Impact of Gender on Reactions to Military Sexual Assault and Harassment
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Research has shown that experiences of military sexual assault and harassment can have a negative impact on veterans’ health and functioning, even years or decades later, thus clearly identifying this as an important area of concern for social workers. In addition to understanding the scope and general impact of military sexual assault and harassment, social workers also must thoroughly understand how different cultural factors may intersect with veterans’ experiences. To this end, this article reviews the current knowledge base on how veterans’ life experiences related to gender can affect their experience of and recovery from military sexual assault and harassment, highlights common gender-specific issues, and discusses implications for practice.

KEY WORDS: military; sexual assault; sexual harassment; trauma; veterans

Although the risks to life and limb secondary to combat experiences are a well-known consequence of serving in the military, social workers seeking to be culturally competent in working with veterans must be equally aware of issues related to sexual assault and harassment in the military. Sexual assault is generally defined as unwanted physical sexual contact and includes behaviors ranging from unwanted touching of a sexual nature to coercive or nonconsensual vaginal, anal, or oral penetration (rape). Coercion may involve physical force but can also occur via threats of punishment (for example, dangerous duty assignments) or promises of rewards (for example, positive performance evaluations); nonconsensual activity includes any situation in which the victim cannot or does not consent to sexual activity (for example, due to intoxication). Given that the military is a workplace, these and other unwanted sexual experiences occurring during a veteran’s military service, such as unwanted sexual advances, offensive comments about his/her body or sexual activities, or the display of pornographic or sexually demeaning materials, can be appropriately described as forms of “sexual harassment.”

Studies indicate that experiences of sexual assault and harassment in the military are, unfortunately, common. Rates vary across studies because of definitional and methodological issues, but the most recent Department of Defense Workplace and Gender Relations Survey of Active Duty Members revealed that, in the 12 months before the survey, 6.1 percent of women and 1.2 percent of men had experienced a completed or attempted sexual assault and 8 percent of women and 2 percent of men had experienced sexually coercive behavior. During that same 12-month time frame, 41 percent of women and 20 percent of men reported experiencing crude or offensive behavior and 23 percent of women and 8 percent of men reported receiving unwanted sexual attention (Defense Manpower Data Center, Human Resources Strategic Assessment Program, 2013). With regard to lifetime prevalence, a nationally representative study of former reservists interviewed between 2002 and 2003 found that 13.1 percent of women and 1.6 percent of men had experienced sexual assault at some point during their military service, and 60 percent of women and 27.2 percent of men had experienced repeated or severe sexual harassment (Street, Stafford, Mahan, & Hendricks, 2008). It is important to note that, although a higher percentage of women than men experience sexual assault or harassment during their military service, the actual number of women and men who experience military sexual assault or harassment is similar, given the higher percentage of men in the military.

Research has shown that experiences of military sexual assault and harassment can have a negative effect on health and functioning, even years or decades later (Kimerling, Gima, Smith, Street, & Frayne, 2007; Vogt, Pless, King, & King, 2005),
thus clearly identifying this as an important area of concern for all social workers, regardless of their specific role with veterans. Although social workers’ knowledge related to civilian sexual assault and harassment and other forms of interpersonal trauma will serve them well in working with veteran survivors, there are ways in which the experience of sexual assault and harassment in the military can differ from that in civilian contexts. Fortunately, there exist several excellent general review articles that can assist social workers in becoming more familiar with this topic (for example, Bell & Reddon, 2011; Hunter, 2007; Street, Kimerling, Bell, & Pavao, 2011; Turchik & Wilson, 2010).

In addition to understanding the scope and general impact of military sexual assault and harassment, social workers also must thoroughly understand how different cultural factors may intersect with veterans’ experiences and recovery. Gender is a compelling variable to consider in this regard, as it has significant cultural messages and meanings associated with it and is often a key part of men and women’s identity, shaping their daily lives and internal experiences in innumerable ways (Witt & Wood, 2010). This article is designed to serve as a companion to existing general review articles, providing information to assist social workers in understanding and meeting the gender-related needs of veteran survivors of military sexual assault and harassment. We begin by discussing conceptual issues related to gender in civilian and military life; this content will set the stage for a review of the current knowledge base on how veterans’ life experiences related to gender can affect their experience of and recovery from military sexual assault and harassment. In so doing, we highlight some common gender-specific issues and then conclude with implications for practice.

**GENDER IN CIVILIAN AND MILITARY LIFE**

Gender is a social construct, referring to the range of masculine and feminine roles, behaviors, activities, and traits traditionally associated with male and female sex, which is itself determined by reproductive organs and biology. Individuals are, for the most part, born male or female but are taught by society what characteristics and behavior are “appropriate” for their sex. Contrary to societal messages that men and women, and thus masculinity and femininity, are mutually exclusive and opposite, masculinity and femininity in actuality lie on two separate continua, as opposed to two ends of the same continuum. An individual’s sense of self may lie at any point along these continua.

We presume that most social workers are familiar with basic information about sex and gender, gender socialization, and associated social inequalities in the civilian context. For our purposes, it is most important to highlight that, despite changes in gender roles and attitudes toward gender over the past few decades, traditional notions of masculinity and femininity continue to strongly shape most men and women’s identity, behavior, and emotional reactions (Witt & Wood, 2010). We refer to “traditional notions” of gender but acknowledge that the specific characteristics constituting masculinity or femininity and the rigidity with which gender roles are enforced will vary by race, religion, socioeconomic status, sexual orientation, and other cultural factors. Gender is often a lens through which men and women evaluate their worth, experiencing not only external but also internal pressure to be “man enough” or “woman enough.” Moreover, differential societal valuing of masculine and feminine characteristics, differences in the perceived importance of different activities aligned with male and female gender roles, and systematic discrimination also shape individuals’ personal experiences of what it means to be a man or a woman.

Given that 85.5 percent of all U.S. active duty service members are men (Department of Defense, 2012), sheer numbers undoubtedly contribute to the masculinization of the U.S. military environment. At least equally important, however, is the priority that military training and culture place on characteristics that are stereotypically masculine (Herbert, 1998). This latter emphasis may be a necessity for military organizations, as many traditionally masculine characteristics facilitate the military’s mission. For example, physical strength overcomes obstacles and enemy combatants. The ability to set aside empathic and emotional responses allows service members to risk their lives and kill in combat. Historically, however, embracing masculine ideals has, at times, led to a concurrent devaluing of stereotypically feminine and other “non-masculine” characteristics.

For men, messages in the military environment about strength, self-sufficiency, heterosexuality, and the like are often largely comparable in substance to what they are exposed to in civilian life, merely amplified. Women, however, may find
themselves in the bind of needing to be feminine to be a “real” and “good” woman while also needing to be masculine to be a “real” and “good” soldier, marine, “airman,” sailor, or Coast Guard member (Herbert, 1998). Women veterans have described this often as a no-win situation, with them being called a lesbian if they excel at their masculine job duties but accused of being “girly” and weak if they are anything less than stellar in their work performance (Herbert, 1998). This sort of gender harassment, or hostile or degrading behavior based on one’s sex, is likely influenced by the fact that some of the power imbalances in civilian society are also present in the military context. For example, women were banned from direct ground combat roles until 2013 (Department of Defense, 2013). As in civilian life, women are also subjected to sexual assault and harassment in the military at much higher rates than are men (Kimerling et al., 2007; Street et al., 2008). It is not surprising that some women service members report feeling like “second-class citizens” and are more likely than their male counterparts to report lower perceptions of support from their peers and superiors (Street, Vogt, & Dutra, 2009).

GENDER AND EXPERIENCES OF SEXUAL ASSAULT AND HARASSMENT IN THE MILITARY

Although, in general, gender has been shown to shape emotional reactions, behavior, and help seeking (Witt & Wood, 2010), efforts to examine the impact of gender on reactions to military sexual assault and harassment are hindered by the fact that men’s experiences of sexual assault and harassment remain understudied in both civilian and military contexts. (Lacking the space for an extended discussion of terminology, we acknowledge that our use of the terms “men” and “women” at times conflates masculinity with men and femininity with women.) Also, research is critically needed to inform our interpretation of what gender differences in reactions to military sexual assault and harassment have been observed. For example, differences may not be specific to reactions to sexual assault or harassment but instead reflect gender differences more generally. Also, they may be attributable to differences in the nature of sexual assault and harassment experienced by men and women. That is, women are not only significantly more likely than men to experience at least some sexual assault or harassment during their military service, they are also more likely to experience types of assault and harassment perceived to be more serious, such as unwanted sexual attention and sexual coercion (Street, Gradus, Stafford, & Kelly, 2007). Another salient difference in experiences is that men are more likely to experience military sexual assault and harassment from a same-sex perpetrator, whereas the perpetrators of women’s military sexual assault and harassment experiences are most often of the opposite sex (Street et al., 2007).

There is much important work that remains to be done regarding how gender shapes reactions to and recovery from military sexual assault and harassment. To advance the field’s conversation about these issues, we next review what information currently exists in the empirical literature, supplemented with some personal clinical observations about themes commonly arising during men’s and women’s recovery process. For space reasons, we do not discuss broad issues related to sexual assault and harassment in the military in significant depth and again refer readers to existing review articles for a thorough grounding in those issues.

IMPACT ON HEALTH AND FUNCTIONING

As noted, there is a well-documented association between experiences of sexual assault and harassment during military service and poor health. Generally, studies have shown that men and women experience similar levels of psychological symptoms and distress after experiencing military sexual assault or harassment, with the most common mental health conditions for both being posttraumatic stress disorder, depression, anxiety disorders, and substance use disorders (Kimerling et al., 2007). Some recent work has suggested, however, that the strength of association between military sexual assault and harassment and negative mental health outcomes may be larger for men than for women (Street et al., 2007; Vogt et al., 2005).

Only one study has examined the relationship between gender and physical health after military sexual assault and harassment, finding associations with liver and chronic pulmonary disease for both men and women, associations with obesity, weight loss, and hypothyroidism for women, and associations with HIV/AIDS for men (Kimerling et al., 2007).

Particularly relevant for social workers engaged in case management issues, experiences of military sexual assault and harassment are also associated with impairments in major areas of self-sufficiency.
and functioning, such as work, relationships, and housing stability (Balshem, Christensen, Tuepker, & Kansagara, 2011; Bell & Reardon, 2011; Skinner et al., 2000), but virtually no research has examined findings by gender. One exception is Pavao et al. (2013) who, using administrative data from homeless veterans seen for Department of Veterans Affairs (VA) outpatient services, observed a significantly higher risk for homelessness among women veterans who had experienced military sexual trauma as compared to men.

**SOCIAL SUPPORT AND DISCLOSURE TO FRIENDS AND FAMILY**

Given women’s socialization emphasizing relationships and their tendency to cope by talking and sharing emotions, it is not surprising that they are much more likely—56.6 percent to 35.8 percent, in one large study of Air Force personnel—to disclose their experiences to friends and family than are men (Steiger et al., 2010). Although both men and women often encounter negative reactions when reaching out for help after sexual assault (Filipas & Ullman, 2001), men’s reticence to talk about their experiences with others may, in part, reflect a realistic understanding of the types of responses they are likely to receive if they do disclose, as studies show that male victims of rape are blamed more than female victims; are often assumed to be gay and less deserving of sympathy and assistance; and, when victimized by women, are thought to have enjoyed the assault (Turchik & Edwards, 2012).

**FORMAL HELP SEEKING**

As with civilian sexual assault and harassment, only a small percentage of military sexual assault and harassment cases are reported to authorities. Consistent with the literature on disclosure to family and friends, there are some indications that male service members may be even less likely than female service members to make a formal report of sexual assault or harassment. For example, a representative Web survey conducted with 100,000 Air Force personnel in 2010 by Steiger et al. (2010) found that men in the Air Force were almost three times less likely to make a report than were women (5.8 percent as compared with 16.7 percent).

Studies show that men and women give similar reasons for choosing not to make a formal report, including not thinking the incident was serious enough, not wanting to cause trouble, fearing retaliation or ostracism, fearing negative impact on their career, and perceptions that nothing would be done (Steiger et al., 2010; Turchik & Wilson, 2010). Also, when “Don’t Ask, Don’t Tell” policies were in effect, service members with same-sex perpetrators may have had reality-based fears about being discharged for engaging in same-sex sexual activity (Turchik & Wilson, 2010).

In addition, many victims delay seeking medical or mental health treatment for assault- or harassment-related sequelae or do not seek treatment at all, an effect that appears to be more pronounced among men. Illustrating this, a study using VA health care data for veterans who had served in Iraq, Afghanistan, or both found that male veterans were less likely to use military sexual trauma-related care, and even when they did use it, they had fewer visits than did women (Turchik, Pavao, Hyun, Mark, & Kimerling, 2012). That said, qualitative studies of veterans’ perspectives on seeking military sexual trauma-related treatment from the VA reveal some similar barriers to care for men and women. For example, both male and female veterans who had experienced military sexual trauma reported that a lack of knowledge about available services and stigma-related concerns (such as embarrassment, shame, and a fear of not being believed) were factors that might prevent veterans from seeking treatment (Turchik, Bucossi, & Kimerling, 2014; Turchik, McLean, Rafie, Rosen, & Kimerling, 2013). Women identified a desire to avoid distressing emotions as an additional barrier. Gender-specific concerns were also influential, however, with men identifying masculinity and “male pride,” a sense that men have less of a need or are less deserving of receiving sexual trauma-related care than are women, and fears of encountering rape myths, particularly those related to sexual orientation, as inhibiting factors. Women reported discomfort with seeking treatment in a male-dominated environment. Both sexes reported that the gender of their health care provider was important and that a mismatch between preferred and actual provider gender could be a barrier to care. Among women, 66 percent expressed a preference for a female clinician, and 33 percent had no gender preference. Among men, 50 percent preferred a female provider, 25 percent a male provider, and 25 percent had no preference.
THEMES IN TREATMENT AND RECOVERY
For both men and women, the process of recovering from military sexual assault or harassment commonly involves profound struggles with guilt, shame, and self-blame (Bell & Reardon, 2011). In addition, issues with power and control, trust, relationships, and self-image are also common for both. Although these gender similarities are important to note, in our clinical experience, we have found that there are also some issues that commonly arise only in the treatment of either male or female veteran survivors or that take on greater intensity or different meaning in the treatment of either men or women. Key themes are presented below.

Gender Identity
Gender identity is frequently one of the core areas disrupted for men after experiencing sexual assault or harassment. This is not surprising, given that masculine gender role ideals of strength and being in control clash with the experience of victimization, which by definition involves vulnerability and domination by another. As a result, men often struggle with the sense that, after being victimized, particularly sexually, they are “less of” a man. Research has documented this conflict among male survivors of civilian sexual trauma (Walker, Archer, & Davies, 2005), but the value the military places on masculine attributes can make “manliness” an even stronger part of male veterans’ sense of self than it is for civilian men, thus often intensifying feelings of confusion, shame, and self-blame.

Because of the unfortunate match between traditional conceptions of femininity and victimization, gender identity may be less of an issue for women who experience sexual assault or harassment. Women are raised with messages that they are weak and vulnerable and that violence is a chronic risk. As such, as toxic as experiencing sexual assault or harassment may be for other areas of their life and well-being, it may present less of a specific challenge to their gender identity. That said, more research is needed to understand these issues among women veterans, many of whom may have acquired an identity of personal strength as a result of their military training and socialization. This may leave them vulnerable to some of the same identity struggles after victimization that men have.

Disbelief and Minimization
It has been our experience that both female and male veterans often minimize their experiences of military sexual assault or harassment, denying that these experiences had a strong impact on them or continue to cause them distress. This may in part reflect realistic expectations that, in speaking up about their experiences, they may encounter negative reactions from others and perhaps even professional and social consequences (Steiger et al., 2010). There are likely gender-specific components as well. For women, denial and minimization may be driven by fear of reinforcing negative beliefs about female service members, given the pressure during their service to be perceived as being as competent as their male peers (Herbert, 1998). For men, minimization may be a way to avoid acknowledging the reality of their experiences, given that they likely had not ever contemplated the possibility that they—or other men—might experience sexual assault or harassment. Also, given cultural messages about men’s heterosexuality and sex drive, men may have difficulty owning negative feelings about their experiences if their perpetrators were female. They might use minimizing labels such as “hazing” or “my first lay” as a way to defuse stigma and rape myths related to being a male victim.

Sexuality, Sexual Orientation, and Intimacy
For both men and women, sexual assault and harassment experiences during military service may lead them to avoid sex entirely, to dissociate during sex, or to engage in it only while intoxicated. Sexual dysfunction is also common (Turchik, Pavao, Nazarian, et al., 2012). Some veterans who are gay or lesbian may feel or have been told they were targeted because of their sexual orientation, perhaps engendering self-reproach or hatred and creating conflict for their identity. Even for men and women who are more settled in their identity as gay or lesbian, perceiving that the sexual assault or harassment was related to their sexual orientation can inflame the distress, anger, sorrow, and fear that can be present for them as a sexual minority in a heterocentric society.

There can also be gender-specific dynamics underpinning these issues. Having perhaps themselves internalized rape myths, heterosexual male victims may experience confusion about their sexual orientation, wondering whether assault or harassment from a man “makes them” gay, whether
they were targeted because they “really are” gay, or what it means that they did not enjoy any assault or harassment perpetrated by a woman. Given the emphatic alignment of masculinity with heterosexuality, these concerns can exacerbate struggles with gender identity. In addition to questioning their sexual orientation, heterosexual men may be equally concerned about others’ perceptions of them. Homophobic beliefs or hyper(hetero)sexual behavior may serve as a defense against these internal and external threats.

After experiencing sexual assault or harassment during their service, women may find themselves in the bind of wanting to take more control of sexual encounters for safety reasons but feeling constrained by societal messages about women’s “roles” during sex. They may avoid initiating sex or being sexually assertive in relationships, for fear of playing into (perhaps internalized) myths about rape occurring because victims are “loose” or “sluts.” Heterosexual women whose perpetrators were male may have considerable anxiety about being intimate or sexual with men in any form. (This can also be true for gay men.)

**Eating and Body Issues**

Although studies on sexual trauma and eating and body issues among veterans are sorely lacking, clinically we have found it common for both men and women to feel disconnected from their bodies after experiencing sexual assault or harassment. Men may feel betrayed by their bodies, particularly if they had an erection, ejaculated, or otherwise responded physiologically during an assault. Women may believe that their appearance or body shape contributed to being targeted for victimization. This, in concert with the emphasis on physical fitness in the military, may increase the risk of both male and female veterans engaging in eating-related or other compensatory behaviors to exert control over their bodies. That is, developing prominent muscles, gaining weight, or being preoccupied with becoming thin may be a way to reassert control over their physicality, modify how they are perceived by others, and counteract generalized feelings of helplessness. They may also engage in disordered eating behaviors, such as emotional eating, binge eating, or restriction. Although both men and women veterans may be vulnerable to these sorts of problems after experiences of sexual assault and harassment, women may be particularly at risk, given higher rates of eating disorders among women in general.

**Anger or Assertiveness and Emotionality**

Anger is often a component of survivors’ reaction to sexual assault and harassment, along with an aggressive, hypervigilant stance toward the world, to ward off being “prey” again. Given cultural messages about “appropriate” emotions for men, it is particularly common for men’s emotional reactions to sexual assault and harassment to be dominated by anger (Walker et al., 2005). Because society gives women permission to experience a broader range of emotions, women veterans are typically more able than men to allow themselves to feel a range of distressed emotions, such as sadness and grief, along with their anger. Often women feel quite conflicted about their anger, however, due to cultural messages about women articulating their needs, being assertive, and exercising personal power. They may also, however, be acutely sensitive—and reactive—to societal injustice and power imbalances in relationships. As a result, women survivors of sexual assault or harassment may oscillate between not allowing themselves to fully engage with their feelings of anger and periodically displaying explosive outbursts.

**IMPLICATIONS FOR PRACTICE**

Although there remain significant gaps in knowledge for research to address, the preceding review has highlighted some key areas to be aware of and attend to ensure sensitivity to gender-specific issues in working with veterans who have experienced sexual assault or harassment during their military service. Of course, best practices demand a familiarity with the implications gender has in general for social work practice, as well as the special issues faced by veterans beyond experiences of sexual assault and harassment. Also, we again highlight the importance of reviewing other review articles (for example, Bell & Reardon, 2011; Hunter, 2007; Street et al., 2011; Turchik & Wilson, 2010) to be familiar with the core issues associated with military sexual assault and harassment more generally. This is important because, for example, issues related to self-harm, suicide, and revictimization were not discussed in this article, as research to date has not examined or identified consistent differences by gender among veterans who experienced military sexual assault or harassment; also,
we have not observed striking gender-specific issues in these areas in our own practice. However, having the competency to address these issues is a crucial component of providing quality care to veteran survivors.

Across a range of roles—therapy, case management, program development, and even policy—it is important that social workers consider the ways gender-related concerns can complicate the identification of and provision of assistance to this population of veterans. For example, men may be less likely to seek, and thus less likely to receive, appropriate treatment for military sexual assault or harassment-related health sequelae. They may also be less likely to disclose that they have a history of sexual trauma and more likely to drop out of treatment prematurely. This is highly problematic, given that many men do not disclose to friends, family, and others and thus may not have other sources of support. Screening all veterans for experiences of military sexual assault and harassment has proven to be both feasible and helpful within the VA (Kimerling et al., 2007) and is consistent with guidelines from the U.S. Preventive Services Task Force regarding screening for intimate partner violence, including sexual violence. Although further data are needed to identify it as a best practice, asking all veterans whether they experienced military sexual assault and harassment (when appropriate to the setting) may help counteract reluctance to disclose and seek treatment, particularly among men. Also, outreach efforts may benefit from using gender-targeted materials, given studies indicating that veterans prefer informational materials tailored to their gender (Turchik, Bucossi, & Kimerling, 2014; Turchik, McLean, et al., 2013).

Once veterans have engaged with services, it is crucial early in the relationship to discuss and address potential barriers to continued engagement and normalize difficulties secondary to assault and harassment experiences and/or related to seeking help; again, this is good practice with both male and female veterans but may be particularly important in working with male veterans. Given variations in gender identity, it is also crucial for clinicians to assess the extent to which a given veteran’s sense of self is masculine, feminine, or both, and the extent to which they identify as a man or a woman.

Social workers providing therapy to veterans obviously should attend to the gender-specific issues highlighted in this article to remain sensitive to ways in which gender roles and life experiences related to gender might be contributing to a veteran’s difficulties or otherwise complicating the recovery process. It is important to remember that sexual trauma survivors, regardless of their gender or whether the assault occurred in the civilian or military context, will often present with a number of similar issues. That said, social workers should also be attentive to the possibility of there being gender-specific mechanisms or themes involved even in difficulties that initially appear relatively gender neutral.

For some veterans, providing psychoeducation about gender roles and corrective information to counter rape myths may help in deconstructing some of the societal messages that may be interfering with recovery. Specifically, education about gender socialization and conversations encouraging male veterans to examine what it means to be a man and the extent to which they want their identity to be tied to traditional conceptions of masculinity can be helpful. Similar conversations about the way the status of women in the military context and the hypermasculinity of the military environment have influenced them may be useful with women veterans.

At a systemic level, it is important to consider the extent to which attitudes and beliefs of health care providers serve as barriers to disclosure and receipt of treatment, as unfortunately, providers may be as susceptible to endorsing gender role stereotypes and rape myths as are other individuals in our society (Turchik & Edwards, 2012). Other systemic issues of concern include the general lack of awareness of military sexual assault and harassment as an issue for men and the correspondingly fewer specialized community services in this area targeting men’s specific recovery needs (Turchik & Edwards, 2012).

That said, the issue of gender-specific services for veterans who experienced military sexual assault or harassment is a complicated one. Two recent qualitative studies (one with men, one with women) indicated that most men and women have preferences regarding the sex of their treatment provider; all women expressing a preference identified a woman provider as their preferred choice (Turchik, Bucossi, & Kimerling, 2014; Turchik, McLean, Rafie, Rosen, & Kimerling, 2013). These findings are thematically consistent with concerns we have
encountered from veterans regarding treatment in mixed-gender groups or settings. There are indisputable benefits to single-gender treatment environments and to meeting requests regarding provider gender. Indeed, these may be crucial features of treatment at certain phases of recovery, such as when a veteran is initially engaging in treatment or when addressing particularly sensitive gender-specific issues. It is also important to consider the potential benefits of receiving treatment in a mixed-gender environment or from a provider with whom the veteran initially expresses some discomfort. Positive experiences in these settings have the potential to be incredibly therapeutic by challenging beliefs about individuals of a certain gender and increasing the veteran’s sense of mastery. Conceptually, this can be thought of as an exposure task, comparable to the confrontation of feared stimuli and situations that may be a part of treatment more generally. It is important to approach these issues thoughtfully, beginning by having a discussion with veterans to explore what is driving their request and to highlight the potential benefits of trying something outside their comfort zone. Ultimately, it may prove most appropriate to accommodate veterans’ requests in this regard, but a discussion of these issues can at least plant the seed for revisiting the issue in the future.

Across all these intervention efforts, it is crucial to remember that sexual assault and harassment’s toxicity comes, in part, from the conflicts it creates for core aspects of our being, such as our understanding of ourselves and our world. Survivors of military sexual assault and harassment often have few sources of support to turn to in recovering from these profound challenges. Fortunately, social workers are well positioned to be one of those key sources of support, providing assistance that is sensitive to veteran survivors’ unique needs and ultimately invaluable to their recovery.

REFERENCES


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**Forty Years in Social Work**

**Reflections on Practice and Theory**

Christopher Rhoades Dykema

*Forty Years in Social Work* is a personal memoir that blends a recounting of Christopher Rhoades Dykema’s experience with the search for a theory of social work that helps to explain the social and psychological contexts of his practice. This professional work reveals many facets of Dykema’s life as a social worker from the 1960s into the first decade of the 21st century. It is a testament to his commitment to the profession’s need for theory building; it presents a history of social welfare over 40 years; and it links accounts of his interactions with clients to an effort to place his practice experience in the broadest possible context. The stories are sometimes funny, sometimes tragic, and sometimes poignant, but they are always distinguished by Dykema’s pursuit of the theory or theories that would best explain what he experienced.


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