or Junior Non-Commissioned Officer ranks (71%), and various ages, with the largest number aged 21–25 years (21%).

CONSEQUENCES OF SEXUAL ASSAULT IN CIVILIAN AND MILITARY POPULATIONS

In civilians, sexual assault has been identified as the event with one of the highest risk probabilities for being diagnosed with post-traumatic stress disorder (PTSD).[10] Similarly, research with US military and veteran samples suggests sexual assault during military service is associated with PTSD, depression, anxiety disorders and substance abuse,[11] physical health symptoms and chronic health problems.[12 13]

Sexual assault is associated with greater risk of PTSD compared with other types of traumatic event in military populations.[14 15] While combat exposure and sexual assault during deployment were both strong predictors of PTSD among US veterans of the 1991 Gulf War, sexual assault was a stronger predictor,[16] and many female veterans reported sexual assault was the most traumatic event they experienced, above combat.[14 17] Female veterans reporting MST were nine times more likely to be diagnosed with PTSD compared with female veterans without a history of sexual assault.[18]

Sexual assault during military deployment may be more strongly associated with PTSD than sexual assault at other times.[19] During combat operations, military units must function as a cohesive group with a shared goal. Victimisation by colleagues may feel like a greater betrayal, and sexual assault in this context, where perceived threats to safety are common, could be experienced as more threatening than in other circumstances.[20]

MILITARY-SPECIFIC FEATURES

Little research, and none from the UK, has looked at features of the military that may exacerbate or alleviate consequences of sexual assault, or started to explore patterns of sexual offences in the military that may be similar to, or different from, civilian populations.

The military differs from civilian life in that it is a living and working environment. Victims of sexual offences may have to continue interacting with perpetrators, rely on perpetrators or perpetrators' friends in combat, for healthcare, promotions or just to do their jobs.[11] Military personnel may not report assaults to maintain unit cohesion, or if they feel complaints will not be taken seriously.[11] Underreporting of sexual offences is common in civilian populations but reasons for this may differ. Fear, cohesive behaviour of perpetrators and command structures may delay or prevent reporting in the military[21 22] and retaliation was experienced by two-thirds of US women reporting sexual assault.[5] Support from leaders can, however, moderate the relationship between trauma exposure and outcomes.[23] How sexual offences in the UK Armed Forces are reported, and the treatment of those who report them, has been addressed by Wigston (2019)[9] who recommended improvements to existing processes.

Few studies have explored characteristics of sexual offences perpetrated by military personnel. Wood and Toppelberg (2017)[5] found more than half of those sexually assaulted during US military service reported that the perpetrator was a more senior service member. 55% of female victims reported the perpetrator used physical force, in contrast to civilians, who report its use less often (in between 0% and 8% of rapes). Multiple perpetrator sexual assault was reported by 42% of female victims, higher than civilian rates of 10% to 33%.[24]

Interviews with 21 US female veterans reporting MST[25] revealed most offences occurred at night (69%) and a quarter (24%) while the victim was on duty. Weapon use (knives or guns) by perpetrators was reported in 17% of cases; physical violence (eg, hitting or choking) was reported by half (52%). The majoity (69%) knew their perpetrator prior to assault and 12 (60%) were superiors. Half (52%) had to interact with the perpetrator afterwards.14% subsequently attempted suicide while on active duty, and 38% attempted suicide in their lifetime. Half (52%) said the assault led to early military discharge.

Little research has looked at male victims. US male veterans reported similar types of physical and mental health consequences as female veterans;[4] however, there is possibly increased stigma for men, an added barrier to reporting. Civilian literature suggests sexual assault may have unique consequences for men, particularly in terms of gender identity, sexual orientation and anger.[26]

THE WIDER CONTEXT

Understanding sexual offences in military and veteran populations requires a focus wider than that of offences experienced during military service perpetrated by other military personnel. A number will enlist with a history of sexual assault, and some will be sexually assaulted during military service by perpetrators outside the military. Understanding this is important: prior trauma exposure can predict future trauma exposure,[27] and we do not yet understand the impact of multiple trauma exposure experienced by military personnel, including combat.

US studies suggest 27%–49% of female veterans report sexual assault in childhood, compared with 17%–32% of female civilians.[15] Female veterans reporting childhood sexual assault were seven times more likely to meet PTSD diagnostic criteria, compared with those without a history of sexual trauma.[18] There may be parallels between abuse in childhood and in the military, however these qualitative aspects have not been widely studied. Sexual assault during childhood and military service may share features, such as not being able to escape, ongoing perpetration, feeling betrayed by those who should protect and feeling unable to report without negative consequences.[28]

Few studies have investigated adult sexual offences occurring outside the context of military service. Those that have report rates of 24%–49% for US servicewomen,[15] and Kelly et al (2011)[29] note additional violence, including physical assault (46%–51%) and domestic violence (18%–19%). These are higher than estimates among US nationally representative samples. Women may often join the military to leave violent home environments. In one US study, more than half reported pre-military physical or

sexual assault and a quarter were raped prior to joining the military.[30]

US research suggests, therefore, that female veterans are more likely to report a history of childhood or adult sexual assault compared with the general population. We do not yet know the extent of this in men, nor in UK military and veteran populations.

RESEARCH RECOMMENDATIONS

UK research with military and veteran populations must begin by using definitions of sexual offences as set out in the SOA03. Research should identify offence patterns, and study the nature of offences, victims and perpetrators, to establish any factors unique to the military. There may be protective factors, such as team support. Offence characteristics to explore include nature, location and context of offence, weapon use and use of additional violence.

Victim characteristics to understand include age, sex, ethnicity, military occupation and rank, perceived level of social support, perceptions of others' reactions to disclosure, cognitive factors such as self-blame, and physical and mental health problems. Information about alleged perpetrators should be explored, including age, sex, ethnicity and military occupation and rank, and their relationship to the victim (eg, stranger, acquaintance, current or ex-partner, multiple perpetrator offence).

Research should examine history of sexual assault prior to military service, and experiences of other interpersonal violence. We need to understand whether these are more prevalent in UK military and veteran populations as in the US, and we should explore the relationship between cumulative trauma and subsequent mental and physical health problems, and the impact of military experiences such as combat.

Finally, studies should include military and veteran populations and the general population to enable direct comparisons.

CONCLUSIONS

US research has produced conflicting findings, and different definitions and populations studied make it difficult to extrapolate to sexual offences in UK military and veteran populations. As there has been no UK research to date, we are ideally placed to learn from challenges faced by US researchers. UK research needs to establish the prevalence, nature and consequences of sexual offences in this population and we must align this work with existing laws, clearly delineating sexual offences from other types of unlawful behaviours. Researchers must state what offences are being studied and should be consistent around terminology and research methodology.

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