**Same-sex sexual violence in the military – A scoping review**

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**ABSTRACT**

**Introduction:** Sexual violence (SV) is a globally prevalent issue, and the majority of research focuses on the historical view of SV as an act perpetrated by men against women. Same-sex sexual violence (SSSV) incidents represent a small proportion of recorded sexual offenses, therefore prevalence and consequences of this have received little attention. Male-dominated occupations, such as the military, are associated with higher rates of SV and data points to a particular vulnerability to SSSV of male service personnel (SP).

**Methods:** This review aims to map the literature pertaining to SSSV in the military. A comprehensive scoping review methodology was adopted, as outlined by Arksey and O’Malley (2005). Four databases were searched for English language, peer-reviewed, original research papers that were focused on SSSV in the military context.

**Results:** Eleven papers were identified that met the criteria for inclusion; 10 originated from the United States and one from South Korea. Themes identified included prevalence and nature of SSSV in the military, characteristics of survivors and perpetrators, barriers to reporting, and the outcomes associated with SSSV in the military.

**Discussion:** The evidence that does exist suggests that male SP are particularly at risk of SSSV, and experience poorer psychological and social outcomes due to SSSV compared to female SP, and those who experience opposite-sex sexual violence (OSSV). More research is required internationally to provide accurate and up-to-date estimates of prevalence, and to account for cultural and structural differences in military organisations.

**INTRODUCTION**

The majority of the literature around military sexual violence (SV) has focused on the traditional victimisation of women by men. However, reports of same-sex sexual violence (SSSV) in the form of hazing or initiation of new recruits, including physical and sexual abuse by superiors, has been the subject of international media interest in recent years1-3.

The World Health Organisation (WHO) defines SV as: “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the survivor, in any setting, including but not limited to home and work”4. Whilst international prevalence rates of SV are consistently found to be higher in women than men5, 6, significant numbers of men are affected7. Although same-sex incidents represent a small proportion of recorded sex offences8, little research has been published on the prevalence and consequences of SSSV.

The act of physical and sexual aggression has been linked to hyper-masculinity9, 10. Hyper-masculinity is defined by extreme adherence to the masculine gender role, including exaggeration of aggression and dominance11, and is associated with male-dominated occupations, such as the military. Research in the U.S. has found rates of SV to be higher in military compared to civilian populations12, and surveys of Service Personnel (SP) in the UK and Canada suggest highly sexualised military environments, characterised by misconduct ranging from sexual jokes and banter to sexual assault (SA)13-15.

Masculine banter, including that of a sexual nature, and a general acceptance of this behaviour is evident in the military environment16, 17, making it difficult for SP to report SV. Rates of official reporting are low in comparison to results from self-report questionnaires18, 19, with SP reporting they are fearful of, or have experienced, negative consequences on their career13, 14, 17.

Surveys carried out in the U.S. military suggest that SSSV may be particularly prevalent for male SP. In the 2014 Military Workplace Study, whilst only 1% of all male SP reported any type of SA (compared to 5% of female SP), 70% of servicemen who had been sexually assaulted in the past year reported the perpetrator was of the same gender, compared to just 2% of women who experienced SV20. More recently, the U.S. Department of Defense (DoD)21 reported 52% of servicemen and 8% of servicewomen who experienced SA in the past year reported SSSV.

Survivors of SSSV are less likely to report incidents, compared to survivors of other sex sexual violence (OSSV), due to fear of not being believed, and historic cultural beliefs that SSSV does not occur22, 23. SSSV has received little organisational or academic attention in comparison to OSSV. This scoping review aims to examine the international peer-reviewed literature pertaining to SSSV in the military, and to elucidate what is known about the prevalence and consequences for both the individuals affected and the military as a whole.

**METHODOLOGY**

A scoping methodology24, was adopted for this review, as it suited the broad aim of examining the literature and gaps in research pertaining to SSSV in the military. The authors included peer-reviewed published literature of any experimental methodology and originating from any location. Arksey and O’Malley24 provide a comprehensive five-stage framework, outlined below.

**1. Identifying a research question:**This should include the study population, any outcomes, exposure or intervention. The research question was: What is known from the existing peer-reviewed literature about SSSV in the military? The authors included only the study population (military) and exposure (sexual violence) as part of this scoping review. The authors decided not to specify outcomes, due to interest in any evidence of prevalence, outcomes, causes and prevention/intervention strategies in the literature. The WHO definition of SV outlined in the introduction was used, due to the international focus of the review4.

**2. Identifying relevant studies:**The following databases were searched: EBSCO (including PsychInfo, PsychARTICLES, MedLine, CINAHL Plus), ProQuest Central (including ProQuest Military Collection, ProQuest Psychology Database, ProQuest Social Sciences Database, Proquest Public Health Database), Web of Science, Scopus and PubMed. Search terms and Boolean phrases used are outlined in Table 1 and centred on variations of the key words ‘same-sex’, ‘sexual violence’ and ‘military’.

**[insert Table 1]**

**3: Study selection:**The initial database search returned 5,697 papers. Following exclusion of all papers other than peer-reviewed journal articles, 5,632 papers remained. Both authors reviewed the titles and abstracts of the papers based on the inclusion and exclusion criteria outlined in Table 2. Inclusion was based on the paper having a substantive focuson SSSV. Following a review of the titles and abstracts, 17 full text papers remained and were reviewed independently by both authors. Both authors read the full versions of each paper and categorised them as relevant, potentially relevant, or not relevant. Those deemed to be not relevant included papers that did not meet the full inclusion criteria. Those in the potentially relevant category included papers that mentioned SV within the military but did not have a substantive focus on this. Reference list and citation searches two additional papers. Eleven papers met the full inclusion criteria. Figure 1 shows the full scoping review process.

**[Insert Table 2] [Insert Figure1]**

**4: Charting the data:**The following information was extracted and charted: title, author, year, journal, and location of research participants, study aim or objective, methodology type, outcome measures, and main results/findings.

**5: Collating, summarizing and reporting the results:**The articles were read by both authors and data summarized. Certain themes emerged across the 11 papers and the charted data and a summarized analysis of the 11 research papers are shown in the results section below (Table 3).

**[Insert Table 3]**

**RESULTS**

Of the 11 papers included, one paper was published in 1984, with the remaining 10 papers published between 1999 and 2019. Ten papers originated from the U.S. and one from South Korea. Five papers reported quantitative methods, two studies used a mixed-methods approach, two were qualitative, and two reviewed patient case records. The terms of reference used within the papers reviewed included sexual harassment (SH), SA, SV, rape and military sexual trauma. Table 4 shows the behaviours studied/definitions used for each study. Four papers included SH behaviours only, three papers included SA only, and four papers included both SH and SA.

**[Insert Table 4]**

The following themes were identified: the prevalence and nature of SSSV in the military, characteristics of survivors and perpetrators, barriers to reporting, and the outcomes associated with SSSV in the military.

**The prevalence and nature of SSSV in the military**

Five papers reported on the prevalence of SSSV in the U.S. military using data from DoD surveys of SP. Four papers reported on data collected from all service branches (one from 1988, two from 1995, one from 2002), and one paper reported on data collected from army SP only (in 1990)25-29. Respondents were asked about experiences of SH, and one study included SA (see Table 4). Prevalence rates were reported as a percentage of those who experienced an incident of SV in the past 12 months. Between 1988 and 2002, reports of SSSV across all service branches in those who experienced SV increased from 35% to 53% in male SP and remained at 1-2% for female SP25-28. In the army-only sample in 1990, a 26.6% prevalence rate was reported in those who have experienced SV, but this was not split by gender29.

Interestingly, the study that included both SH and SA behaviours reported on the lower end of prevalence rates (35% males, 1% females)25. The absolute number of SP reporting military SSSV was available for 1995 and 2002 only (i.e. as a proportion of the entire sample)26-28. This suggested that between 10.1-13.2% of male SP and 1.1-7.1% of female SP experienced SSSV in the past 12 months26-28. A study with former reservists30 collected responses to the DoD Sexual Experiences Questionnaire31 via telephone interview. This study found that a higher proportion of male versus female former reservists who experienced SH in the past 12 months reported SSSV (78% vs 12% respectively). In U.S. treatment-seeking Veterans32 a much lower prevalence rate of SSSV 0.5% was reported. However, this study did not include incidents of SH, and did not report on female experiences of SSSV.

U.S. males SP experiencing SSSV were more likely to report behaviours associated with sexual hostility and masculine superiority (rape, sexist and crude remarks, display of offensive sexual material) compared to male SP experiencing OSSV25, 26, 28. No differences were reported in the types of behaviours associated between SSSV and OSSV in female SP.

A qualitative study of U.S. male Veterans33 reported on experiences of OSSV and SSSV, including SH and SA behaviours. SSSV behaviours included male higher-ranked perpetrators making unwanted sexual advances, gang rape by male peers as part of initiation/hazing, and SA by a male mentor. OSSV behaviours included sexual coercion by higher-ranked women, and threats of a SA accusation if they didn’t comply with advances by similarly-ranked women.

A survey of 671 male SP from the South Korean military34 found a high frequency of SSSV at any time during military service (SH or SA: 15.4%), with 83.5% of SSSV survivors reporting an incident on two or more occasions34. The most common type of SV experienced involved inappropriate touching, including forceful hugging (41.2%), touching chest/buttocks (33.5%) or genitals (12.9%). There were no reports of OSSV in this sample.

**Characteristics of survivors and perpetrators**

Two papers reporting DoD data found that male SP who experienced SSSV were more likely to be younger, at a lower pay grade and of a lower rank than their perpetrators compared to those who experienced OSSV25, 28. Male SP who experienced SSSV were more likely to work in male-dominated environments than those who reported OSSV28. No significant difference was found in perpetrator characteristics for female SP who experienced SSSV compared to OSSV25.

Perpetrators were also reported to be of a higher rank in 81.2% of male SP who experienced SSSV in the South Korean sample34. Furthermore, SP who experienced SSSV were described by survey respondents in submissive terms, as “cute” or “submissive”. Interestingly, 56% of SP who experienced SSSV in this sample also reported perpetrating this behaviour. Of those who perpetrated SSSV, 83% reported being victims of SSSV when they were of a lower rank.

In U.S. treatment-seeking male Veterans (n=7), some survivors of male-on-male SA (four out of seven participants) were also survivors of childhood sexual abuse (CSA)35, supporting previous research that shows repeated victimisation is common in SP who have experienced CSA36.

**Barriers to reporting**

Six of the papers reported on barriers to reporting military SSSV. DoD survey data26 suggests that male SPs who experience SSSV (compared to OSSV) were less likely to take formal action, due to concerns it would make their work situation unpleasant, fear of being labelled a troublemaker, not knowing what action to take, and believing nothing would be done25. Male SP who experience SSSV (compared to OSSV) were also less likely to recognise their experience as SV28. Barriers to reporting were not reported for female SP in these studies.

U.S. treatment-seeking Veterans report barriers to reporting SSSV including fears of being punished, negative consequences for their careers, and not being believed by their superiors35, 37. In one study35, none of the male Veterans reported their assault, and felt the focus on female survivors of military SV made it difficult for them to take formal action. Male Veterans felt that male rape myths (e.g. males cannot be raped, male rape survivors are homosexual) were amplified by a hypermasculine military culture and were scared of being victimised further by reporting their assault35, 37. This is supported by a qualitative study of male Veterans33, in which barriers to reporting also included male rape myths, fear of being labelled as gay, and fear of discharge from the military as a result of the “Don’t Ask, Don’t Tell” policy of the U.S. Military. In the South Korean sample34, similar fears of not being believed, a lack of faith in the reporting system, and feeling unable to confront superiors were reported.

**Outcomes and consequences of SSSV**

U.S. DoD surveys26, 29 found male SP who report SSSV (compared to OSSV) reported significantly higher emotional and physical health concerns. No differences were found for women dependent on perpetrator gender. However, female SP who self-report SSSV were found to have a more negative attitude towards their own gender compared to male SP.

Poor psychosocial outcomes were associated with treatment-seeking male Veteran SSSV survivors32,35,37, with two papers reporting males experienced increased psychological symptoms compared to females35, 37. Additionally, it was suggested male survivors of SSSV are more likely than females to question their gender identity, leading to hyper-sexual, hypermasculine behaviours35. This is supported by a qualitative study of male U.S. Veterans33, which found those who experienced SSSV reported negative attitudes towards gay men following the incident (homophobia) and increased displays of masculinity to prove their heterosexuality.

Four papers highlighted that SP who have experienced military SSSV are more likely to be unsatisfied with their jobs and want to leave the military25, 26, 28, 29, which has the potential to impact on retention and operational readiness for the military organisation. The impact of SSSV on job satisfaction was found to be higher in male compared to female SP25. The total cost annually of SSSV in the U.S. Army was estimated to be over $95,000,00029.

**DISCUSSION**

This scoping review aimed to outline what is known about SSSV within the military from existing peer-reviewed literature. The identified themes outlined what is known about the prevalence and nature of military SSSV, characteristics of survivors and perpetrators, barriers to reporting and the impact on the individual and military organisation. Most papers focused on male survivors of military SSSV and tended to emphasise the detrimental impact on males compared to females and survivors of OSSV, both in terms of prevalence and outcomes. Comparisons between SSSV and OSSV were inconsistent across papers but are highlighted where possible.

Large scale U.S. survey data indicated that, while female SP were more likely to experience SV in general, male SP were more likely to report SSSV (10.1-13.2% of male SP, and 1.1-7.1% of female SP)25-28. This is supported by RAND and DoD survey data20, 21 which reports higher rates of SSSV in male compared to female SP in those reporting any incident of SV (RAND: 70% vs 2%, DoD: 52% vs 8%). This is in line with SSSV prevalence rates in the civilian population, which suggest men are proportionately more likely than women to experience SSSV6, 38, 39. Significant variation was seen in the prevalence of SSSV and an increase over time in male SPs reporting SSSV was noted in the DoD survey data25-28. This variation is likely due to differences in the samples and procedures used (see Limitations). Whilst this significantly limits comparison across studies, higher rates of SSSV in male compared to female SP was a consistent result in studies that made this comparison.

The SSSV behaviours reported by male SP were more often in line with what could be considered hazing/initiation, compared to those reported for OSSV25, 26, 28, 34. Indeed, the hazing/initiation of new recruits is often reported in the military context and includes using both physical and sexual abuse to assert hierarchy20, 34. SP may not acknowledge hazing as an act of violence or may feel too intimidated to make a complaint. Interesting, no difference was found in the type of behaviours reported for SSSV vs. OSSV in women SP26-28. This may be due to the low levels of SSSV reported in women, which does not allow for meaningful comparison within the sample.

The reviewed research found that perpetrators of military SSSV were often of a higher rank than their victims25, 28, 34, which may impact on the likelihood that incidents are formally reported34. Indeed, barriers to reporting commonly included fear of not being believed or experiencing negative consequences for their career, and a lack of faith in the reporting system25, 28, 34, 35. These barriers are also seen in those reporting OSSV in the military13, 14. For male SP who experienced SSSV, barriers to reporting also included stigma associated with male rape, and fear of being perceived as weak, feminine or homosexual33, 37. These findings suggest that SSSV, particularly for male SP, may be used to assert the hierarchical and hyper-masculine culture inherent in the military, creating an environment in which incidents of SV are unrecognised and unreported. This is supported by assertions from perpetrators in the South Korean sample34, within which SV was described as a mechanism to control others. Perpetrators referred to victims in a feminising manner (i.e. “cute” or “submissive”), and victims described the right of higher-ranking officials to treat lower ranks as they pleased.

Male survivors of SSSV were suggested by some papers to experience increased emotional and physical health concerns compared to female survivors of SSSV, and survivors of OSSV25-27, 35. Furthermore, male survivors of SSSV report questioning their sexual and gender identity25, 34, 35, 37, as well as increased negative attitudes towards gay men and displays of heterosexuality33. This may relate to the pervasive nature of male rape myths reported in the military environment (e.g. that “real” men are not raped, that male survivors must be homosexual)37, 39, which may lead male survivors of SSSV to compensate with hypermasculine behaviours33.

The nature of the military environment means survivors of SV may continue to work alongside the perpetrator. Indeed, affected SP reported feeling uncomfortable at work, and losing respect for their colleagues25, 26, 28. This may affect unit cohesion and operational readiness, leading to a costly retention issue for the military29.

**Limitations**

Some limitations are of note. Only three out of 11 papers were published in the past decade, limiting the relevance of the data, and highlighting the need for up-to-date academic research. The papers were predominantly from the U.S., limiting the generalisability of the results. Importantly, the method and procedures used across studies varied significantly. The samples were not consistent in their inclusion of current and ex-serving personnel, or specific service branches. This distinction is important, as barriers to reporting whilst serving may lead to an underestimation of the problem. Most Veteran samples were limited to those who had sought formal help, and as such, results cannot be generalised to SSSV survivors who have not sought help. There was also inconsistency in the inclusion of both genders, with four papers including only male SP. Conversely, some studies purposefully oversampled female SP, as they are proportionately more likely to experience SV. This inconsistency limits the ability to compare the prevalence, response and outcomes of SSSV by gender. Finally, there was variance in the inclusivity of SV behaviours (i.e. SH and/or SA) (Table 4), making comparison difficult across studies. As a scoping review, this paper seeks to provide an overview of the available literature in the area, rather than an in-depth comparative analysis.

**Implications for research**

There is a significant lack of accurate and up-to-date prevalence rates for SSSV in military organisations internationally. Several of the estimates provided were significantly out of date and limited predominantly to the U.S. context. Accurate prevalence rates broken down by SH vs. SA behaviours will be imperative to ascertain the scale of the problem and begin to tackle this issue.

The experience and outcomes of military SSSV focused predominantly on heterosexual males. Considering the rise in the number of women entering the military, and the recent inclusion of LGBT SP in many westernised militaries, it will be important for future research to consider the differential effects of SSSV for female and LGBT SP. Indeed, women and LGBT SP are more likely to experience military SV in general40.

**Implications for policy and practice**

The literature reviewed suggests that male SP are more likely to experience SSSV and may report greater health concerns than female SP. As such, this gender difference needs to be considered when discussing the support needs of survivors. Clinicians need to consider that the support needs of SSSV survivors, particularly male survivors, may be distinct from OSSV. The papers reviewed emphasised the need for practitioners to understand both the military and gender-specific context, and gender-specific support services were suggested37.

The military need to ensure that definitions around SV, including SSSV, are understood and acknowledged as an illegal act rather than hazing rituals, with the same level of consequences for both20. Reporting mechanisms should be clear and understood across the rank structure. Greater knowledge of SSSV and the negative impact of male rape myths may help to increase reporting rates. Furthermore, the military should ensure that SP are not adversely affected when reporting SV, particularly if the perpetrator is of a higher rank.

**Conclusion**

There is a paucity of international research regarding SSSV in the military. The existing small literature base suggests that whilst female SP are most at risk of experiencing SV in general, male SP are proportionately more likely to experience SSSV (compared to female SP and compared to OSSV). Furthermore, the psychosocial impact of SSSV may be emphasised in male compared to female SP. Research looking at the impact on military organisations suggests huge annual costs, and the potential to impact on operational readiness and retention. However, the available evidence is dated and predominantly U.S.-based. Further research is required internationally to fully understand the impact on the individual and the military, and to inform policy and practice in tackling this issue.

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