

UNITED STATES DEPARTMENT OF DEFENSE

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RESPONSE SYSTEMS TO ADULT SEXUAL ASSAULT
CRIMES PANEL

ROLE OF THE COMMANDER SUBCOMMITTEE

+ + + + +

THE COMMANDER'S ROLE IN PREVENTION
OF SEXUAL ASSAULT

+ + + + +

WEDNESDAY
FEBRUARY 12, 2014

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The Subcommittee met in Suite 150
at One Liberty Center, 875 North Randolph
Street, Arlington, Virginia, at 9:00 a.m.,
Barbara Jones, Chairman, presiding.

PRESENT:

Honorable Barbara Jones, Chair
Major General John Altenburg, Retired
Joye Frost
General Carter Ham, Retired
Professor Elizabeth Hillman*
Honorable Elizabeth Holtzman*
Vice Admiral James Houck, Retired*
Colonel Lisa Turner

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PRESENTERS:

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Victoria Banyard, PhD, University of New
Hampshire

Kathleen Basile, PhD, Centers for Disease
Control and Prevention (CDC)*

Sergeant Major Mark Allen Byrd, Sr., U.S.
Marine Corps

Sarah DeGue, PhD, CDC*

Benje M. Douglas, National Sexual Violence
Resource Center

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Response Office (SAPRO)

Colonel Karen Gibson, U.S. Army
Senior Master Sergeant Patricia Granan,
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Jackson Katz, PhD, Mentors in Violence
Prevention Program*

Command Master Chief Marilyn Kennard, U.S.
Navy

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Sharyn J. Potter, PhD, MPH, University of New
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Beth Reimels, CDC*

Andra Teten Tharp, PhD, CDC*

Command Sergeant Major Pamela Williams,
U.S. Army

Colonel Litonya Wilson, Chief of Prevention
and Victim Assistance, DoD SAPRO

Kelly Ziemann, Iowa Coalition Against
Sexual Assault

STAFF:

Colonel Patricia Ham, Staff Director
Lieutenant Colonel Candace L. Hunstiger,
Designated Federal Official

Lieutenant Colonel Kyle Green, Senior Attorney

* present by teleconference

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1 P-R-O-C-E-E-D-I-N-G-S

2 9:04 a.m.

3 LT COL HUNSTIGER: Welcome,
4 everyone, to the Response Systems Panel. The
5 meeting is now open, and I'll turn it over to
6 Judge Jones.

7 COL HAM: Actually, this is a
8 meeting of the Role of the Commander
9 Subcommittee.

10 JUDGE JONES: Thank you. The Role
11 of the Commander Subcommittee meeting today
12 concerns the topic of the commander's role in
13 the prevention of sexual assault. And we have
14 a full day, and we're very pleased to begin
15 with Dr. Andra Tharp from the Centers for
16 Disease Control and Prevention. Dr. Tharp,
17 can you hear me?

18 DR. THARP: Yes. Can you hear me?

19 JUDGE JONES: We can. Thank you
20 so much for being able to participate today.
21 We very much appreciate it.

22 DR. THARP: Oh, my pleasure. Are

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1 you ready for me to jump right in?

2 JUDGE JONES: We are ready for you
3 to jump right in. Thank you.

4 DR. THARP: All right. Well,
5 thank you again for inviting us to talk with
6 you this morning and for your accommodating me
7 to present on the phone. I'm right on the
8 verge of maternity leave, and we're in the
9 middle of an ice storm here, so I really do
10 appreciate your flexibility.

11 I'm joined by my colleagues from
12 CDC, Beth Reimels, Kathleen Basile, and Sarah
13 DeGue. And today I'm going to share with you
14 CDC's approach to preventing sexual violence
15 perpetration. This presentation includes a
16 lot of information, and I'm not sure what you
17 may already be familiar with, so I'm going to
18 move fairly quickly through the information.
19 And then we can use the discussion to focus on
20 areas in which you might have questions or
21 want more details.

22 I've also included a fair amount

1 of detail on the slides because we aren't
2 there in person so that, hopefully, you can
3 refer to them later, if needed. But we won't
4 necessarily go through every detail unless you
5 have questions.

6 And that said, in the interest of
7 time and also given the meeting format, it
8 probably would be best to hold questions until
9 the end, if that's acceptable to you all.

10 JUDGE JONES: That sounds fine.
11 And I think I just heard -- is it Sarah DeGue
12 who has joined the call?

13 MS. DEGUE: Yes, Sarah DeGue.

14 JUDGE JONES: Thank you. Okay.

15 DR. THARP: All right. I'm moving
16 to slide number two. So today I'm going to
17 provide a brief overview of the public health
18 approach to violence prevention and then walk
19 through that approach and provide specific
20 information about the risk and protective
21 factors for sexual violence evaluation and
22 effectiveness, what works and what doesn't in

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1 sexual violence prevention, and then, finally,
2 I'm going to pull it all together by talking
3 about comprehensive approaches.

4 Next slide. So before I get
5 started, I do want to acknowledge that a
6 public health approach is just one approach to
7 violence prevention. I'm not sure what each
8 of your backgrounds are, but the chances are
9 that your discipline has its own perspective
10 to address the issue. So some of the
11 information that I share today may be very
12 familiar, some of it might be similar but
13 called something different in your discipline,
14 or it might be new information.

15 Next slide, please. So I'm on
16 slide four. So once a problem is defined as
17 a public health problem, several things are
18 defined. For example, we know that our target
19 population is the entire population. A public
20 health approach also depends on partnerships
21 because multiple levels are targeted, and I'll
22 talk more about that in a moment, and

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1 prevention involves multiple sectors.

2 It also means that we use the same
3 science that's used in HIV and TB prevention
4 and apply that to violence. A major component
5 of that is using data at each stage to drive
6 our decisions.

7 Slide five. So in order to set
8 the stage for the information about sexual
9 violence that I'm going to share with you, I'm
10 going to very briefly introduce you to the
11 main elements of a public health approach to
12 prevention. In this approach, we use two
13 frameworks: the public health model and the
14 social ecological model. We describe
15 prevention in two different ways, and we use
16 principles of prevention or the best practices
17 of prevention.

18 Next slide. So the public health
19 model simply suggests that first we define the
20 nature, magnitude and burden of a problem. We
21 then identify the risk and protective factors
22 for that problem, use the information to

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1 develop and test prevention strategies that
2 address the risk and protective factors. And
3 once we identify the strategies that work, we
4 work to ensure that these strategies are
5 widely used.

6 Next slide. The second framework
7 that we use is the social ecological model.
8 This simply suggests that we all exist in a
9 variety of contexts and that, because risk
10 factors can occur in each context, from our
11 individual characteristics to our
12 relationships, community, and society, that
13 prevention strategies should also be
14 implemented in each context.

15 Next slide. There are two ways to
16 describe prevention. The first is based on
17 the timing of the strategy. And in this
18 approach, primary prevention is stopping
19 violence before it occurs. Secondary is an
20 immediate response or a prevention of
21 recurrence of the violence. And tertiary is
22 a longer-term response which, from a

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1 perpetration perspective, would be prevention
2 of recidivism and, from a victimization
3 perspective, would be amelioration of negative
4 consequences of violence.

5 A second way is based on the
6 population targeted for the strategy, and I'm
7 on slide nine right now. A universal approach
8 is applied to everyone without regard to risk.
9 This would be a policy or a billboard that
10 everyone is exposed to. A selected or
11 targeted approach is applied to those at
12 heightened risk for violence, and an indicated
13 approach is applied to those already
14 demonstrating violent behavior. Another
15 implication of the delivery of prevention is
16 that universal prevention approaches reach the
17 most people and indicated are delivered to the
18 fewest.

19 There are two things to be aware
20 of regarding the types of prevention. First,
21 the two approaches, the timing and delivery,
22 can be combined such that a primary prevention

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1 approach or efforts to stop violence before it
2 begins can be delivered universally or only to
3 those at risk.

4 Also know that the terms secondary
5 and selected are often used interchangeably in
6 the field, even though they are different. So
7 it can lead to confusion.

8 Next slide. So the nine
9 principles of prevention are considered the
10 best practices in prevention. They were
11 developed by an American Psychological
12 Association task force based on a review of
13 effective programs for issues like
14 delinquency, substance use, and sexual risk
15 behaviors. The principles are that a program
16 should be based on theory and research. This
17 means that there is some scientific
18 justification for doing what we are doing.

19 Oftentimes, we see approaches
20 implemented that seem like they should have
21 benefits, but, in fact, they are either
22 ineffective or do harm. Two classic examples

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1 of this are the Scared Straight programs and
2 the D.A.R.E. program or D.A.R.E. to Keep Your
3 Kids Off Drugs, if you're familiar with that
4 program. Evaluations of these programs showed
5 that, in the best case, there's no effect and,
6 in the worst case, some kids actually got
7 worse.

8 So the important thing to remember
9 is that prevention is not a neutral
10 enterprise. Programs can have no effect, they
11 may prevent sexual violence, or they may make
12 things worse and actually increase the
13 likelihood of rape. Therefore, it's critical
14 to build strategies from the best available
15 science.

16 Other principles include promoting
17 positive relationships in programs.
18 Oftentimes, we spend the majority of our time
19 telling people what we don't want them to do,
20 rather than teaching them how to have healthy
21 and safe relationships. Prevention programs
22 should also be appropriately timed in

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1 development, meaning that they are implemented
2 at the time that they can have the most
3 impact, and they should be comprehensive in
4 that they include multiple components and
5 effect multiple strategies to address a
6 variety of risks and protective factors.

7 So I'm moving to slide 11. So
8 prevention programs should also use varied
9 teaching methods. In other words, clicking
10 through a PowerPoint and talking, just like
11 I'm doing right now, is probably one of the
12 worst strategies for building skills. And,
13 yet, many preventions use these kind of death
14 by PowerPoint approaches.

15 Prevention programs should also
16 reflect the culture of participants, use
17 evaluation to assess impact and effects -- I'm
18 going to talk more about this in a moment --
19 employ well-trained staff. And, finally, they
20 should be of sufficient dosage, which means
21 that giving participants enough of the
22 prevention for it to have an effect. This is

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1 one area that's particularly important for
2 sexual violence prevention because, as I'm
3 going to share with you in just a moment,
4 there are multiple risk factors for sexual
5 violence perpetration that occur from
6 childhood to adolescence to adulthood, across
7 settings and relationships. And, yet, the
8 most common sexual violence prevention program
9 is one-hour long and it just isn't enough time
10 to address the risks for sexual violence. So
11 prevention programs must be of a length that
12 is commensurate with the risk of the
13 participants and with the problem that's being
14 addressed.

15 Next slide. So I'm on slide 12
16 now. So now I'm going to walk through the
17 public health model, now that I've kind of
18 laid the foundation, and provide the specific
19 information for sexual violence prevention at
20 each step.

21 Next slide. So although the main
22 focus of this presentation is not on defining

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1 the problem of sexual violence, because there
2 are different definitions used by different
3 groups, I wanted to share with you the CDC
4 definition and how I'll refer to sexual
5 violence for the presentation today.

6 So our definition is a broad
7 definition, which is that sexual violence
8 includes any coercive sexual act that is
9 committed or attempted by another person
10 without freely given consent of the victim,
11 including when the victim is unable to consent
12 or to refuse. And this includes both
13 penetrative and non-penetrative acts.

14 In terms of prevalence, you may
15 already be aware of our National Intimate
16 Partner and Sexual Violence Survey reports,
17 but I just wanted to mention that there is a
18 civilian sample and a military sample report,
19 and I've shared these with Kyle for quick
20 reference.

21 Next slide. I'm on slide 14.
22 Next, we'll discuss the risk and protective

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1 factors for sexual violence.

2 Slide 15. But before I jump in, I
3 wanted to mention that prevention strategies
4 can focus on a variety of individuals. Some
5 approaches are victim-focused, and these are
6 often referred to as risk reduction. The
7 downside of these approaches is that they can
8 unintentionally blame the victim. Other
9 approaches focus on preventing perpetration,
10 and newer strategies focus on bystanders or
11 influencers and gatekeepers.

12 The difference between a bystander
13 and an influencer is that a bystander is
14 present in the risky situation that could
15 involve sexual violence. So, for example,
16 present in a bar or at a party. An influencer
17 or a gatekeeper, like a healthcare provider or
18 a person in leadership, influences the
19 behavior of the perpetrator but is not present
20 in the risky situation.

21 At CDC, we tend to focus our work
22 on perpetration because we feel that stopping

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1 perpetration is the only guaranteed way to
2 stop the sexual violence. So everything I'm
3 going to discuss today, from risk factors to
4 programs, all focus on preventing
5 perpetration.

6 Next slide. I'm on slide 16 now.
7 So because these terms are used differently
8 across the field, I wanted to share with you
9 how we're defining risk and protective
10 factors. So for our purposes, a risk factor
11 increases the risk of violence; a protective
12 factor decreases the risk of violence or
13 buffers the effect of a risk factor.

14 To identify risk and protective
15 factors for sexual violence perpetration, CDC
16 conducted a review of 191 studies. These
17 studies included all types of sexual violence
18 and sexual violence perpetrators, including
19 adjudicated and non-adjudicated perpetrators.
20 That said, most of the work in this area has
21 been done with male-to-female sexual violence
22 perpetrated by male college students.

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1 Next slide. So based on our
2 review, here's some examples of risk factors
3 for perpetration of sexual violence that occur
4 at the individual and relationship levels of
5 the social ecology. The main message of this
6 slide is how many different domains of risk
7 contribute to sexual violence. Prevention
8 programs have traditionally focused on risk in
9 the area of gender-based cognition, such as
10 reducing rape and its acceptance or hostility
11 towards women. But there are a number of
12 other domains that are also associated with
13 sexual violence.

14 Slide 18. So along those lines,
15 we examine risk factor domains that were
16 consistently associated with sexual violence
17 across the social ecology. We identified two
18 domains that are typically not targeted in
19 sexual violence prevention but that represent
20 opportunities to partner with other areas of
21 public health and that have many evidence-
22 based strategies. These two areas are the

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1 presence and acceptance of violence, general
2 violence, not specific to sexual violence, and
3 the crosscutting area or the partner in public
4 health is youth violence prevention. The
5 other area is unhealthy sexual behaviors,
6 experiences or attitudes, and the crosscutting
7 area is sexual health, such as HIV prevention.
8 And when I talk about prevention programs,
9 I'll talk a little bit more about the
10 implications of these crosscutting areas.

11 Next slide. So there were two
12 main gaps that we identified in the research
13 that have implications for prevention.
14 Despite a recent focus of sexual violence
15 prevention at the community and societal
16 levels, very little research has examined
17 these factors. However, there's still
18 opportunities, which we'll discuss, that do
19 focus on community and societal level change,
20 such as working with policy and leadership.

21 The other gap is that very few
22 protective factors were identified. Some of

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1 these included empathy and emotional health.
2 But we really only found a handful of
3 protective factors that had support in the
4 literature.

5 Another gap that's not on this
6 slide but that I alluded to earlier is that
7 very little work has examined the risk for
8 male-on-male sexual violence. So at this
9 point, it's unclear if and how these factors
10 apply to that form of sexual violence.

11 I'm on slide 20 now. So as we
12 conclude this section, I wanted to briefly
13 discuss what risk-factor literature says about
14 some of the common themes in the sexual
15 violence field. One theme is that very few
16 men are actually responsible for sexual
17 violence. If we look at rape, we see that
18 across studies about six to ten percent of men
19 will report perpetrating rape. However, when
20 we look at the broader range of behaviors,
21 like those in the CDC definition, we see that
22 sexual violence is reported by a significant

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1 number of men in cross-sectional longitudinal
2 studies, which underscores the need for
3 universal and selected prevention.

4 So, for example, in one review, it
5 found that 25 percent of men across studies
6 consistently reported a wide range of sexually
7 violent behaviors. In some studies of
8 community and college men, up to half the
9 samples report some form of sexual violence.

10 Another theme is that there's
11 specific profiles of perpetrators, but this
12 simply hasn't been borne out in the research.
13 Conversely, we found in our review that 35
14 risk factors were consistently associated with
15 sexual violence, meaning that sexual violence
16 perpetrators are a heterogeneous group and
17 prevention approaches need to reflect the
18 breadth of risk factors that are associated
19 with sexual violence, rather than taking a
20 narrow approach based on a profile
21 perspective.

22 So that you're aware, some of the

1 profiles that are themes in the field suggest
2 that perpetrators always engage in other types
3 of violence, such as violence towards women
4 and children, that all sexual violence is pre-
5 meditated and doesn't have impulsive
6 characteristics, and that all sexual violence
7 perpetrators re-perpetrate.

8 So I'm moving to slide 21. So the
9 take-home messages from the risk factor
10 research are that there's no single cause of
11 violence and no single profile of a
12 perpetrator. Instead, there are multiple
13 domains of risk, that violence is the result
14 of factors interacting over time and across
15 settings and relationships. Effective primary
16 prevention addresses risk factors to prevent
17 subsequent violence, and the risk factors can
18 help determine either what individuals or
19 groups we target with prevention or the
20 content of specific prevention programs.

21 So slide 22. So moving on through
22 the public health approach or the public

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1 health model, we'll now focus on developing
2 and testing prevention strategies by
3 discussing what works and what doesn't in
4 sexual violence prevention.

5 Slide 24. So this slide describes
6 the framework developed by CDC that describes
7 how to capture the strength of the evidence
8 supporting prevention strategies. This slide
9 is difficult to see, and I sent Kyle a
10 separate PDF of the chart that might be
11 helpful so that you can zoom in on it and see
12 some of the details if you need to.

13 What I want to draw your attention
14 to are some of the elements that are
15 considered when determining how strong the
16 evidence is behind a program. So elements
17 such as the effects of the program, meaning
18 whether or not it worked; the design of the
19 evaluation, how rigorous it was; the potential
20 for replication of the program; the
21 implementation guidance, meaning are there
22 manuals, are there training materials

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1 developed that would allow someone else to
2 take that program and deliver it in another
3 setting; and whether or not the program has
4 been tested in the real world versus highly
5 controlled trials.

6 Next slide. So to expand on this,
7 some of the things to look for include that
8 the program has been evaluated using a
9 rigorous evaluation design that enabled
10 program effects to be attributed to the
11 program, rather than other factors. So this
12 means that some evaluation designs may show
13 changes in participants, but they're conducted
14 in a way that do not allow us to eliminate the
15 possibility that other factors actually
16 produced the change, rather than the program.
17 And I'm happy to expand on any of this during
18 the discussion period if it's not clear.

19 So another criteria is that
20 programs are evaluated for changes in
21 behaviors. And we use this as a higher
22 threshold at CDC because we really want to see

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1 programs stop the violence, rather than simply
2 change attitudes associated with violence.
3 And, finally, another criteria is that the
4 behavioral effects are sustained over time,
5 that we see lasting change.

6 So programs not meeting these
7 criteria can be considered promising or in
8 need of more research but not effective. And
9 I mention this because effective is a term
10 that's used in different ways in the field,
11 and it can be really misleading when a program
12 doesn't meet these criteria but calls itself
13 effective. So using programs that are based
14 on the best available evidence should be the
15 first line of action because this provides the
16 greatest confidence that the resources that we
17 devote to prevention will actually yield the
18 results that we need.

19 Next slide. So now I'm on slide
20 26. So sometimes we are asked if primary
21 prevention is even viable with sexual violence
22 because of this common perception that all

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1 offenders re-perpetrate. What we see when we
2 look at longitudinal studies of sexual
3 violence is that there are opportunities
4 across development for primary prevention and
5 that studies have consistently identified
6 groups of non-aggressive men with whom we
7 would use primary prevention; men who have
8 perpetrated in the past and not re-
9 perpetrated, and these are oftentimes referred
10 to as desisters, and we would use secondary
11 and tertiary prevention with these men; those
12 who have previously not perpetrated and they
13 started over the course of the study, and
14 these are individuals who could have
15 benefitted from primary and are now ready for
16 secondary prevention; and then those who do
17 re-perpetrate or persisters who need tertiary
18 prevention. So this suggests that there's
19 always a group of individuals who would
20 benefit from primary prevention.

21 Next slide. I'm on slide 27 now.
22 So to better understand what works in sexual

1 violence prevention, CDC conducted a review of
2 sexual violence primary prevention programs to
3 identify effective programs and strategies,
4 components or characteristics of programs that
5 increase or decrease effectiveness, promising
6 approaches that are in need of further
7 research, and gaps in the evaluation
8 literature. In this review, we applied the
9 criteria for effectiveness that I just
10 described, including rigorous evaluation
11 design, behavior change and so on.

12 Slide 28. So based on our review,
13 we identified two programs that have
14 demonstrated evidence of effectiveness in
15 reducing sexually violent behavior using a
16 rigorous evaluation design. I'm not going to
17 go into a lot of detail about these two
18 programs because the age groups that they were
19 developed and evaluated for, middle and high
20 school youth, do not match the military
21 population. So even though some elements can
22 be learned from these programs, as packaged,

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1 they would not be appropriate for military
2 use. But I just want to give you a sense of
3 what these programs entailed.

4 So Safe Dates was evaluated with
5 8th and 9th graders in rural and suburban
6 North Carolina. Safe Dates is a ten-session
7 classroom-based curricula that also includes
8 a play and a poster contest. In the
9 evaluation, it showed primary and secondary
10 prevention effects on multiple forms of
11 violence, including sexual violence. These
12 effects were sustained at a four-year follow-
13 up. The curriculum teaches skills such as
14 conflict resolution and emotion regulation.

15 Shifting Boundaries has both a
16 classroom curricula and a school-level
17 intervention. But the only part of the
18 program that was effective was the school-
19 level intervention. This included things like
20 posters to raise awareness, hot spot mapping
21 in which the youth would take a map of the
22 school and indicate areas where they felt safe

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1 and unsafe, and then the school administration
2 would use the maps to increase monitoring of
3 the areas in which the youth didn't feel safe,
4 such as bathrooms or courtyards. And the
5 third portion of the school-level intervention
6 were respecting boundary agreements, which, in
7 a lot of ways, were school versions of
8 protective orders.

9 Next slide, please. So I'm on
10 slide 29. So in terms of promising
11 approaches, we found that multiple-session
12 programs with skill-building components,
13 programs that used a bystander approach or
14 programs that address sexual violence in the
15 context of dating violence, all hold great
16 promise for sexual violence prevention as they
17 reduce risk factors for sexual violence that
18 had not yet been evaluated for behavior
19 change.

20 Slide 30. So three examples of
21 promising bystander programs are Coaching Boys
22 into Men, which is delivered by high school

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1 coaches to male athletic teams, Bringing in
2 the Bystander and Green Dot. Bringing in the
3 Bystander and Green Dot had both been used
4 with college samples with some positive
5 results.

6 Slide 31. So our review also
7 uncovered an area that doesn't work for
8 prevention. These are one-session programs.
9 We reviewed 93 one-session programs, most of
10 which were less than an hour, and none of
11 these studies found effects on behavioral
12 outcomes. Even when effects on attitudes or
13 knowledge were found, the effects were not
14 sustained at follow-up.

15 So the reason for this may be that
16 they were of insufficient dose, they were
17 simply too short; they used a passive audience
18 versus multiple teaching modalities to
19 transfer skills; or they didn't address the
20 critical risk factors.

21 Slide 32. So taken together, our
22 review showed that one-session programs are

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1 likely insufficient to change behavior;
2 programs with multiple sessions that focused
3 on skill-building and active participation
4 were more likely to have effects that
5 persisted; and bystander, dating violence, and
6 social and emotional skills-based programs
7 looked promising but more research is needed.

8 Slide 33. So what do we do if
9 there are only two evidence-based programs?
10 Using a public health approach, if there isn't
11 an evidence-based strategy that's a good fit
12 for your population, we move to evidence-
13 informed prevention in which programs should
14 be developed, selected or adapted based on
15 known risk and protective factors which we
16 talked about, the principles of prevention or
17 the best practices that I shared with you, as
18 well as the best available research evidence.

19 Slide 34. So we can also look to
20 other areas of public health that have
21 effective programs that can reduce sexual
22 violence risk factors. So three promising

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1 domains exist, but I'll just focus on the two
2 in bold: youth violence and alcohol policy.

3 Slide 35. So if we look to the
4 field of youth violence prevention, which
5 targets violent behaviors such as fighting,
6 there are potential programs that could be
7 adapted for use in the military and for sexual
8 violence prevention. For example, life skills
9 training addresses a variety of behaviors that
10 are associated with a variety of risk
11 behaviors, such as substance use, peer
12 violence, sexual violence and suicide, that,
13 by targeting emotion regulation and conflict-
14 resolution skills which are taught in life
15 skills training, you may simultaneously
16 prevent multiple problem behaviors.

17 I've also included on this slide
18 two resources that are clearinghouses of
19 evidence-based programs that might be useful
20 if you're interested in exploring other
21 programs that could be adapted.

22 Slide 36. So youth violence also

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1 uses a variety of contextual strategies, such
2 as community or problem-oriented policing,
3 which you may be familiar with, that targets
4 police efforts to high-risk situations. They
5 also use place-based initiatives that focus on
6 changing the built environment to prevent
7 violence, such as adding lighting and changing
8 other environmental characteristics, as well
9 as alcohol policies. I'm going to go into
10 more detail about the alcohol policies and how
11 they can be applied to sexual violence
12 prevention.

13 Slide 37. So as I'm sure you are
14 all aware, alcohol use often co-occurs with
15 sexual violence. And this, in no way, blames
16 the victim or provides an excuse for the
17 perpetrator, but it does create an opportunity
18 for prevention. So in this way, alcohol is an
19 example of an individual-level risk factor
20 that can be addressed through community-level
21 policy.

22 Alcohol is associated with a

1 variety of other problem behaviors, so
2 policies tend to have effects on multiple
3 behaviors. And just there's some further
4 information about the strong relationship
5 between alcohol and sexual violence. For
6 example, approximately half of sexual assaults
7 involve consumption of alcohol, 34 to 74
8 percent of sexual violence perpetrators used
9 alcohol at the time of assault, and men who
10 drink heavily are more likely to report
11 committing sexual assault.

12 Slide 38. So several strategies
13 have been examined in terms of their potential
14 impact on violence. But today I'm just going
15 to focus on the three that are most promising
16 because they've been examined for their
17 effects on sexual violence. Those three are
18 pricing strategies, outlet density and college
19 policies.

20 Slide 39. So, in general,
21 increasing price reduces consumption, which
22 has been associated with reduced rates of rape

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1 and sexual assault, in addition to other risk
2 behaviors.

3 Slide 40. So alcohol outlet
4 density, meaning the number of places that
5 serve or sell alcohol in a given area,
6 increases access to alcohol which then
7 increases consumption and areas with high
8 alcohol density report higher rates of sexual
9 violence, suggesting that reducing density may
10 affect sexual violence.

11 Slide 41. And, finally, alcohol
12 bans on college campuses have also been
13 associated with decreased consumption, which
14 has been associated with lower rates of on-
15 site sexual violence.

16 Slide 42. So as I wrap up, I want
17 to try and pull together all of the
18 information we've discussed because I've
19 shared a lot of different, a lot of different
20 information. So I mentioned that
21 comprehensive prevention is a best practice,
22 and it entails combining multiple strategies

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1 across multiple sectors to address multiple
2 risk factors for sexual violence. This
3 approach creates a surround sound effect for
4 prevention, such that people hear the same
5 message in multiple ways from multiple
6 influencers.

7 In creating comprehensive
8 approaches, there are several important
9 considerations. For example, we need to build
10 the approach based on the best available
11 science. We can identify key messages and
12 weave those throughout the different
13 strategies so that there is cohesion across
14 the different strategies that are used. We
15 need to identify and build the capacity of the
16 implementation system, and I can talk more
17 about that in the discussion, if that's
18 helpful. We must leverage partnerships for
19 multi-sector engagement and integrate
20 evaluation design.

21 Slide 43. So what would a
22 comprehensive strategy for sexual violence

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1 look like, given everything that I've shared
2 about the best available science? Well,
3 here's one example of what I mean. At each
4 level, an intervention is selected that
5 targets risk factors for sexual violence. So,
6 for example, starting at the top of the
7 pyramid, social emotional skills, such as
8 conflict regulation and emotion regulation at
9 the individual level; promoting bystander
10 behavior in peer groups; engaging leadership
11 to support sexual violence prevention and
12 promote healthy community norms; changing
13 social norms around violence, sexuality and
14 gender, in addition to monitoring areas in an
15 installation where individuals feel unsafe;
16 and then, finally, at the bottom of the
17 pyramid, implementing alcohol policies and
18 ensuring enforcement of the current policies
19 for victim protections.

20 Slide 44. So as you consider
21 comprehensive approaches, it's important to be
22 strategic and use partnerships to create

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1 multi-sector prevention. As you can see from
2 the strategies in the previous slide, they
3 rely on multiple sectors to be implemented.
4 Also ensuring cohesive and complementary
5 skills and messages, meaning that each
6 component builds on the others, like that
7 surround sound effect that I mentioned.

8 We also have to be careful not to
9 sacrifice depth for breadth. Sometimes,
10 there's an inclination to throw, you know,
11 everything and the kitchen sink at this
12 problem, and that can ultimately work against
13 us. For example, implementing multiple low-
14 dose interventions may be insufficient to
15 change behavior but may take as many resources
16 as one effective strategy.

17 Also, targeting too many risk
18 factors briefly may result in failing to
19 reduce any of them. And, finally, if you use
20 evidence-informed strategies, rather than
21 evidence-based effective strategies, be sure
22 to evaluate for effectiveness.

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1 So slide 45. So thank you again
2 for the opportunity to share this information
3 with you. In lieu of summarizing everything,
4 I just wanted to jump right to the discussion
5 so that I can answer any questions that you
6 have. And although I'm going on maternity
7 leave at really any time, my colleagues who
8 are on the phone are available to answer any
9 follow-up questions that might come up after
10 this and Kyle has their contact information.

11 So with that, I'll just turn it
12 back over to you all for any questions or
13 discussion.

14 JUDGE JONES: Well, before we
15 start asking questions, thank you so much
16 again, Dr. Tharp. That was very helpful.
17 Questions for Dr. Tharp? All right. Why
18 don't we start with General Ham?

19 GEN HAM: Hi, Dr. Tharp. This is
20 Carter Ham. I was interested in your mention
21 of the youth violence prevention strategies.
22 Could you talk a little more about what

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1 effect, what the correlation is between
2 effective youth violence prevention strategies
3 and sexual assault prevention?

4 DR. THARP: So the opportunity
5 with looking to youth violence prevention
6 strategies is that youth violence and sexual
7 violence share a lot of risk factors. So the
8 thinking is that picking a youth violence
9 prevention strategy that targets risk factors
10 that it has in common with sexual violence
11 will then also reduce the sexual violence.

12 GEN HAM: And has that borne out
13 in practice?

14 DR. THARP: There haven't been
15 many evaluations of programs that have
16 evaluated both for youth violence and sexual
17 violence. There is one that hasn't been
18 published yet that has shown, it's actually a
19 sexual violence prevention program that's
20 shown reductions in peer violence and weapon
21 carrying, as well. So now that evaluations
22 are evolving to where we're measuring multiple

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1 violent behaviors, we do see, in some cases,
2 this kind of broader impact because they are
3 oftentimes targeting shared risk factors.

4 GEN HAM: Thank you.

5 DR. THARP: Oh, the other thing
6 I'll add to that is with the alcohol policies,
7 I went really quickly through that, but on
8 those slides you'll see that the policies that
9 were associated with reductions in sexual
10 violence also had impacts on things like
11 intimate partner violence and some other risk
12 behaviors, which also kind of lends to that
13 idea that targeting that shared risk factor of
14 alcohol use.

15 JUDGE JONES: Joye Frost?

16 MS. FROST: Yes, my question
17 relates to your slide number 26 and your
18 briefly talking about different types or
19 typologies: non-aggressive, desist, initiate,
20 and persistently perpetrate. Do any of these
21 studies address percentages? Because I would
22 say that, increasingly, what we're seeing in

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1 the victim assistance field is that people are
2 really focusing on the, I guess the persistent
3 perpetrator, i.e., every rapist is a serial
4 rapist.

5 DR. THARP: Yes, that's a great
6 question. I will say that the percentages
7 vary across studies, so, for example -- I'm
8 pulling up one study. In a one-year follow-
9 up, 18 percent -- there were two studies.
10 Both used a one-year follow-up. In those
11 studies, between 8 and 18 percent of the men
12 re-perpetrated, between 21 and 26 percent of
13 the men desisted.

14 Now there, I think, has been one
15 study of re-perpetration using a military
16 sample, and they showed slightly higher rates
17 of re-perpetration. But I think that
18 sometimes the thinking is that, just like you
19 alluded to, that these are all the guys that
20 we're dealing with. They just keep, you know,
21 perpetrating over and over again, and that's
22 really the focus of efforts. But it just

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1 hasn't been borne out in the way that we would
2 expect because, if that were the case, we'd
3 expect to see, you know, 60 to 70 percent of
4 our samples re-perpetrating because this is
5 the highest-risk age period. These studies
6 are during young adulthood, which is when men
7 are perpetrating the most.

8 So that just gives you a little
9 sense of how those different groups are broken
10 up within the studies that have examined that.

11 PROF. HILLMAN: Judge Jones, this
12 is Beth Hillman. Can I ask a question?

13 JUDGE JONES: Oh, hi, Beth. Yes,
14 go ahead.

15 PROF. HILLMAN: Thank you. This
16 is really interesting, and really my question
17 runs right to what Ms. Frost just asked about.
18 This is really hard to square with the message
19 that we've received in pretty strong form that
20 most of the sexual assaults are committed by
21 a minority of serial perpetrators. And what
22 you put up here as -- I can't find the slide

1 now -- the sort of myths, the rape myths. You
2 know, I think of the classic rape myth as the
3 fact that this is actually what the victim
4 wants, but the myth that can we really put
5 this out there and the myth that most of the
6 assaults are committed by a small minority of
7 persons because it seems like there is
8 evidence on that. You were just speaking to
9 your doubt about, you know, what the
10 percentages are. But can you square those two
11 pieces for me?

12 DR. THARP: I think the main issue
13 with this idea of serial perpetration is the
14 definition of sexual violence that's used. So
15 when we just look at rape, we do see a small
16 number of men reporting rapes. And what
17 studies have done have looked at the number of
18 women who have reported attempted and
19 completed rapes and the number of men who are
20 reporting perpetration and said that you can't
21 have 6 percent of men reporting perpetration
22 and 25 percent of women reporting

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1 victimization. There has to be these multiple
2 assaults going on.

3 The issue is, is that prevention
4 is not just concerned with preventing rape,
5 but there's this spectrum of behaviors that
6 might evolve into rape that all create risky
7 situations, these coercive behaviors. So when
8 we look at that broader definition of sexual
9 violence, that's when we see that there are
10 these higher percentages of men perpetrating.
11 And then we also see these different patterns.

12 I will say the instruments that
13 are usually used in these longitudinal studies
14 do measure a wide range of sexually-violent
15 behaviors. So it's really looking at any
16 persistence, any desistance in sexual
17 violence.

18 PROF. HILLMAN: That's really,
19 that's helpful. One other question about the
20 harm that results from the range of behaviors
21 that you're focusing on. Just last week, we
22 were at Joint Base Lewis-McChord, and we were

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1 talking with some of the victim advocates and
2 the whole team of folks working there at their
3 multi-disciplinary response center. And one
4 of the things that they felt strongly about
5 was that it's hard to estimate the
6 consequences of being a victim of any of these
7 behaviors and that really rape and penetrative
8 offenses don't necessarily trigger the worst
9 consequences for an individual. And,
10 therefore, the full range of services is
11 appropriate to provide even to victims of the
12 lesser, you know, on the severity scale,
13 lesser varieties of sexual violence. Is that
14 consistent with what you see in the
15 literature?

16 DR. THARP: It is. And I might
17 ask my colleague, Kathleen Basile, to jump in.
18 She's done some work on consequences, as well.
19 But before I punt it to her, I'll also mention
20 that kind of the reason I harped a little bit
21 on this re-perpetration issue or the serial
22 perpetration is because it has such different

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1 implications for prevention. If we're really
2 talking about just a few men re-perpetrating,
3 you could think, well, maybe it's a criminal
4 justice kind of response that's needed. You
5 just need to find those guys and make sure
6 that you get them out and, you know, get them
7 to where they can't hurt people.

8 But if you take this broader
9 perspective, there are so many more
10 opportunities for prevention. So I'll just
11 mention that.

12 Kathleen, do you have anything to
13 add in terms of the consequences of sexual
14 violence across the range of behaviors and the
15 severity?

16 DR. BASILE: Yes. So most of the
17 research on consequences has focused on rape,
18 so we know less about the consequences of
19 other types of sexual violence. But we do
20 know that sexual coercion, for example, leads
21 to severe, you know, traumatic impacts. We do
22 know from a couple of studies that attempted

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1 rape has just as much negative impact as
2 actual completed rape.

3 So there's definitely a suggestion
4 that more than just rape leads to negative
5 consequences in the literature. There is a
6 need for more research looking at, you know,
7 maybe contact, like fondling, versus rape and
8 seeing what the impacts are.

9 I would imagine, from the child
10 sexual abuse literature, any kind of sexual
11 violence, regardless of whether it was
12 penetrative like rape leads to traumatic
13 consequences. And we know that a lot of
14 sexual violence starts very early in the life
15 span.

16 So I think there's enough argument
17 there to suggest that the consequences are
18 more than just for rape. There are
19 consequences of other types of sexual
20 violence.

21 The other thing I wanted to add
22 related to the serial perpetrator is the issue

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1 of disclosure of perpetration. So Andra
2 described that some studies will show, you
3 know, a small percent of perpetrators, and
4 then you see the victimization studies where
5 there's 20 to 25 people reporting that. And
6 you could conclude from that that there's a
7 small number of perpetrators perpetrating many
8 types of violence, but another conclusion is
9 that there's less disclosure of perpetration
10 because of the stigma associated with it and
11 such.

12 So there's different, you know,
13 there's conflicting messages about what's out
14 there. And I think it's unsafe and not the
15 full picture to just assume that there's a
16 serial rapist kind of model where a few people
17 are perpetrating this because of the
18 differences in studies, depending on the types
19 of violence you look at, like Andra suggested.

20 PROF. HILLMAN: That's really
21 helpful. Judge Jones, I have one more
22 question, if you could indulge me.

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1 JUDGE JONES: Of course. Thanks.

2 PROF. HILLMAN: The last slide,
3 Dr. Tharp, the last line you said was if
4 you're using evidence-informed strategies, you
5 have to evaluate for effectiveness. I find it
6 hard to draft recommendations for how we're
7 supposed to measure the effectiveness of these
8 and, yet, I realize that's really the key. I
9 appreciate the rigor of the approach, which is
10 that nothing counts as effective unless we
11 actually can prove that it's working. But
12 this seems too difficult to measure.

13 So there must be best practices
14 for how to do this. But am I right that is
15 this easier than what it seems to me to prove
16 it's effective, given the sort of multiple
17 dimensions of the problem? And do we really
18 know how to do that?

19 DR. THARP: Yes, that's a great
20 question. It's definitely more involved to
21 evaluate for effectiveness, and that's
22 probably part of the reason that we see so

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1 many kind of pre/post studies looking at
2 attitude changes because that's kind of easy
3 to give somebody a questionnaire when they
4 come into the room and give them one as
5 they're leaving and say do you feel any
6 different about rape myths or something like
7 that.

8 What we would suggest, in terms of
9 evaluating for effectiveness, is that there
10 just needs to be some sort of follow-up
11 measuring sexual violence perpetration or
12 victimization so using a scale, like the
13 sexual experiences survey. And it can even be
14 -- there are different designs that can be
15 used, depending what you're dealing with, to
16 use different levels of data. So taking a
17 random sample, depending on how the strategy
18 was implemented, you could take a random
19 sample at follow-up. You could even look at
20 some of your official records. You can look
21 at proxies, like reporting, arrests,
22 particularly if you do something like alcohol

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1 policies, looking at alcohol-related events,
2 in addition to official records around sexual
3 violence.

4 So it is more involved than just
5 looking at attitude change or kind of
6 immediate follow-up. But it's definitely
7 doable, and I think that's something that we
8 can really offer some specific strategies for
9 evaluation that could work in different
10 settings for different programs, you know,
11 depending on how things were implemented, to
12 try and get that information.

13 And we are finding, I think, the
14 field is, that the accountability for
15 demonstrating behavior change across federal
16 government is increasing. And, you know,
17 we're promoting that with our grantees, too.
18 We really need to see that the strategies are
19 promoting behavior change.

20 So as a result, there have been a
21 lot more resources. We have an evaluation
22 guide for sexual violence we could share, but

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1 there's just more work being done around the
2 different approaches that can be used to make
3 it possible to do this kind of evaluation for
4 effectiveness. It doesn't mean you have to do
5 a randomized clinical trial, but what we need
6 to see is clues that behavior is changing over
7 time.

8 PROF. HILLMAN: Thank you, Dr.
9 Tharp, and thank you, Judge Jones. Dr. Tharp,
10 good luck to you with all the challenges and
11 joys ahead of you.

12 DR. THARP: Thank you.

13 MS. HOLTZMAN: Judge Jones, this
14 is Liz Holtzman. Is it possible for me to ask
15 a couple of questions?

16 JUDGE JONES: Of course, Liz. Go
17 ahead.

18 MS. HOLTZMAN: Thank you. Thank
19 you very much for the presentation. It really
20 raises some interesting issues. I want to ask
21 a kind of broader question about the federal
22 government's role in funding research on

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1 violence, sexual violence. Is that something
2 that CDC funds, or are you -- because I see
3 that what you've done is to evaluate other
4 studies. To what extent is CDC conducting its
5 own studies, funding its own studies? And if
6 not, what is the role of the National Science
7 Foundation, the Department of Justice?

8 It seems -- the reason I'm asking
9 is that, one, the science seems to be pretty
10 meager in the sense that we don't have a lot
11 of answers. And it's interesting that we seem
12 to be relying on the initiative of various
13 academics and researchers to research what
14 interests them, as opposed to focusing on
15 areas that are really important to public
16 policy, such as trying to reduce the incidence
17 of rape in the military.

18 So what are you doing about
19 funding this research? And if it's not your
20 agency, who does?

21 DR. THARP: And I can start to
22 answer that question, and then I'll ask Beth

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1 Reimels who's on the call, who's our policy
2 and partnerships lead, to add to it because
3 she definitely has a great sense of some of
4 the other federal agencies working in that.

5 But if we look at one of the
6 slides that has the public health model on it,
7 CDC does work and funds work in each of the
8 areas, in each of the boxes. So we define the
9 problem. We conduct studies on the
10 consequences of sexual violence. We ran the
11 National Intimate Partner and Sexual Violence
12 Survey. We fund and conduct internally
13 research on risk and protective factors. We
14 do fund evaluations for sexual violence
15 prevention, and then we have the Rape
16 Prevention Education program which is funded
17 through VAWA which oversees implementation of
18 primary prevention of sexual violence in all
19 50 states and the territories.

20 One strategy that we use to kind
21 of direct the field in the areas that are
22 needed to address the gaps, we conducted some

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1 of the reviews that I described, the review on
2 risk factors, the review on what works. And
3 then we use the results of those reviews to
4 inform our funding opportunity announcements.
5 We look and say what are the gaps and then how
6 can we use our funding strategically to
7 stimulate that research in the field if it's
8 not going on?

9 So I'll stop there and turn it
10 over to Beth for any additional thoughts
11 around that.

12 MS. REIMELS: Thanks, Andra. I
13 think you covered it fairly well. It is a bit
14 of an under-resourced area for certain. The
15 budgets for this research are not terribly
16 deep. But we do, probably other biggest
17 federal player in this area that we
18 collaborate most closely with is the Office of
19 Violence Against Women, as far as getting out
20 of the Department of Justice, as far as
21 getting money out in the field that is being
22 used for program evaluation and for research

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1 on the topic.

2 And then the only other thing that
3 I will add is that we've actually got two
4 calls for proposals out right now that are
5 modest but that are targeted at getting at
6 this developing some evidence-based strategies
7 for some of the emerging areas that Andra has
8 spoken about today, specifically bystander
9 interventions and interventions that are
10 targeted at men.

11 So we'll be funding those shortly.
12 So, hopefully, we're trying to be very
13 strategic and targeted about using the limited
14 resources that we do have to advance the
15 knowledge in the field.

16 MS. HOLTZMAN: Okay. Well, I
17 appreciate that. I mean, and I'm sure you're
18 doing everything you can under limited
19 budgets, but I think one of the realities here
20 is that there's not a lot that we know and we
21 have a pressing, urgent problem to address.

22 Number two issue that I have, if I

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1 may ask another question. The analysis of
2 slide 7. I apologize for that. Seventeen.
3 But what factors, what, for example, does it
4 mean that rape myth acceptance? What does
5 that have to do -- I'm not understanding this
6 slide.

7 DR. THARP: So most of these risk
8 factors were looked at in studies with their
9 association with men self-reports of
10 perpetrating sexual violence. So if a factor
11 was correlated or more common among the men
12 who perpetrated, it was a risk factor.

13 So, for example, rape myth
14 acceptance is a characteristic that's more
15 common among men who perpetrate or report
16 perpetrating sexual violence than men who
17 don't, similar to hostility towards women. So
18 things like if men have -- and I say men
19 because it really was the bulk of the research
20 that has been done. If men have multiple
21 sexual partners, they engage in casual sex,
22 those characteristics are more common among

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1 men who perpetrate than men who don't
2 perpetrate sexual violence.

3 The caveat with this is that most
4 of these studies were correlational. So a
5 true risk factor should precede the violent
6 behavior. And from the design of the studies,
7 we can't guarantee that it preceded it. We
8 can only say that it co-occurred with it.

9 And we know from studies of, for
10 example, victimization and alcohol use, you
11 know, we know that substance use is associated
12 with reports of victimization, but we don't
13 know whether it preceded the victimization and
14 contributed in some way to the risk or if it
15 is used afterwards to deal with the traumatic
16 symptoms of the assault. So that's kind of
17 the conundrum with using this kind of
18 correlational information, but that's just
19 unpacking some of these risk factors. These
20 were all more common among men who report
21 perpetration than those who don't.

22 MS. HOLTZMAN: What is the rape

1 myth that we're talking about?

2 DR. THARP: Oh, they're myths like
3 if a woman is dressed in a sexy way then she
4 deserves to be raped. If a woman is out in a
5 bar drinking, she wants to have sex. Some of
6 the myths that both men and women tell
7 themselves to justify an assault or kind of
8 explain away or blame the victim around an
9 assault.

10 MS. HOLTZMAN: Okay. Have you
11 done any research or is there any research
12 about how you address -- I mean how you
13 address undoing these myths?

14 DR. THARP: I'm sorry?

15 MS. HOLTZMAN: With the people who
16 have these beliefs.

17 DR. THARP: Yes, you know, I have
18 to say this is probably one of the most
19 studied areas, the rape myths, and they're
20 probably one of the easiest things to change
21 in a program. You know, these are some of the
22 effects that we see from a one-hour program is

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1 that, you know, you can change people's
2 attitudes, that just because somebody is
3 drinking doesn't mean that they somehow asked
4 to be assaulted.

5 The problem is, is it's not
6 enough. So in studies we see that, yes,
7 programs can change rape myth acceptance, but
8 they don't change the sexually-violent
9 behavior. So that kind of gets to the point
10 of what I was referring to that we have to
11 look at multiple risk factors because, in and
12 of themselves, some of these are insufficient
13 to actually change the behavior.

14 MS. HOLTZMAN: In other words,
15 these may be the rape myths -- I'm trying to
16 understand. Sorry, Judge Jones, I'm just
17 trying to understand. So what you're saying
18 is that the myth, the rape myth acceptance,
19 even though it's prevalent, even though it's
20 associated with rapists, may be more of a way
21 of justifying their behavior, as opposed to
22 the trigger for their behavior?

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1 DR. THARP: Exactly. And it might
2 not be the driving factor. We look at, you
3 know, things like these attitudinal factors,
4 the rape myths, the hostility towards women.
5 But then we have things like alcohol use and
6 aggressive behavior and having sex with lots
7 and lots of partners, and it's kind of about
8 choosing the factor that might have the
9 greatest potential to actually impact the
10 sexual violence.

11 So from areas like youth violence,
12 I think part of the reason that those
13 strategies, that they have so many more
14 effective strategies than we have in sexual
15 violence, is a focus on different risk
16 factors. They focus on risk factors that
17 might be driving the behavior, whereas so much
18 of our work has focused on some of these
19 attitudinal, which definitely contribute, but
20 I kind of think of them as being necessary but
21 not sufficient to explain the sexual violence.
22 Like, you need to address it, but it shouldn't

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1 be the only thing that we're talking about.
2 And so often, in these one-session programs,
3 the content is knowledge, legal ramifications,
4 rape myth acceptance, and consent. And
5 transferring that knowledge to individuals
6 just is not resulting in the kinds of changes
7 that we need to see to actually stop sexual
8 violence.

9 MS. HOLTZMAN: Thank you.

10 JUDGE JONES: Another question
11 from Ms. Frost.

12 MS. FROST: On slide 43 and some
13 of the previous slides where it talks about
14 alcohol policy, just looking at that, it
15 really seems to be either limiting or lowering
16 access to alcohol. Is that access to alcohol
17 by the potential perpetrator or the potential
18 victim or both?

19 And then are there any
20 intervention programs, I guess, probably, most
21 likely, with college-aged populations that are
22 effective in reducing binge drinking and that

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1 sort of behavior? And does that have a
2 corresponding impact on rates of sexual
3 violence?

4 DR. THARP: Those are great
5 questions, and I'll ask my colleague, Sarah
6 DeGue, who led the review on alcohol policy to
7 chime in. But what I can say is that, like I
8 mentioned before, there hasn't been a lot of
9 cross-pollination in the evaluations for these
10 issues. So if a program was effective in
11 reducing binge drinking, it hasn't necessarily
12 been evaluated for sexual violence, but it's
13 an area that's ripe for evaluation.

14 A lot of programs, sexual violence
15 programs in college settings do include an
16 alcohol component. But, like we talked about,
17 a lot of them haven't then gone on to show
18 changes in sexual violence.

19 So, Sarah, do you want to address
20 the other aspects of those questions? She
21 might be on mute. Okay. We may have lost
22 Sarah.

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1 DR. DEGUE: Oh, I thought I had my
2 mute off. I'm sorry. So I think what Andra
3 said is absolutely right, that this is sort of
4 meant as an exploration in this review of how
5 alcohol policy might impact sexual violence.
6 But there's really pretty limited literature
7 out there at this point on that direct
8 relationship.

9 We hypothesized two potential ways
10 in which alcohol policy might impact sexual
11 violence, and that's through either
12 consumption by the perpetrator or through some
13 of these more indirect environmental effects
14 of having, for instance, a lot of alcohol
15 outlets in one area that might increase access
16 that might also have an impact on social
17 disorganization in that area by drawing people
18 to the area who might be engaged in other
19 sorts of aggressive behavior.

20 And so through these two kinds of
21 mechanisms, we think that alcohol policies
22 might have an impact on sexual violence. But

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1 at this point, it's really something that
2 needs more research.

3 We are interested primarily in
4 looking at the effects of these policies on
5 perpetration. But we do know, of course, that
6 victimization is also associated with alcohol
7 use. And so it's possible that these kinds of
8 broader policies that might impact the
9 population at the population level could have
10 an impact on victimization, as well. But it
11 wasn't our focus.

12 JUDGE JONES: Thank you. Yes, go
13 ahead, Colonel.

14 COL TURNER: Okay. I just want to
15 confirm that I understand correctly what you
16 said. I think what I heard you say is there
17 is some evidence to substantiate the belief
18 that we've heard frequently, which is that the
19 spectrum of behaviors is evolutionary. In
20 other words, a perpetrator will usually start
21 at a lower-level sexual assault, non-
22 penetration, and gradually increase to the

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1 more serious penetration offenses. Is that
2 correct?

3 DR. THARP: You know, I'm not
4 familiar with research that has specifically
5 tested that. I know that that is a popular
6 line of thinking that they might start with
7 kind of entry-level harassment or coercive
8 behaviors and work their way up. I guess the
9 way I think about that issue is more of a
10 social learning, that individuals, when they
11 find a tactic that works, will repeat it.

12 So it's kind of, I think, through
13 an individual's development. As they find
14 different strategies that work, they might
15 evolve, they might increase, or they might
16 just stick with that coercive strategy.

17 So I know that that's a common way
18 of thinking about the evolution of behaviors,
19 and I think there's certainly some -- there's
20 a correlation. For example, men who report
21 perpetrating rape, they're also more likely to
22 report some of these other behaviors. But it

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1 doesn't always -- when we measure these,
2 sometimes get different groups of men. So,
3 for example, we'll get a group of men that
4 only reports the coercion and a group that
5 only reports the rape, and they're not
6 necessarily the same men.

7 So, Kathleen, do you have anything
8 to add to that?

9 DR. BASILE: I would agree with
10 what you're saying, Andra. I think the other
11 piece, in my mind, about that is age
12 differences. So we do see with younger age
13 groups, like, for example, middle school, that
14 they are perpetrating sexual harassment and
15 more verbal types and maybe some touching but
16 not penetrative acts. And then we see in
17 older populations, like college or even high
18 school, young adults that the prevalence of
19 rape is, you know, increasing.

20 So I would say that, you know, you
21 can look at the trajectory over time and the
22 cause developmentally over age there, and

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1 there may be a suggestion of that. But I
2 agree with Andra there hasn't been studies
3 that show that, you know, among perpetrators,
4 that they start with this and then end up with
5 this. I think there are different ways that
6 that happens in real life.

7 COL TURNER: Thank you.

8 MS. HOLTZMAN: Judge Jones?

9 JUDGE JONES: Yes, go ahead, Liz.

10 MS. HOLTZMAN: Can I ask one other
11 question, please?

12 JUDGE JONES: Yes, go ahead.

13 MS. HOLTZMAN: Thank you very
14 much. I know it's not quite the focus of your
15 talk, but one of the things that we've heard
16 repeatedly from various sources on the Panel
17 and Subcommittee is that someone who's been a
18 victim of sexual violence is more likely to be
19 re-victimized. Is that, has that matter,
20 question, or issue been studied in any way?
21 Why the re-victimization? Because the
22 statistics suggest something like 45 percent

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1 of people who have been victimized, of victims
2 are re-victimized. And that, I know you're
3 focusing on perpetrators, but, if that
4 statistic reflects reality, that's a huge
5 population that could be, I mean, my thought
6 would be that that population could be
7 supported in some way. I was just wondering
8 if you've done research on that issue or if
9 you have something to add about it.

10 DR. THARP: There has been quite a
11 bit of research on kind of why there's this
12 potential for repeat victimization, and there
13 are several theories about it. A lot of them
14 stem from what changes in the individual when
15 victimization happens, so a couple of things
16 could happen. They could initiate some health
17 risk behaviors to cope with the mental health
18 kinds of issues that arise from the
19 victimization which then put them at increased
20 risk. So somebody could start drinking more
21 to cope with the previous assault and then, by
22 drinking more, they are creating a

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1 vulnerability for subsequent assaults.

2 There are also other cognitive
3 theories about how these individuals perceive
4 risk, just kind of the sequelae of what
5 victimization does to how we think about
6 things, to our brain development, and, as
7 Kathleen referred to earlier, we're learning
8 a lot about this from our child sexual abuse
9 work about the actual kind of neurobiological
10 changes that take place once abuse has
11 happened. And so I think there are a lot of
12 different theories that probably contribute to
13 this idea of why re-victimization happens.

14 I'll also mention, and I'm sure
15 you all are aware that there's also a finding
16 that past victimization, for men, increases
17 the risk of subsequent perpetration. And it's
18 often been thought that if men experience
19 child sexual abuse, they're more likely to go
20 on and perpetrate rape. And a meta-analysis
21 was done of all the studies, because it's been
22 a very studied area, and, interestingly, they

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1 found that men who experienced child sexual
2 abuse were at increased risk for going on to
3 perpetrate child molestation, but men who
4 experienced child physical abuse were actually
5 more likely to go on to perpetrate rape
6 against adolescent and adult women.

7 So there is this, I think there's
8 been a longstanding idea in the field that
9 sexual abuse victimization then leads to
10 sexual violence perpetration. And what we
11 see, that's not actually true for rape. It
12 might be true for child molestation.

13 MS. HOLTZMAN: Okay. The reason I
14 raise this is that is there a possibility of
15 a program that would help prior victims so
16 that they wouldn't be as vulnerable, to help
17 victims understand the consequences of the
18 prior sexual assault? And I'm thinking about
19 specifically in the military. If you could
20 somehow target that group or help that group
21 that's been victimized, you might reduce, that
22 might be another way of reducing the incidence

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1 of violence against them.

2 DR. THARP: And there are a number
3 of programs I could mention, more risk
4 reduction programs, for potential victims.
5 And some of them do show some positive
6 effects. The risk is that the messaging has
7 to be extremely carefully crafted not to blame
8 the victim because if you teach a victim all
9 these skills and then they get re-victimized
10 again, they can think, well, I didn't use my
11 skills when, in fact, you know, the question
12 is stopping the perpetrator.

13 So I think you're absolutely
14 right. There is a great opportunity. Like I
15 said, we haven't focused as much with that in
16 our work because it's not, there are some
17 situations that it doesn't matter what the
18 victim does, she won't be able to prevent the
19 assault. So we've gone more to focusing on
20 the perpetrator where, if you stop that, there
21 is a guarantee an assault won't happen.

22 But I think you're right. What we

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1 see a lot in the field is organizations
2 pairing the risk reduction and kind of the
3 victim-focused programs with the perpetration
4 prevention.

5 MS. HOLTZMAN: Thank you very
6 much.

7 JUDGE JONES: Just one question,
8 Dr. Tharp. We've heard that many, if not
9 most, sexual assaults in the military involve,
10 you know, the 18 to 24-year-old age group and
11 involve alcohol. Is there anything that can
12 be gleaned from any of the studies in colleges
13 that would be helpful? Obviously, they're
14 very different populations, but the age and
15 the alcohol are the same factors. And there
16 are similarities in terms of having large
17 numbers of people of that age group in, you
18 know, a small space.

19 Is there anything out there that
20 you have seen or could recommend in terms of
21 what we might learn from those studies?
22 Because I think there have been a number of

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1 studies in terms of universities.

2 DR. THARP: I do think there's a
3 lot that we can learn from that area because
4 that's the high-risk group, just as a function
5 of their age and the setting, of having a lot
6 of young people aggregated in a small area
7 that creates a vulnerability.

8 So there are kind of two areas
9 that we've seen a lot of work being done in
10 universities that I do think hold great
11 potential for the military, but I also think
12 you all are pursuing, and some of these are
13 the alcohol policies but also bystander
14 prevention. So increasing the informal social
15 controls around sexual violence to kind of
16 stop an event from escalating because so
17 often, as a function of having the young
18 people aggregated, there might be multiple
19 people present who could intervene if they see
20 things starting to go south.

21 So some of the bystander
22 prevention strategies that we briefly

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1 discussed, and I'm thinking you'll hear more
2 about in the next hour, are some of the most
3 promising areas that we're seeing in college
4 approaches that I think do have the potential
5 to be carried over into a military context.

6 JUDGE JONES: Yes, Colonel Ham?

7 COL HAM: This is Colonel Ham.
8 I'm a staff director. Thank you, Dr. Tharp.
9 I'm wondering if the CDC works with DoD SAPRO,
10 and, if so, do you have any thoughts or
11 suggestions on the approaches they are trying
12 or developing?

13 DR. THARP: Yes. So we've really
14 had the great opportunity recently to work
15 closely with them and consult with them as
16 they're developing their comprehensive or
17 their strategy. So I suspect that what they
18 present will have some of the themes that I've
19 also raised today, the comprehensive approach,
20 these opportunities for, you know, population-
21 level change.

22 So from what I've seen, and we

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1 provided feedback, we were one of the groups
2 that provided feedback on the strategy, we've
3 been very encouraged and pleased by the way
4 that they have taken so much information and,
5 in the midst of all these gaps that we've
6 acknowledged, and really distilled it to what
7 could be a very profitable direction to move
8 in to really create some change.

9 Would any more information be
10 helpful about that? And I will say they came
11 out to CDC a couple of months ago, I think
12 November, and we spent a whole day with them
13 going through all of this research. So this
14 presentation that I presented was really a
15 distilled version of the probably 12 hours
16 that we spent with them going through all of
17 the different research. And we had a visitor
18 who specializes in alcohol policy, so they
19 spoke with him and went to his presentation.
20 So we've been really pleased with that
21 collaboration.

22 JUDGE JONES: Thank you. I can't

1 thank you enough for all of the information
2 that you've given us, and we very much
3 appreciate it.

4 DR. THARP: My pleasure. Thank
5 you so much for having us today.

6 (Whereupon, the foregoing matter
7 went off the record at 10:21 a.m.
8 and went back on the record at
9 10:29 a.m.)

10 JUDGE JONES: All right. This is
11 the Role of the Commander Subcommittee, and
12 we're moving to the topic of Implementing
13 Effective Sexual Assault Prevention
14 Strategies. We have a number of presenters,
15 and we're anxious to hear from all of you.

16 I wondered, Dr. Katz, if you could
17 start us off this morning. You still there,
18 Dr. Katz?

19 DR. KATZ: Yes, I am. Yes ma'am.

20 JUDGE JONES: Great, great. Thank
21 you very much.

22 DR. KATZ: Great. Thank you very

1 much ma'am, and thank you very much for
2 inviting me to be part of this panel
3 discussion. I'm honored by the opportunity,
4 and I also want to thank in particular Mr.
5 Russell Strand for his work and leadership
6 over the years.

7 I thought what I would do was just
8 give you briefly some background into my
9 colleagues' work in the field, so you get the
10 sense that we know the culture in a certain
11 way, and then circle through a few key points
12 about the role of the commander and how I and
13 we, my colleagues and I, see the potential
14 here for forward movement.

15 So the first time that I started
16 working with the DoD was in 1997, working with
17 the Marine Corps. But the background for that
18 was that in 1993, my colleagues and I at the
19 Center for the Study of Sport and Society at
20 Northeastern University in Boston, which is an
21 institute that's based in Northeastern, but
22 has a broader domain, we started a program,

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1 MVP, Mentors in Violence Prevention, to train
2 college, initially, college male student
3 athletes to use their status and platform in
4 male peer culture on college campuses and with
5 high school students and others, to speak out
6 about rape, sexual violence, relationship
7 abuse, sexual harassment, and that whole range
8 of issues that historically had been
9 considered women's issues, and there was very
10 little men's leadership.

11 Women, of course, have played the
12 fundamental role of being the leaders on all
13 of this, and you know obviously continue to be
14 the leaders. But the problem was, of course,
15 men commit the vast majority of sexual
16 violence and relationship abuse, and yet there
17 were very few men involved as leaders and
18 doing the prevention work that needs to
19 happen.

20 So the goal of working with
21 athletes initially was -- to my thinking was,
22 we need to change that, and we need to get

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1 more men involved, and if we get men who
2 already have some status to take some risks
3 and start speaking out, it would make it
4 easier for others.

5 That was the premise of MVP. It
6 grew very quickly into being the biggest
7 program of its kind in the college and
8 professional athletic world, and then it
9 branched out into schools and all kinds of
10 other places, which was the goal from the
11 beginning. It wasn't just to keep it in
12 athletics.

13 The reason why I'm telling you
14 this is because how we ended up working with
15 the Marine Corps was myself and one of my
16 colleagues, Byron Hurt, was giving -- we were
17 giving a presentation in Chicago at the
18 American Bar Association National Convention,
19 and a woman in the audience that day was an
20 assistant to the Assistant Secretary of the
21 Navy.

22 She was working on her doctoral

1 dissertation on coordinated community response
2 to domestic violence in the Marine Corps, and
3 she heard in our approach that we were working
4 with college student athletes, something that
5 might work in the Marine Corps. In fact, she
6 thought it was the most effective idea that
7 she had heard.

8 So she brought me down to
9 Washington. I had a series of meetings with
10 the then-Family Advocacy Director, this is in
11 the Marine Corps, and that worked out very
12 well.

13 So a month later, there was a
14 scheduled meeting of powerful sergeants major
15 from throughout the Marine Corps, who were
16 going to be in Alexandria. They were going to
17 be in Virginia anyways for a meeting.

18 They put us on the agenda. Myself
19 and my colleague came down to present the
20 approach that we used with college athletes,
21 and the thinking was that if the sergeants
22 major gave it a green light, gave it a thumbs

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1 up, then we would proceed to try to figure out
2 how to customize it for the military, and
3 particularly the Marine Corps at the time.

4 And we did that. They liked the
5 idea. They liked our approach, and so from
6 the beginning in 1997, which is 17 years ago,
7 we started working with the Marine Corps on
8 this very question.

9 The program, the MVP program that
10 I referenced, and the work with college
11 student athletes and then into the military,
12 was the first bystander program in the field.
13 And we -- at the time we called it a unique
14 approach, a unique bystander approach. Now
15 it's become the mainstream of the field.

16 But we were the first in this
17 field, and I just want to give you a couple of
18 the highlights of what we do and why I think,
19 of course, that this approach, the way that we
20 do the bystander approach, is frankly really
21 effective if done correctly.

22 The reason for developing the

1 bystander approach in the sexual assault, say
2 to get specific, sexual assault field, was
3 that most men who are not sexually abusive or
4 rapists -- are we still there?

5 JUDGE JONES: Yes, we can still
6 hear you. Great, go ahead.

7 DR. KATZ: Okay, thank you. Most
8 men, which is to actually say the vast
9 majority of men who are not perpetrators of
10 sexual violence, often tune out anything like
11 a message to perpetrators. They'll just say
12 hey, this isn't my issue. This is not my
13 problem. I don't rape women. I don't
14 sexually assault girls.

15 This is not my problem. Why
16 should I have to sit here? Why should I have
17 to listen to this conversation? Why should I
18 have to go to this meeting or training or what
19 have you?

20 That's still to this day the
21 response of lots of men, in and outside of the
22 military. This is not my problem. I don't do

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1 this, and then they tune it out.

2 One of the benefits of the
3 bystander approach is that we're saying it is
4 your problem, it is your responsibility,
5 because while you yourself might not be
6 abusive, you reside in peer cultures. You
7 have friends, your team mates, your
8 classmates, your squad members, your fellow
9 airmen, you know, any number of different
10 contexts, whether you're, by the way, a 20-
11 year-old or the 60-year-old; whether you're a
12 young high school student or a 46-year-old
13 corporate executive.

14 You live in peer cultures. You
15 have influence within the circles that you
16 travel in. What can you do to stop, to
17 challenge, to interrupt?

18 But whatever it is, not be silent
19 in the face of abusive behavior by men and
20 women around you. And when I say abusive
21 behavior, in MVP from the beginning, we didn't
22 just focus on intervention at the point of

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1 attack.

2 It wasn't -- which by the way, I
3 think, has sometimes, this is what sometimes
4 has happened in the bystander initiatives,
5 which I don't like this development. But some
6 people have employed a very narrow
7 understanding of the bystander intervention,
8 where it's like okay, you see a rape about to
9 happen, and then you could have stopped it
10 from happening.

11 I appreciate that that's part of
12 the piece that needs to happen, and we train
13 that as well. But it's not just about
14 intervention at the point of attack. It's
15 about creating a peer culture climate that
16 doesn't accept sexist, abusive behavior,
17 period, end of sentence.

18 Not because it's illegal and
19 you'll get in trouble if you do it, but
20 because the peer culture itself does not
21 accept this as behavior that is worthy of the
22 peer culture itself.

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1 So the peer culture polices
2 itself, and that ranges from guys making
3 sexist comments with no women present, to
4 sexually objectifying commentary, to a whole
5 -- around a whole spectrum of things that
6 falls short of, you know, felony rape, but
7 that help to create a climate where there's a
8 certain acceptability of certain kinds of
9 attitudes, beliefs and behaviors, especially
10 in this case I'm talking about male peer
11 culture.

12 Because lots of men participate in
13 those other areas through either, actively
14 participate by telling jokes or making
15 comments, or not saying anything in the face
16 of other men doing or acting in the ways.

17 So our approach from the beginning
18 was, guys, if you're not challenging other men
19 and interrupting other men when they act out
20 in these ways along this whole spectrum, then
21 in a sense your silence is a form of consent
22 and complicity in their behavior.

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1 So it's about changing the climate
2 and the mood, in this case again, in the male
3 peer culture, well before it becomes a
4 physical assault or a sexual assault incident.
5 That's in a nutshell the bystander approach
6 with men.

7 We worked -- we started working in
8 college athletic programs with only men, and
9 then we realized, of course, lots of athletic
10 programs would say well, what about the women?
11 What can we do with the women? Then we were
12 working in high schools, and then people were
13 saying well of course it's boys and girls.
14 You can't just work with the boys.

15 So of course we developed the
16 bystander approach for working with the girls
17 and women, with the same premise, which is if
18 you yourself are not involved in the diet of
19 abuse, as the victim or the perpetrator of
20 sexual abuse or sexual harassment or violence
21 of any kind, but you're in a peer culture with
22 friends, team mates, classmates, in the

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1 military, squad members, airmen, etcetera, you
2 yourself might not be directly involved.

3 But you have friends, team mates,
4 colleagues, etcetera, co-workers, and what can
5 you do in situations? I mean safely and
6 smartly, but doing it rather than not doing
7 it. In other words, doing something rather
8 than nothing to interrupt the behavior.

9 Again, please understand. It's
10 not just about stopping something while it's
11 happening. It's about creating a climate and
12 mood within a peer culture, where the abusive
13 behavior is seen as unacceptable by the peer
14 culture itself.

15 Now that brings me to the work in
16 the military. We started doing this in the
17 Marine Corps in '97, and I won't go through
18 all the different experiences in there, in the
19 DoD. But now we've worked with all the major
20 services for all these years. But it's been
21 at a lower level, of course, than I think
22 would be necessary for it to be systematically

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1 effective.

2 We've done, you know, hundreds of
3 trainings all over the world in every service,
4 and both the Navy and the Air Force have
5 incorporated MVP, the fundamentals of MVP into
6 their bystander training. I know there's
7 other challenges when you take a huge system
8 like the DoD and try to implement ideas
9 systematically.

10 There's quality control issues,
11 there's all kinds of challenges. I appreciate
12 that. But one -- to get really specific to
13 how we worked with DoD from the beginning, it
14 was really a sergeants major and an enlisted
15 leadership initiative in the Marine Corps
16 initially, and then even in the other
17 services, it's always started out with working
18 with, you know, junior and sometimes senior
19 NCOs, as opposed to officers.

20 And the thinking was okay, they're
21 younger, generally speaking, and closer in age
22 to the troops. So we deliver this training,

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1 we're going to deliver the training to the
2 younger NCOs.

3 Therefore, they come in contact
4 with the 18, 19, 20, 21 year-olds, and of
5 course we know, and I heard this earlier, of
6 course everybody knows that the target
7 population, 18 to 24, is the highest risk
8 population, which all this makes sense.

9 But at the same time, during all
10 those years, very little training for
11 officers, very little training for commanders.
12 I personally had very little interaction with
13 or training of senior-level officers of any
14 kind.

15 It was almost always junior and
16 sometimes senior NCOs, and I would always say
17 one thing that's been missing in the United
18 States military is leadership training for the
19 senior commanders at every level.

20 That includes at all the service
21 academies. There's just so many ways that
22 officers need to be trained and systematically

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1 trained in all of this, that hasn't really
2 happened yet.

3 It's beginning to happen, and part
4 of the reason why I was happy to be part of
5 this panel was because I think this has been
6 a huge shortcoming in the U.S. military's
7 response to sexual violence.

8 Can I tell you -- I don't know if
9 anybody on the panel knows who David Morrison
10 is. He's the Chief of Staff of the Australian
11 Army, and he's an exemplary leader in this
12 regard.

13 Anybody who is interested, and I
14 think you would be well-advised to check this
15 out on, you know, you can just Google it.
16 David Morrison, Army Chief of Staff,
17 Australian Army.

18 About a year and a half ago there
19 was a scandal in the Australian Army with a
20 series of Facebook postings and email messages
21 by a group of NCOs and junior officers,
22 really, really sexist and degrading

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1 commentary, and it wasn't just one or two
2 postings. It was a continuous stream.

3 It became public. It was a
4 scandal. General Morrison wrote a statement
5 that he issued, a video statement that he
6 made, if you will, that was sent out to all
7 the members of the Australian Army, that went
8 viral, which is why everybody can see it on
9 YouTube.

10 It's very, very powerful. He
11 basically says, you know, without referencing
12 the specifics of the incident, he basically
13 says if you think that you can be a member of
14 this military with its proud tradition and act
15 in this way, you're mistaken, and basically go
16 find another line of work, because you're not
17 welcome in this band of brothers and sisters.

18 Really says it with passion in his
19 voice, and one of the things -- I've shown
20 this video and I've been working -- I and my
21 partner now have been working with the
22 Australian Army for the past year, and the

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1 first thing, by the way, that we did in our
2 work with the Australian Army, was a training
3 for General Morrison and his ten most senior
4 generals.

5 So in other words, he took it
6 seriously. Like okay, the way we're going to
7 lead here is we're going to get training
8 first, before we go to the young troops.
9 We're going to get trained.

10 One of the things that comes up
11 over and over again when people watch this
12 video is they say, they remark upon how
13 passionate he was in his presentation. In
14 other words, he wasn't just reading a script
15 like okay, we have to check this box, you
16 know. Congress is telling us to do this, or
17 you know, the Parliament or whatever is
18 telling us that we have to do this, and you
19 know therefore, you know, we've got to do it,
20 as opposed to I, as a man, am outraged by
21 this, and I am going to take serious action,
22 and I am setting the tone in that regard.

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1 That's, you know, leadership
2 basically, and what's missing from so much of
3 the conversation in this country, the United
4 States, not just in the military conversation,
5 is men in positions of that sort of leadership
6 who clearly communicate, not just that they're
7 doing it because they have to or because it's
8 policy or because it's a military readiness
9 issue, which all of that, by the way, is true.

10 But because they really, strongly
11 believe that this behavior is completely
12 unacceptable, and communicating that level of
13 concern and passion is a part of leadership,
14 especially among men, that has been missing,
15 honestly.

16 The other thing is in my work with
17 the DoD, in the different branches, there's
18 lots of great people, men and women, who are
19 really passionate and concerned about this.
20 But there's also a lot of people who do it
21 because they have to do it.

22 They do the training because

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1 that's their job, or they communicate the
2 curriculum, if you will, or the bystander
3 training and what have you, because that's
4 part of their job. That's clearly
5 communicated to the troops who they're trying
6 to educate or train.

7 They say okay, we have to do this.
8 There's been these scandals. We have to do
9 this. As you know, and anybody who knows
10 anything about military training, when the
11 trainer, the instructor doesn't really believe
12 it, isn't really committed to it, it
13 undermines the educational power of the
14 message, badly undermines it.

15 So I think that part of the role
16 of strong command leadership is conveying that
17 we're not just doing this because we have to
18 do it because we're under Congressional
19 pressure. We're doing it because this is
20 antithetical. This behavior is antithetical
21 to the values of this institution, and
22 everybody who is going to wear the uniform is

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1 going to agree with that, or you have a
2 problem.

3 That's a different -- there's a
4 different tone to that kind of leadership than
5 there is okay, we've got to give our troops
6 the requisite education, because it's mandated
7 by Congress.

8 So that's basically -- last piece.
9 When we do trainings, the first thing we do in
10 a training, especially with command or leaders
11 of any kind, to be quite honest with you, in
12 the civilian world or in the military, the
13 first thing we do in the training is we have
14 an exercise about leadership.

15 In other words, we have on the
16 board or on the white board or on easel, flip
17 charts or what have you, we'll ask people what
18 is the definition of leadership.

19 And we'll ask them why do you
20 think we -- after we did the exercise, we'll
21 say why do you think we did this exercise
22 about leadership in a training about sexual

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1 assault?

2 Because a lot of people don't make
3 the connection like intuitively, that this is
4 a leadership issue. They think okay, we're
5 being punished. We have to go through this
6 because it's like a problem, we've had some
7 problems, as opposed to this is fundamentally
8 a leadership issue, and it's a command climate
9 issue at the command level, and leaders take
10 risks. Leaders lead. Leaders set the tone,
11 etcetera.

12 At the end of the training, we
13 refer back to this whole list of things that
14 they said a leader does, and we say everything
15 we've said in the last, you know, day or two
16 days or however long the training is, is
17 consistent with this idea that as a leader,
18 you're in a position to do this. You're in a
19 position to help others think about this in
20 this way.

21 You're in a position to hold
22 people accountable, both laterally and

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1 hierarchically, you as a leader. This is
2 really a leadership issue, and bystanders,
3 when they speak, when they challenge, they
4 interrupt each other on a peer-to-peer level,
5 a bystander, whether he or she is a 20-year-
6 old or a 47-year-old, a bystander who speaks
7 up and sees something going wrong, like you
8 know, a potential sexual assault or some kind
9 of behavior that's obviously problematic, the
10 person who speaks up in that setting is really
11 doing what a leader does.

12 It's taking some risks and saying
13 hey, wait a second. This is not okay, and I'm
14 not going to be silent, I'm not going to walk
15 away from this. So this is all consistent
16 with being a good leader.

17 So I think part of the reason why
18 I think we've been successful, I mean we have
19 a long way to go obviously in terms of
20 implementation all over the place, not just in
21 the DoD, but in schools, in colleges, in
22 athletic programs, we have a long way to go.

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1 But our biggest challenges, and I
2 have to tell you my biggest challenge has been
3 for many, many years, political, not
4 pedagogical.

5 It's not what do you say to the
6 students, who do you say to the troops, what
7 do you say to the trainees, and like how do
8 you get them to engage and buy in.

9 I think we solved that problem
10 almost 20 years ago. The problem is how you
11 get into systems and how you get the people in
12 the accountable leadership positions, in the
13 civilian world and in the military, to buy in
14 to the point where they make this kind of
15 stuff systematic, and they institutionalize
16 it, to the point where it's not just about
17 charismatic individuals; it's about
18 organically changing the culture.

19 That's, you know, a long-term
20 process, and I know that people want actions
21 tomorrow, you know, and I appreciate that.
22 But that's what has to happen. Ultimately,

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1 we're not going to see dramatic reductions in
2 sexual assaults in the military or elsewhere
3 until we have systematic and organic shifts in
4 cultural practices and accountability.

5 And of course command has, you
6 know, the military has enormous power in that
7 regard, even more so than most institutions in
8 the civilian world, because in the military,
9 because it's hierarchically organized, you can
10 hold people accountable in a way that in some
11 other civilian institutions it's a little more
12 challenging to do.

13 So I'm optimistic, and I think
14 that we can do this, and we can create, you
15 know, we can create systematic change. But it
16 does require the kind of leadership buy-in
17 that I've articulated.

18 JUDGE JONES: Thank you very much,
19 Dr. Katz. Does anyone have any questions for
20 Dr. Katz at this point, because I think you do
21 have to leave a little early. Is that right,
22 Doctor?

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1 DR. KATZ: I have a few minutes.

2 JUDGE JONES: I would normally go
3 through all the presentations. So are there
4 any comments or questions for Dr. Katz? All
5 right. Thank you very much.

6 MS. HOLTZMAN: Judge Jones, can I
7 just ask a quick question?

8 JUDGE JONES: Yes, go ahead.

9 MS. HOLTZMAN: Dr. Katz, have your
10 programs been evaluated?

11 DR. KATZ: Yes, at many different
12 levels and in many different contexts. But
13 never systematically in the military. We've
14 had like pre- and post-tests, you know what I
15 mean, like in various implementations in the
16 various services.

17 But never a systematic evaluation
18 in the military. We've had it in high
19 schools, we've had it with college athletic
20 programs, and it's always -- you know, as you
21 probably know, in prevention, it's really
22 tricky, you know. What are you measuring and

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1 how do those measurements, you know, hold up,
2 if you will?

3 Because the pre- and post-test is
4 pretty, you know, it's good you get some
5 information, but it's not an outcome
6 evaluation, and you can't really measure
7 outcomes until you systematically implement
8 something.

9 So for example in the Marine
10 Corps. We work with the Marine Corps. For
11 years, we were doing trainings at the staff
12 NCO academies.

13 We were training instructors,
14 Marine Corps instructors who were training
15 other Marines coming through the corporal's
16 courses, the sergeant's course and then
17 various, you know, NCO, staff NCO trainings.

18 And we were training instructors
19 to train other Marines. And, you know, they
20 have a three-hour block of instruction. The
21 Marine Corps had at the time 175,000 or close
22 to 200,000 members, and we're training, you

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1 know, 20 people a year and then they in turn
2 were training other people.

3 But it's really hard to say okay,
4 we've reduced sexual violence in the Marine
5 Corps, when you just have this little tiny
6 three hours in one training session, you know,
7 like that kind of thing. How can you make the
8 claim that you've reduced the violence and the
9 abuse?

10 So I always say it's hard to
11 measure something that you haven't really
12 implemented. In high schools, we can measure
13 -- when a whole high school takes on this
14 approach, which is to say it's mandatory for
15 all the ninth graders to go through.

16 So after four years, the whole
17 high school has gone through training. So we
18 only -- we have lots of data on high schools
19 that have implemented MVP over time, and of
20 course -- I mean I shouldn't say of course --
21 but it's shown dramatic reductions in abuse
22 and assaults, including by the way, and I

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1 didn't mention this in my presentation, but
2 not just, you know, sexual violence of the
3 most obvious kind, but other forms of
4 interpersonal, bullying and abuse, because
5 they knew they could prevent it or they could
6 intervene on at a much lower level than
7 criminal behavior including, by the way, men's
8 sexual violence against other men.

9 We talked about all this. For 20
10 years we've been talking about this, men's
11 sexual violence against other men, not just
12 men's violence against women, and sometimes
13 women's, you know, abusive behavior towards
14 women, towards men.

15 In other words, the whole spectrum
16 gets talked about in this context, but anyway,
17 so in high schools we have good data over time
18 about how you can really shift a culture. But
19 in the military, it's only -- it's more
20 idiosyncratic at this point.

21 MS. HOLTZMAN: Oh, okay. But
22 could you send us -- have you given us or

1 could you give us the information about the
2 evaluations of your programs in high schools?

3 DR. KATZ: I could, yes. I could
4 make that available to the committee without
5 question.

6 MS. HOLTZMAN: Thank you very
7 much.

8 DR. KATZ: You're very welcome.

9 JUDGE JONES: Thank you, Dr. Katz.
10 We're going to turn now to Ms. Kelly, and is
11 it Ziemann?

12 MS. ZIEMANN: It is Ziemann, yes.

13 JUDGE JONES: Who's the Education
14 and Prevention Coordinator for the Iowa
15 Coalition Against Sexual Assault. Ms.
16 Ziemann, thank you for coming.

17 MS. ZIEMANN: Thank you so much
18 for having me here. I appreciate being here.
19 I think that as a whole, I'm much more
20 interested in the kinds of questions that the
21 panel has, that this group has for us a panel,
22 than I am in telling you a whole lot of

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1 things.

2 Off the bat, I have in my head
3 what I think you want to know, but I think
4 it's better if you let us know what we can
5 tell you. My job in Iowa is to take a look at
6 the finite amount of money that we have that
7 comes into our state for sexual violence
8 prevention, and figure out how we're going to
9 use it most effectively, which involves doing
10 some campaigns and involves giving some money
11 to staff on a local level, to figure out how
12 they're going to reduce sexual violence in
13 their community.

14 I'm going to echo some of the
15 things that Dr. Katz had to say about
16 evaluations and measurement, right. All of
17 our jobs would be much easier, in fact, we
18 wouldn't have to convene this panel at all if
19 we could tell you like, this is the program,
20 this is the one that works, come on in and
21 we'll do it and we'll make it happen, and
22 suddenly we're not going to have any more

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1 sexual violence. We're not there as a field
2 on any level.

3 So really, the way that I want to
4 frame sexual violence prevention for this
5 group is to think about some of the other
6 things that we've tried to prevent, and how
7 we've gone about doing that, right, and the
8 analogy that I want to give you is seat belts.

9 So for many of you, you were in a
10 car at some point recently. Maybe it was
11 today, maybe it was last week. You were in a
12 car, and you probably put on your seat belt,
13 okay. That's something that didn't happen
14 even when I was a kid, right.

15 The station wagon that we drove
16 around with when I was little had no seat
17 belts at all, and nobody thought it was a big
18 deal, right. I'm 36. Now everybody near
19 about wears their seat belt, right? Why do
20 people wear their seat belts?

21 For a lot of different reasons.
22 People have different kinds of motivations.

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1 Some people wear their seat belts because they
2 can't afford to pay the fine if they get
3 pulled over. Some people wear their seat belt
4 because they've had some kind of personal
5 experience, right? Either they were almost in
6 an accident and the seat belt saved; they knew
7 somebody who was almost in an accident.

8 They were persuaded by a video
9 that they saw that scared the crap out of them
10 in driver's ed, right, something like that.
11 Maybe they wear their seat belt because we
12 started making cars that dinged in an
13 irritating fashion at you if you don't wear
14 your seat belt, and that light flashes, right?

15 There are lots of different
16 motivations for why people do that behavior
17 that we want them to do. I think when we're
18 talking about sexual violence prevention, we
19 have to think about those different
20 motivations too, right, that there are
21 bystander intervention programs that work
22 really well, right, and you're going to get

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1 some of that evaluation data.

2 There are administrative policies
3 and procedures that we put into place that
4 work really well. But if we actually want to
5 be serious about preventing sexual violence,
6 we have to look at it on all of those
7 different levels, because some things are
8 going to resonate with some folks, and other
9 things aren't, right?

10 People have different motivations
11 for why they change their behavior, and if we
12 really want to make changes in people's
13 behavior, we have to appeal to all of those
14 different motivations.

15 So doing one kind of a program, no
16 matter how great the evaluation statistics on
17 that program are, it's not going to be
18 something that's effective, because it's going
19 to be effective with those particular people
20 that that message or that program resonates
21 with.

22 So when I'm working with local-

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1 level sexual violence prevention educators
2 that just want to do their job right, and they
3 come in and they say to me, "tell me what
4 program I need to do. Tell me how I do this,
5 so that I get the evaluation results that the
6 funders are looking for."

7 I can't do that, right. But what
8 I can tell you is that these are some of the
9 things that we've seen work. What you really
10 need to do is get with your community and
11 figure out what are all of the reasons that
12 the behavior that we don't want to happen is
13 happening, and how do we systematically
14 address those things on each of those levels.

15 So that's kind of the frame that I
16 want to give for this conversation.

17 JUDGE JONES: All right, thank
18 you. Thank you very much, Ms. Ziemann. Mr.
19 Benje Douglas, who is the Project Manager,
20 National Sexual Violence Resource Center. Mr.
21 Douglas.

22 MR. DOUGLAS: Thank you. Thank

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1 you very much for the invitation to be here
2 today. The National Sexual Violence Resource
3 Center is a project of the Pennsylvania
4 Coalition Against Rape. The CEO actually was
5 here several months ago, talking about
6 response, and she -- in preparation for this,
7 she wanted me to say number one, that we're
8 the same org, and that she's really excited
9 that we had a chance to come back and talk to
10 you about prevention.

11 The NSVRC was started with a
12 prevention focus, and the CDC actually was,
13 still is one of the primary funders, for
14 looking at how we can produce materials across
15 the spectrum of sexual violence information,
16 for a wide variety of stakeholders.

17 So that includes state coalitions,
18 local centers, law enforcement, the military,
19 etcetera. In my position, I work as a manager
20 for an OVW-funded project actually, that looks
21 at trauma-informed care across the life span,
22 and I've got to tell you. I'm so excited that

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1 Russ Strand put my name forward, because this
2 is something I'm very passionate about, in the
3 context of looking at sexual violence
4 prevention, and looking at trauma-informed
5 care kind of in concert together.

6 So how do I relate to this
7 conversation? Professionally, I've had
8 relatively little experience with the
9 military. I gave a presentation with the
10 Lackland Air Force Base that went poorly. It
11 was the end of the day. It was four o'clock,
12 and I had a room full of NCOs.

13 We were talking about all the bad
14 things you shouldn't do when you go off base
15 essentially. If you've ever been to Lackland,
16 you realize there's a lot of things you can do
17 off base in San Antonio.

18 So I was right after the drunk
19 driving person, and I was right before -- I
20 want to say I was right before the person to
21 talk about like the medical health and the
22 benefits for like going to see the doctor.

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1 The person in front of me got
2 booed, and I think it's quite literally like
3 boo, get off the stage. Then I get up there.
4 I've got to tell you, it's hard when you care
5 deeply about something, to be confronted with
6 people who also care deeply about something,
7 and in this instance they wanted to leave.
8 They cared very deeply about leaving.

9 So I just wanted to tell them
10 let's all go out here and stop sexual assault,
11 and we'll all have a great weekend, and it was
12 one of those flat affects. I'm like okay,
13 okay. Well, it was fine. We agree with you.
14 We're not going to sexually assault anyone.
15 Just move on.

16 What I was confronted with after
17 leaving that conversation was we need more.
18 We need more of something. So I know you
19 probably at the previous session talked about
20 dosage and the idea of the more often you talk
21 about something, the more valuable it can be.

22 I learned about dosage from my

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1 parents. They dosed me all sorts of things as
2 a child, and one of the specific things they
3 dosed me was don't do certain stuff. Like
4 don't do that, don't do that.

5 They also dosed me some very
6 serious do's. Like do respect other people,
7 do be a valuable person. I've got to tell you
8 this is completely personal. My dad would be
9 just completely stupefied that I'm here right
10 now.

11 He left the military as an E-5.
12 He spent two years in the Army, one year in
13 combat in Vietnam, and worked for many years
14 as a civilian in the General Accounting
15 Office, but it became the General
16 Accountability Office, and he wanted me to be
17 in the Armed Forces so bad.

18 He raised a hippie-kid, but he
19 wanted me so badly to join up for one specific
20 reason, because it changed his life. He left
21 rural Selma, Alabama, went to Vietnam, went to
22 Fort Lewis in Washington when he left, and it

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1 changed the trajectory of who he was.

2 The reason why I'm relating that
3 to what we're talking about with sexual
4 violence is he, though only in for two years,
5 had everything about his life changed. So if
6 you think about the fact that our citizens who
7 go in become soldiers, you know, Marines for
8 a limited amount of time come back into our
9 communities.

10 So there's great impact in the way
11 that our communities are shaped. The reason
12 why that's so important to me is because he
13 knows that there's something transformative
14 about the military, something valuable about
15 it, and I know that there's something valuable
16 and transformative, because I've benefitted
17 from it, and other people in the community
18 have benefitted from it as well.

19 The only thing I'm going to say,
20 before I answer any questions if you do have
21 from the panel, is the most important thing I
22 can say here today, in terms of prevention, is

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1 you have to believe you can end sexual
2 violence as a commander. Nothing else really
3 matters to me.

4 Because if you don't believe you
5 can end it in your installation, in your post,
6 within your service, then really everything
7 else we're talking about is somewhat academic.
8 Because if you don't believe you can stop it,
9 then what are you really doing and what are
10 you translating to your other senior officers
11 and junior officers?

12 Because if you do believe you can
13 take that hill, to use a very crass analogy,
14 you're going to go and you're going to do it.
15 You're going to tell the people you can go do
16 this thing because I believe you can go do
17 this thing. I've equipped you to go do this
18 thing. Report back to me once you've done it.

19 I think the same thing is true
20 with sexual violence prevention. To some
21 consequence, it's a very different field, and
22 I do not want to insult anybody by saying

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1 they're the same thing. But I do believe if
2 you believe you can stop it, you're going to
3 put the architecture in place to hopefully get
4 to there.

5 So that's really the only thing I
6 want to talk about today, is believing you can
7 end it, understanding the value of context,
8 and I do want to resonate with something that
9 Dr. Katz said is, it can't just be charismatic
10 leaders who bring this forward. It has to be
11 in the true understanding of what everything
12 everybody does in the service.

13 It's not just charismatic leaders
14 who train people how to use firearms. It's
15 everyday stuff within the context of the
16 military. I think the same thing can be true
17 of sexual violence prevention.

18 JUDGE JONES: Thank you very much,
19 Mr. Douglas. We're now going to hear from
20 Dr., is it Banyard, who's the Co-Director of
21 Prevention Innovations and Professor of
22 Psychology at the University of New Hampshire.

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1 DR. BANYARD: Good morning and
2 thank you.

3 JUDGE JONES: Good morning.

4 DR. BANYARD: Thank you so much,
5 and I'm going to apologize, because one of the
6 ways that I was able to get -- free up my
7 schedule to be able to come down today is
8 because I booked another meeting before I have
9 to fly home, before you all get this
10 snowstorm.

11 So I am going to have to leave
12 just a little bit after 11:30, so I can get
13 across town.

14 JUDGE JONES: We're just very
15 grateful you can be here.

16 DR. BANYARD: But and yeah. So
17 I'm at the University of New Hampshire, part
18 of Prevention Innovations, and regularly
19 conduct research, evaluation research on
20 sexual assault prevention programs. I also do
21 a lot of research about the consequences of
22 sexual assault and interpersonal violence, as

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1 well as looking at factors related to barriers
2 of facilitators of bystander helping behavior.
3 So I'm basically a research geek, is kind of
4 what I spend my time doing.

5 So and we have been part of
6 research at the University of New Hampshire on
7 a bystander prevention program that owes a
8 huge debt of gratitude to Jackson Katz's work,
9 and we've had a chance to work together and
10 talk together on projects, which has been
11 great on bringing in the bystander. So we've
12 done some of the evaluation work.

13 And so again, I guess I'll just
14 build on what some of the other panelists
15 said, and just make two really brief points,
16 because I think it was great sitting in on the
17 morning session and hearing all the good
18 questions you all had. So I think that will
19 be really interesting to hear.

20 I think there are two points from
21 my own research. One is that prevention needs
22 to be flexible, as you've said, so that there

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1 are promising strategies, there are some
2 evidence-informed strategies. But for
3 example, one of the things that we have
4 learned in our research on college campuses is
5 that the same prevention program, while it may
6 not resonate equally well, also will have
7 different impacts for different people, based
8 on their level of awareness, their level of
9 motivation for engaging in it.

10 So we've been developing
11 assessment tools and using them, to try to say
12 how can we understand where are people
13 developmentally, not just age-wise, but in
14 terms of how they engage with this issue.

15 So how do we get someone to the
16 point where they're really passionate about
17 it, if they're not, and that we may actually
18 need different prevention tools for those
19 different stages.

20 The second take-home message that
21 I'll have is really about the opportunity that
22 I think you all have. So I know there's a lot

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1 of challenges about the work that you all are
2 embracing, but the opportunity that I see is
3 really, as I think was made very clear by Dr.
4 Tharp this morning, and probably was something
5 that you came into the room with as well, is
6 that we need a lot more information about
7 this, that we know some things but we don't
8 know a lot, and we definitely don't know
9 enough.

10 So while a start is to build your
11 strategy based on what we know from the
12 research, this is also an opportunity for you
13 all to generate the research that's going to
14 change all of our work.

15 So that I think there are
16 particular opportunities, in terms of the
17 broad scope of the prevention work that you're
18 undertaking, that will if you build evaluation
19 at the beginning, from the center, as part of
20 everything that you do, that you will come up
21 with some of the next answers that the field
22 of sexual assault and interpersonal violence

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1 prevention really needs to move forward.

2 So on the one hand while it's
3 challenging and probably frustrating that we
4 don't have all the answers right now about
5 this is what you should do, on the other hand,
6 if you build that evaluation and research
7 component into all that you're doing from the
8 beginning, we're going to come out of the end
9 of your efforts knowing a lot more about what
10 we need to be doing. From where I sit, that's
11 incredibly exciting.

12 JUDGE JONES: Thank you, Doctor.
13 Our last speaker is Dr. Sharyn Potter, who is
14 also Co-Director. Are you co-directors
15 together? Okay. That was good. I put that
16 together correctly.

17 DR. POTTER: Partners in crime.

18 JUDGE JONES: And again, it's
19 Prevention Innovations, an associate professor
20 of Sociology at the University of New
21 Hampshire. Thanks, Dr. Potter.

22 DR. POTTER: Thank you. Thank you

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1 so much for taking the time to hear from all
2 of us today. Before, I just want to leave
3 you, talk for a few minutes and leave you with
4 two thoughts regarding the prevention of
5 sexual violence.

6 So first, I really want to convey
7 the critical importance of conceptualizing a
8 bystander prevention strategy, so it resonates
9 with the target audience, and I think I'm
10 really echoing my colleagues on the panel.

11 I also really want to stress
12 secondly that the translation efforts do not
13 need to be onerous, and that there's really
14 streamlined ways to translate and maintain the
15 effectiveness of the prevention strategy.

16 So before I go into this, let me
17 tell you a little bit about myself. Like
18 Judge Jones said, I'm Sharyn Potter. I'm a
19 professor in the Department of Sociology, and
20 I am Co-Director of Prevention Innovations, a
21 research center at the University of New
22 Hampshire dedicated to ending violence against

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1 women.

2 I earned a doctorate degree in
3 Medical Sociology and a Master's in Public
4 Health after a first career as a certified
5 public accountant. My parents are still
6 curious. For the past 25 years, I've been
7 involved in the prevention of sexual violence,
8 and in 2010, I had the opportunity to pilot
9 bystander studies on two different United
10 States Army posts in Europe, and General Ham,
11 I had the honor of briefing you in September
12 2010.

13 So on one post we translated,
14 disseminated and evaluated the Know Your Power
15 bystander social marketing campaign that I
16 developed with my UNH colleague, James
17 Stapleton, and on a second post, we had the
18 ability to translate and administer and
19 evaluate the bringing in the Bystander program
20 that my colleague, Vicki Banyard, developed
21 with our other UNH colleagues. I also sent
22 copies of these studies.

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1 So the Know Your Power bystander
2 campaign aims to reduce sexual and
3 relationship violence and stalking. The
4 campaign images portray realistic and
5 provocative scenarios that highlight the
6 important role all community members have.

7 GEN HAM: Could we ask the off
8 stages if you'd please move your microphones.

9 DR. POTTER: So the campaign
10 images, again, portray realistic provocative
11 scenarios that highlight the important roles
12 all community members have in ending sexual
13 assault, relationship violence and stalking.

14 The after-images model active
15 bystander behaviors that target audience
16 members can use in situations where violence
17 is occurring, is about to occur or has
18 occurred, and the campaign images have been
19 used in a variety of ways, including posters,
20 table tents, bookmarks, postcards, computer
21 screens, full-size bus wraps.

22 What I really want to stress is

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1 unique about our campaign is that it's the
2 only bystander -- it's not only the only
3 bystander social marketing campaign that has
4 been developed with the target audience, but
5 has also been evaluated. In addition to using
6 a pre- and post-test and then four-week
7 follow-up methodology, I've used formative
8 evaluation techniques throughout all aspects
9 of the campaign design and dissemination.

10 So when you look at, to over 700
11 target audience members have contributed
12 valuable insight and feedback to the design
13 and editing phases of this project, and the
14 scenarios featured in the images, the
15 dialogue, the setting, the clothes the actors
16 are wearing have all been informed by my
17 target audience members.

18 So from my research examining the
19 effectiveness of this campaign, I've become
20 increasingly aware of the term that I've
21 coined and started to write a lot about,
22 called "social self-identification." The

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1 concept came from my focus group of college
2 students, who provided feedback on original
3 images.

4 They basically said that they're
5 inundated all day long with images, and they
6 basically ignored the images unless the actors
7 in the images or the setting of the image
8 looks like a party they would go to, the
9 people in the images looked like their
10 friends.

11 So in a sense, they really tune it
12 out until it's something that they can relate
13 to. So I defined this term social self-
14 identification as an individual's ability to
15 see himself or herself in a familiar context
16 in the social marketer's message.

17 This attitude is not limited to
18 college students. During my pilot study with
19 the U.S. Army, soldiers would tell us -- they
20 were very honest -- that scene does not look
21 like a barrack on my post. That's not how I
22 hang out with my friends. Their hair is too

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1 long or much worse from the Army soldiers,
2 that guy doesn't look like an Army soldier; he
3 looks like a Marine.

4 And their feedback was much
5 similar to the feedback I hear regularly from
6 the college students. Students that I worked
7 with in California critiqued the clothing of
8 the actors in the images that I've worked on
9 in the northeastern campuses, as well as the
10 dialogue they use, and games like beer pong
11 have different names, depending on what
12 college campus you happen to be visiting.

13 And I really want to stress it's
14 not a complex or expensive process to gather
15 this contextual information that my colleagues
16 have talked about. I've been able to do it in
17 facilitated focus groups.

18 But I think the loss is, is by
19 failing to contextualize the message, the
20 target audience members focus on the
21 extraneous details like somebody's hair or the
22 clothes they wear, and the prevention message

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1 gets lost. We've put all this work into
2 trying to do this.

3 When I empirically examined this
4 notion of social self-identification, I found
5 that the more target audience members
6 identified with the image, the more the
7 bystander intervention message resonated. So
8 if you look at participants who reported they
9 identified with the images, compared to those
10 who didn't identify so well, they were more
11 likely to report that they had a role to play
12 in ending sexual violence, and that they were
13 more likely to have engaged in bystander
14 behaviors.

15 So just in conclusion, I really
16 want to reiterate the two thoughts that I hope
17 I've left you with. First, target audience
18 members need to see themselves in familiar
19 situations in the prevention message.

20 So I think it's fair to say that
21 we cannot take a program that was effective in
22 Kentucky and expect the same program to have

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1 the same effectiveness when we implement it on
2 an Air Force base in California.

3 The second message I want to leave
4 you with is that tailoring a prevention method
5 does not have to be onerous in terms of time
6 and costs. We have been able to translate
7 both our bystander social marketing campaign
8 and our in-person prevention program, and
9 maintain the rigor of both programs, many
10 times with minimal efforts, making the
11 prevention message accessible and relatable to
12 the target audience. So thank you.

13 JUDGE JONES: Thank you very much.
14 Any questions for any of the panelists?

15 (No response.)

16 JUDGE JONES: I have one. We
17 heard Dr. Katz talk a lot about how it really
18 has to be -- the message about sexual violence
19 and the prevention of sexual violence has to
20 come from the top, from the top commanders,
21 and the commander, for that matter.

22 Have you ever done a program for

1 that level of training? And if you were, do
2 you have any ideas? Well actually, Mr.
3 Douglas was about to respond, and then I'd
4 love to hear from you, Dr. Katz.

5 DR. KATZ: Thank you.

6 MR. DOUGLAS: The only analog I
7 have is university presidents. I would say
8 that in some ways everybody's head of their
9 organization and --

10 JUDGE JONES: Could you speak a
11 little louder?

12 MR. DOUGLAS: Sure. The only
13 analog I have is working with university
14 presidents, and they have a similar sort of
15 command structure. So they work with a lot of
16 different people and a lot of different
17 organizations.

18 The piece of success that it would
19 try to translate to the military command would
20 be to make it very specific, the presentation
21 itself, and to clear out extraneous pieces
22 that are meant to sort of dazzle, for lack of

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1 a better term.

2 Like, I don't want to sell a
3 university president on something. I want to
4 be able to concretely speak to why it's
5 important for them to recognize for the entire
6 whole of the community, as opposed to trying
7 to convince them that it's important in and of
8 itself.

9 I think they're smart enough to
10 know that it's important, but to how to
11 actually work together to create something
12 that would be lasting, I think is the most
13 valuable.

14 JUDGE JONES: Thank you.

15 DR. POTTER: And I would add to
16 that and say that if we're implementing a
17 program, there has to -- the leadership has to
18 have a buy-in.

19 So when I -- when we go to
20 colleges and universities and implement our
21 programs, and if a student who's underaged
22 acts like a bystander and is there when the

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1 police comes, I don't want that bystander to
2 be arrested for underage drinking.

3 So the policy -- we're asking
4 students to intervene at all levels of the
5 spectrum, and I don't want the bystander to be
6 -- get in trouble for being in the, you know,
7 helping. So I think the policies have to
8 support the programs we implement.

9 DR. BANYARD: There is one piece
10 that's a little bit different, but it again
11 speaks to what you were saying about what are
12 the motivations that get people to really
13 engage with this, and there is starting to be
14 one of our colleagues who we've worked with.

15 Allison Caras has done some work
16 on faculties. So it's again not in the
17 military context. It's in a college campus
18 context.

19 But she's been doing some work on
20 training faculty, and a lot of the inroad with
21 faculty is students may come to you, or you
22 may be teaching about this in your class, and

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1 how can we use that as an open door, to then
2 start talking about all of these different
3 issues.

4 So it gets to, Sharyn, what you
5 were saying about thinking about, and, Kelly,
6 what you were saying as well, about thinking
7 about that target audience, thinking about all
8 those different motivations, and then how do
9 we kind of tailor it for that, to get that
10 broad, comprehensive approach that Dr. Katz
11 and Dr. Tharp were talking about.

12 MS. ZIEMANN: And my experience
13 definitely is also kind of in that more
14 academic setting.

15 But I will say that it's also
16 important that we think about who the
17 messengers are, right, that the information
18 yes, has to have buy-in from the top-down for
19 all of the reasons that we're talking about,
20 particularly because of some of the unintended
21 consequences that we think of, right, that we
22 don't want somebody who's reporting, who's

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1 intervening in a kind of pro-social bystander
2 way, to be in trouble for being at some place
3 that they weren't supposed to be, for example.

4 Or even small things. Like, I've
5 worked on campuses where there was some
6 ongoing harassment after a sexual assault that
7 was happening by email. So the
8 administration's thought process was well,
9 we'll just shut down the student's email
10 account.

11 Well okay. That was helpful, in
12 that she wasn't getting any more harassing
13 messages from the perpetrator, but not so
14 helpful, in that she couldn't conduct the work
15 that she needed to do with all of her other
16 professors, right.

17 So always thinking about those
18 kind of unintended consequences. But when I
19 mentioned thinking about the messenger, what
20 I think about is this, that if I have a
21 prevention educator in a local community that
22 goes into a school, she could be the best

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1 prevention educator doing the best evidence-
2 based kind of programming possible.

3 But if when she leaves that
4 building, all of the work that she's doing is
5 not supported by all of the other folks in
6 that building, she might as well have not gone
7 at all, right. So that means to me that if
8 I'm trying to change a culture, I can't just
9 put in one or two charismatic people, one or
10 two good programs.

11 I have to really make sure that
12 that message is diffused throughout that
13 system, and not only by people that are being
14 paid or being tasked with carrying that
15 message, but by folks that don't have to carry
16 the message, right?

17 Because I, when I go into any sort
18 of setting, will always be the sexual assault
19 lady, right, and I get paid to talk about
20 sexual assaults and how bad it is and what we
21 should be doing instead, right, and how we
22 prevent it.

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1 So my message can be heard by some
2 people, sure, but that message is much better
3 heard by the teacher that doesn't have to say
4 that or the parents, that it's not their job,
5 right, that the friend, right, all of those
6 people are much more powerful message-bearers
7 than I could ever be just by nature of the job
8 that I do.

9 DR. BANYARD: And there's three
10 really great research examples of that, and
11 again, you have to kind of translate, because
12 we have way better data about this in school
13 settings.

14 But the three research settings
15 I'm thinking about, one was referred to
16 earlier this morning about the Shifting
17 Boundaries Program, and I think, you know,
18 that evaluation really showed that it was the
19 school-based policies, and some of it was the
20 community norms, the poster campaign.

21 But some of it was as students map
22 out hot spots and teachers and staff start to

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1 be in different places, there's a certain
2 amount of buy-in that has to happen for the
3 school to shift that.

4 A second study is one that comes
5 out of more of the school bullying literature,
6 where there are a number of studies that show
7 that students' attitudes about being helpful
8 bystanders, their attitudes about bullying,
9 their behaviors about stepping in to help
10 other students, is very strongly correlated
11 with their teacher attitude. So if you
12 measure whether teachers take bullying
13 seriously, that attitude affects very much the
14 behavior of what's happening to the students
15 in the classroom.

16 Then for college students, there's
17 a really interesting study that was done,
18 looking at whether students said that they
19 would report some kind of dangerous behavior,
20 and it could include that someone had a gun or
21 what have you on a college campus.

22 The willingness to step in, to try

1 to do something, to tell administration or
2 what have you about this was very related to
3 students' perceptions of trust in campus
4 administrators, campus leaders, campus law
5 enforcement, and a lot of these things were
6 measured separately.

7 So even when you look at the
8 individual level of the person whose behavior
9 we're trying to change or whose peer norms
10 we're trying to activate or what have you, how
11 they think about that context, and whether
12 they think the leaders around them are
13 trustworthy, take this issue seriously, what
14 have you, does seem to have a really big
15 impact on their thoughts and behaviors.

16 I think again, it's a different
17 context, but I think we can build bridges to
18 those studies that support all of these
19 things.

20 JUDGE JONES: Dr. Katz, are you
21 still there?

22 DR. KATZ: Thank you, Judge Jones.

1 JUDGE JONES: Yeah.

2 DR. KATZ: Yes, I'm still here.
3 I'm actually in a car. I'm kind of in
4 transit, but I'm happy to be still on the
5 call. Yeah, I've done a number of trainings
6 both in the civilian world and to a certain
7 limited extent in the U.S. military with
8 commands.

9 Like for example, I did a
10 training, a full day, like a six-, seven-hour
11 day training with vice wing commanders in the
12 Air Force, all the vice wing commanders
13 stationed in Europe.

14 We had a full day, and that was
15 exemplary. Actually, it was unusually,
16 because it's so rare we have it happen.

17 JUDGE JONES: Yes, General.

18 GEN HAM: Dr. Potter, it's good to
19 see you again. I remember in a conversation,
20 we talked a bit about assessment, about how do
21 you measure changes not only in attitudes, but
22 in conduct as well. Could you talk a little

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1 bit about how that may have progressed over
2 the past couple of years?

3 DR. POTTER: Yes. So that's a
4 great question, General Ham. So for the pilot
5 study that we did, were able to administer in
6 USAREUR, I worked with my colleague, Rosalyn
7 Dennis, and what we did was since we were
8 taking baby steps, it was our first kind of
9 foray into this, we basically asked a lot of
10 non-controversial questions, if you would.

11 So we asked about rape myth, we
12 asked about attitudes. We also used a lot of
13 the measures that my colleague Vicki Banyard
14 and our other colleagues have designed,
15 looking at a willingness to be a bystander and
16 actual bystander behaviors.

17 What in grants that I've been
18 writing right now to do more research, is that
19 we've been putting in not only those
20 attitudinal and bystander behavior changes,
21 but also using the SES, Sexual Experiences
22 measures that Dr. Tharp mentioned earlier,

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1 that are designed by Mary Koss, and they're
2 the gold standard in the field.

3 Now, as we're moving forward with
4 our bystander research, we're beginning to
5 incorporate these measures on perpetration and
6 victimization. But with that said, the
7 measures are controversial, because we know
8 when programs are put in the field and when
9 victims are exposed to programs, their
10 reporting can go up.

11 But it's because people are
12 realizing they were in a situation and are
13 seeking help, which is a good thing. So those
14 statistics that we know, we have to be careful
15 with. So it's a conundrum, but that's where
16 we're going, and I think the field is moving
17 that way. We call Vicki the measure geek.

18 DR. BANYARD: But I think that I
19 would agree with all that, and I think the
20 good news is that we've come very far in terms
21 of our measures for assessment. So we still
22 have -- there's always room to grow, right?

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1 But I think there are a lot of
2 really good assessment tools out there. So I
3 think that's the good news for the evaluation
4 research, is that it isn't like having to
5 invent the wheel. I mean literally when I did
6 my first grant on bystander evaluation, we had
7 to scramble to do some pilot research to get
8 a measure going.

9 And now since then, there are lots
10 of other people who've come in, and we've done
11 more work on bystander measures, of course, as
12 you said, Mary Koss' measure, and there are a
13 lot of other things out there as well.

14 So I think that's the nice thing,
15 is that the field does have some better tools
16 that are out there for designing research. So
17 I think it's not having to start and reinvent
18 the wheel in terms of the assessment tools.

19 It's just getting in there and
20 really thinking in some creative ways about
21 some really rigorous methodology, you know
22 which again, I think in the military, you have

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1 that ability.

2 If you don't have to do everything
3 the same right out of the gate, if you can
4 build that you're going to do something
5 differently or, you know, wait on in one area
6 and they'll get the prevention a bit later,
7 so that you can actually look at what happens
8 over time when people are exposed to a program
9 or social marketing campaign or not, or when
10 they're exposed to five prevention tools
11 versus one or three or none.

12 Then those assessment tools are
13 out there that can be used pretty successfully
14 on our campus. I've been --

15 And then part of a -- on our
16 campus, we have now been regularly surveying
17 our students for 25 years, about unwanted
18 sexual experiences, both unwanted contact as
19 well as things that would be more
20 conventionally described as rape.

21 That's been really helpful in our
22 community to regularly do this, because we've

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1 been able to see some really positive changes
2 over time, you know, because of the prevention
3 efforts, you know, like Sharyn's and --

4 DR. POTTER: And, I, could I just
5 add one thing? A few months ago I was on the
6 phone with another representative from another
7 branch of the military, and the person, they
8 really want to put bystander programming into
9 the field.

10 They basically said to me well,
11 I'm going to let, you know, each of my SAPRO
12 people come up with an evaluation. I'm like
13 no, please don't, you know. I think if we
14 could measure all of the same programs with
15 the same apples, we'd be a lot better off than
16 having, you know, these sexual assault people
17 who have so much to do, and then task them
18 with coming up with evaluation measures.

19 That if, you know, if we can all
20 begin to adopt these standardized measures, I
21 think it will also be a really bonus for the
22 field.

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1 MS. HOLTZMAN: Judge Jones, this
2 is Liz Holtzman, may I ask a question to the
3 panel.

4 JUDGE JONES: Yes, yes. Go ahead,
5 Liz.

6 MS. HOLTZMAN: Thank you. To the
7 people from New Hampshire, thank you by the
8 way, to all the panelists for this, for your
9 testimony. To the people from New Hampshire,
10 when you say that you've seen over time that
11 the bystander programs have worked, have you
12 --

13 I take it you've used rigorous
14 evaluations of that. Have you provided that
15 information to the panel?

16 DR. BANYARD: We can do that.
17 They're in published studies, so we can
18 definitely, can definitely provide that.

19 MS. HOLTZMAN: Wait a minute what?
20 I'm sorry. I missed that.

21 DR. BANYARD: They're in published
22 studies, so it would be very easy to get them,

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1 yes.

2 MS. HOLTZMAN: But what you're
3 saying is that you haven't done the same for
4 the military for these programs, the bystander
5 programs in the military? So we don't yet
6 know how well they work, if they have worked?

7 DR. POTTER: No. I have two
8 published studies from the pilot study. I
9 provided them to Kyle. One was published in
10 *Military Medicine* and the other was published
11 in the *Journal of Interpersonal Violence*.

12 MS. HOLTZMAN: Okay, thank you.

13 JUDGE JONES: Yes, Joy.

14 MS. FROST: Yes. I also want to
15 thank all of you. It's just fascinating, and
16 Dr. Potter, I think your comments on social
17 self-identification just reminds us that
18 underneath it all, we're all tribal.

19 But actually it was something that
20 Ms. Ziemann brought up that I wanted to ask
21 about, and when we're talking about these
22 bystander intervention programs in the context

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1 of changing culture and changing social norms,
2 we've addressed it mostly from the perspective
3 of preventing sexual violence.

4 But one of the things, one of the
5 biggest complaints that we're hearing from
6 military sexual assault survivors is
7 retaliation from peers. So have you looked at
8 these prevention, these bystander and other
9 prevention programs from that perspective as
10 well?

11 MS. ZIEMANN: So I can make a
12 couple of comments, and actually if you don't
13 mind, before I answer that question, I want to
14 link back a little bit and pick up on
15 something that Dr. Potter said about those --
16 about that we know that often, when we start
17 doing prevention programs, there's a period of
18 time, some amount of time where reporting
19 rates go up, and that that doesn't mean that
20 more violence is happening, right.

21 But it means that now reporting
22 rates go up, because as part of our prevention

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1 strategy ideally, we've also done some things
2 to make reporting a little bit safer and
3 easier for people.

4 So we're talking about
5 presentations that we do for those top-level
6 folks. One of the things that has to be a
7 part of that is that unique feature.

8 I've seen in many places that
9 prevention efforts get started really well and
10 then fail, because they lose buy-in from the
11 top-down, because they think that now the
12 problem is -- somehow the prevention problem
13 is actually making the problem worse, as
14 opposed to making it better. So that's
15 something that I think we need to cover.

16 In terms of -- in terms of
17 retaliation, I think that what I see from my
18 local community level very often is that
19 people -- we see a lot of survivors who were
20 assaulted while they were in the military, who
21 did not feel safe to report to anybody while
22 they were in the military, and in fact come

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1 out seeking services, support group services
2 and counseling services after they've left the
3 military in one way or the other.

4 So one of the reasons that they do
5 that is because -- is because they're afraid
6 of the retaliation when they report. So I'm
7 sure that the doctors on the panel can talk to
8 maybe some of the research behind that.

9 But certainly, that that has to be
10 a part of our prevention efforts, that we're
11 not just talking, as Dr. Katz said, about
12 preventing violence, in that moment that when
13 I see somebody about to get sexually
14 assaulted, I'm going to put on my super hero
15 cape and get in and stop it.

16 But that in fact sexual violence
17 occurs along a continuum, and that retaliation
18 violence and harassment, for folks that have
19 come out and told their story, exists along
20 that same continuum.

21 DR. BANYARD: And we use examples
22 that Ms. Ziemann was saying. We use examples

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1 of that in the work that we do, and also in
2 the research. If you look at the assessments,
3 when we're trying to look at how their intent
4 to help changes, how their actual reporting of
5 engaging in bystander action changes, that we
6 do cover that post- what happens.

7 Are they supporting survivors as
8 they come forward, you know, talking about
9 those kinds of situations which are very real?
10 I think where we could probably do better,
11 because there's always a growing edge, right,
12 is in thinking about how bystanders may be
13 retaliated against.

14 I think that is a piece that we
15 don't talk as much about, and that we're
16 starting to do in some of our research at UNH,
17 to get narratives from bystanders about their
18 experience of this process of helping. So
19 that it's not just before, during, after, as
20 Dr. Potter was saying, but that it's also then
21 you help and then other stuff happens, and
22 what is all that other stuff, and how do we

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1 help?

2 That's where I think this ongoing
3 commitment to prevention and support becomes
4 important, because the prevention program
5 happens, and we help people have a tool kit
6 for doing more. Then are we there to loop
7 back with them, to say how did that go, and
8 maybe sometimes it didn't go so well, and
9 maybe sometimes it's the bystander, because of
10 what they chose to do, because of their peer
11 group, because of their position in the
12 community, they're not received so well for
13 what they did.

14 How do we work with that as well?
15 I think that we have not had enough
16 conversations about that.

17 JUDGE JONES: General Altenburg.

18 MG ALTENBURG: Clearly in the
19 military, there's a focus within a company, or
20 within a unit, that's different from anything
21 in the civilian sector, just because of the
22 nature of the mission.

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1 But do you find peer retaliation
2 on college campuses also, from different peer
3 groups? Like if the alleged perpetrator is
4 from, on a given sports team for example, or
5 in a certain social group, you know, that
6 there will be retaliation against either the
7 victim or a bystander?

8 MR. DOUGLAS: I was about to say
9 recently at Boston University, with the ice
10 hockey case, I think is the most recent
11 popular sort of expansion of that, where when
12 a case was brought, it was a popular hockey
13 player, and there was a wide swath cut across
14 campus of retaliation, not just against the
15 victim, but also people who are like-minded
16 allies and affiliated with that context.
17 That's the first thing that comes to my mind.

18 MS. ZIEMANN: Yes, I worked on a
19 case actually just earlier this month, where
20 there was a woman who was sexually assaulted
21 who was in a sorority, and she was sexually
22 assaulted by a member of a fraternity also on

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1 campus. Her sorority and that fraternity had
2 worked very hard, long and hard to build a
3 good relationship with one another.

4 They had had negative things
5 happen in the past. They had worked very hard
6 to build a good relationship. She was
7 sexually assaulted by a member of that
8 fraternity. She told her sorority sisters,
9 and they were good and appropriate in
10 responding to her as an individual victim.

11 They said I'm sorry that that
12 happened to you. We're going to take care of
13 this. We're never going to leave you alone
14 with him anymore. We're, in fact, now going
15 to pass our sisterly wisdom down to our other
16 sisters, so that they know that nobody is to
17 be left alone with this fraternity brother.
18 But we're not going to support you in going to
19 the administration to talk about this because
20 that will ruin this relationship that we've
21 built. I mean, that was one example, very
22 concrete, that happened within the last month.

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1 I don't think it was at all unique
2 or special or different than things that are
3 happening all of the time. That just happens
4 to be one that I was involved in. So
5 certainly when we're talking about different
6 peer groups and the way that they interact,
7 there are a lot of -- there's a lot of
8 pressure on individual victims not to report
9 for a whole variety of reasons, a lot of
10 pressure, you know.

11 If I've got a group of people, I
12 can try to impart some kind of moral
13 imperative that you should intervene as a
14 bystander. But if you're not supported by the
15 rest of your peer group in intervening as a
16 bystander, if no one else will sit with you at
17 the lunch table, or if you're afraid that they
18 don't have your back at a time that you really
19 need them to, me thinking that I want to
20 intervene is not going to get me to act.

21 In fact, there's been some
22 research -- and actually it was Russell Strand

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1 that I heard talk about this research, so I
2 don't have the specifics about it, but I'm
3 sure that you can get it from him -- talking
4 about how in some areas, we've heard that
5 bystander interventions are actually having
6 unintended consequences, because now I really
7 know that I'm supposed to intervene and you've
8 taught me how to intervene. But I'm scared to
9 intervene because of all of those
10 repercussions.

11 So now I'm not even going to
12 respond appropriately on any survey mechanism
13 report whether or not I intervened, because I
14 have the extra guilt that I didn't have before
15 the bystander intervention program.

16 So it's complicated, icky stuff,
17 and I wish it was cleaner and neater for you,
18 and it just isn't.

19 MG ALTENBURG: So all your
20 comments to my question reflect the
21 complexities of this.

22 DR. POTTER: Absolutely.

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1 MG ALTENBURG: And I'm inferring
2 that there probably hasn't had much of an
3 opportunity. It hasn't been enough of a
4 priority because of all the other things that
5 you must research, that there's not been
6 enough research done on that yet, I guess, the
7 phenomenon of retaliation. Am I right in
8 thinking that?

9 JUDGE JONES: Dr. Katz.

10 DR. KATZ: Yes, thank you. I
11 think you're correct about the lack of data or
12 research. But I can say that if you are
13 successful at changing peer cultures and the
14 social norms within those peer cultures,
15 whether it's on teams, in military units, et
16 cetera, I mean, I think it would have a
17 salutary effect on reducing and diminishing
18 potentially those kind of retaliations because
19 you're identifying people who speak up and
20 support victims and survivors as strong
21 people, as leaders, as doing the responsible
22 thing, rather than as somehow violating the

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1 code of the group or somehow violating the
2 team ethos or the unit's, you know, cohesion.

3 In other words, you're defining
4 the social norms differently than they're
5 currently defined. Sometimes in male peer
6 cultures, men kind of close ranks around the
7 guy who has been accused, and defend him as if
8 he's -- as if their loyalty to him and to the
9 team, excuse me, their loyalty to the team or
10 the unit means loyalty to him.

11 If you're successful at changing
12 those social norms, then the person who speaks
13 out and challenges and interrupts the behavior
14 and supports the victim is now seen as being
15 the one who's loyal to the team, loyal to the
16 group, loyal to the unit, and the perpetrator
17 is the one who's violated the trust of the
18 unit or the team.

19 But that involves, you know, over
20 time clearly being successful, to actually
21 talk and have dialogues about this, and have
22 it permeate the culture, because that's not

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1 just about an intervention technique. It's
2 about a whole social norms change, that yes,
3 we have not been able to measure effectively
4 quite yet.

5 MG ALTENBURG: Thank you.

6 DR. KATZ: Thank you, and I have
7 to go. I very much appreciate being part of
8 this, but I do have to go. So I'm sorry.

9 JUDGE JONES: All right. Thank
10 you, Dr. Katz. And Dr. Banyard, I see you
11 have to leave now too. Thank you so much for
12 coming.

13 DR. KATZ: Thank you, thank you,
14 thank you.

15 (Simultaneous speaking.)

16 JUDGE JONES: Both of you, thank
17 you very much.

18 DR. KATZ: You're very welcome.
19 Bye.

20 JUDGE JONES: Are there any other
21 questions? Colonel Turner.

22 COL TURNER: Thank you. Is anyone

1 aware of a program, research or assessment
2 that ranks the prosecution rates or
3 accountability rates of offenders with
4 prevention?

5 In other words, is there anything
6 to indicate the truth of -- principle of
7 criminal justice that we deter misconduct by
8 prosecution in this area?

9 DR. POTTER: We're doing a study
10 in New Hampshire, tracking victims who report.
11 My colleague, Sharon Murphy, who is -- and
12 she's been working with Vicki and some other
13 colleagues, tracking what happens when a
14 survivor goes through the court system. So
15 just how they're treated by the different
16 people along the line. But nothing --

17 COL TURNER: Nothing. Do you
18 prosecute more people --

19 (Simultaneous speaking.)

20 DR. POTTER: Right, what happens
21 with prosecutions.

22 MS. ZIEMANN: No. I mean, we

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1 definitely have a lot of anecdotal evidence
2 about that, right, and I think the thing that
3 will be difficult when research turns to this
4 area is that we can calculate impacts for
5 individual survivors and maybe even in
6 individual systems.

7 But what's going to be much more
8 difficult to calculate is that ripple effect,
9 right, that in fact if I'm sexually assaulted
10 and my perpetrator isn't held accountable, and
11 other people in my community know that, how
12 many other victims --

13 Not only how many other victims it
14 stops from coming forward, but how many other
15 potential perpetrators or perpetrations happen
16 because it's now clear in that community that,
17 in fact, perpetrators aren't going to be held
18 accountable.

19 MR. DOUGLAS: And I would actually
20 go one step further and say that I think the
21 more prosecutions -- the research has not been
22 done, so I'm only positing that there's

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1 actually going to be a deleterious effect on
2 prevention, as what happened with the
3 Steubenville case, when both the juveniles
4 were adjudicated delinquent, served such short
5 times, and I'm putting that in scare quotes
6 because juveniles do not have the same sort of
7 sentencing structures adults do.

8 A lot of people saw that as oh,
9 it's not that serious. So the prevention
10 piece for sexual violence, and that is they
11 were prosecuted or they were adjudicated,
12 adjudicated delinquent, they spent some time
13 in secure confinement, but it wasn't as
14 serious, so it must not have been that big of
15 a deal.

16 MS. ZIEMANN: I mean, and then to
17 add other levels of complexity onto that,
18 prosecution isn't the only thing that matters.
19 It's how we talk about the prosecution and how
20 we talk about the prosecuted, right, because
21 if public opinion says that these folks were
22 subjected to too harsh of a punishment, or

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1 that in fact what really happened didn't
2 happen, then we have kind of a martyr
3 situation, right.

4 In which case, then, we know that
5 all of those negative attitudes, particularly
6 about women, tend to rise up at that time,
7 right, if somebody was -- if somebody was
8 prosecuted who was popular and seen as not
9 really having done that thing, then the
10 backlash often falls on the women in the
11 community.

12 COL HAM: Well, there is a
13 presumption of innocence that we have to deal
14 with, and the commander also is responsible
15 for the accused as well. So he's got a
16 tightrope to walk, to balance support for the
17 victim and support and presumption of
18 innocence for the accused.

19 If they're both in the same unit
20 -- if that complicated it, it would seem that
21 would complicate it even further?

22 MS. ZIEMANN: Yes. Similar, not -

1 - certainly not the same, but similar to, you
2 know, in a college setting or a high school
3 setting, where the administration is
4 responsible for both students, right. If we
5 have Student A who is -- claims to be a
6 victim, and Student B who is accused as a
7 perpetrator, how do we manage our rights and
8 responsibilities around both of those folks at
9 the same time? That's been particularly
10 tricky.

11 I know on some college campuses,
12 they've moved, in their criminal justice
13 approach, their kind of campus misconduct
14 policies approach to an affirmative consent
15 policy. Is that something that you guys are
16 -- some of you are familiar with? Some of you
17 not so much.

18 An affirmative consent policy is
19 simply a policy that says that in fact, the
20 onus is on the person, is on the person who
21 was accused to prove that they in fact got
22 consent for a sexual contact, as opposed to on

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1 the victim to prove that they didn't give
2 consent.

3 So I don't know what the research
4 is looking like, if that's something that you
5 guys have delved into a lot or not. It's
6 certainly not overtaken the campus community,
7 but there are multiple campuses around the
8 country that have that affirmative consent
9 policy, and reports are mixed about how well
10 it's working.

11 COL HAM: Ma'am, I have one
12 question.

13 JUDGE JONES: Yes.

14 COL HAM: There's a story on the
15 news about a summit at UVa, I guess the first
16 campus summit, and it mentioned reprisal was
17 a big issue on the campuses.

18 My question is, are there lessons
19 to be learned from the drinking and driving
20 experiment, and I'm wrapping that into the
21 peer pressure thing, which I've been thinking
22 about a lot.

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1 How do you -- it's not cool to
2 sexually assault someone. That's not what I'm
3 saying. But how do you convince the age group
4 that's most at risk that it is cool, it is
5 expected, it is the norm to engage in some
6 bystander intervention, in the same way that
7 it's -- I think maybe I'm deluding myself, but
8 it's accepted that you don't drink and drive.
9 It's accepted that you have a designated
10 driver. It's the norm.

11 So what do you -- is that the
12 analogy to draw? Is that an appropriate one?

13 DR. POTTER: I think you can.
14 That's funny. I'm working on an editorial
15 piece about this.

16 I had friends who were killed by a
17 drunk driver when I was much younger, and so
18 I'm always thinking about the like ask, taking
19 your keys from the, you know, when you have a
20 party, take the keys from the guests, you
21 know. Ask your friends to have a designated
22 driver.

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1 That's all bystander behavior that
2 came from the '80s. It's what -- but I think
3 the difference is that, and this is what I'm
4 writing about, is that with when somebody is
5 drunk, there's a breathalyzer. There's
6 different mechanisms to scientifically kind of
7 prove that the person is in an altered state,
8 if you would.

9 I think that we have the sexual
10 assault nurse exams, we have a number of
11 different ways to prove that a rape has
12 occurred. But they haven't been embraced by
13 society the way the breathalyzer has, and then
14 the blood-alcohol levels.

15 So I think that we're just not
16 there yet with sexual assault, and I think one
17 of the problems is that sexual assault is seen
18 as sex, and really it's a crime of power. It
19 really has nothing to do with sex. It's just
20 a way to physically harm someone and, you
21 know, have power over them. So everything is
22 a bit murkier when we look at sexual violence.

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1 MR. DOUGLAS: I think one of the
2 biggest challenges, and I appreciate that
3 point as it relates to drunk driving because
4 I love my friends, I love my family, but I can
5 comprehend that they could drink too much and
6 then try to get behind a car. They're not bad
7 people, but I can see them making that
8 mistake.

9 We have a hard time, as a society,
10 seeing that our friends and family could
11 potentially commit sexual violence. So the
12 people that you're closest to are sometimes
13 the people you have to correct the most.

14 I think that as it relates to
15 retaliation especially, I'm not willing to
16 believe my best friend sexually assaulted
17 somebody, but are much more willing to believe
18 that maybe he told a joke that was
19 inappropriate. It's usually the continuum of
20 behaviors. So because I do the work that I
21 am, of course my best friend knows that I
22 would talk to him about these sorts of things,

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1 and I believe yeah, you could do.

2 But the notion is, I respect the
3 fact that some people just aren't ready to
4 build that space in for their loved ones to be
5 potentially guilty of this crime, or more
6 importantly, responsible for their behaviors.

7 JUDGE JONES: I think we've --
8 unless there are any other questions. All
9 right, no. Thank you again very, very much.
10 This was really terrific, and we very much
11 appreciate you taking your time to come with
12 us. Thank you. So should we take a break?

13 LT COL GREEN: Yes, ma'am. The
14 next group is here. So we can give y'all a
15 chance to reset.

16 JUDGE JONES: Very good. Thank
17 you.

18 (Whereupon, the above-entitled
19 matter briefly went off the record.)

20 GEN. HAM: Okay. This is General
21 Carter Ham. We're going to resume. Judge Jones
22 is out of the room for a moment, but she'll

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1 join us here as soon as she's able to, and we
2 look forward to it.

3 So for our panel this afternoon,
4 thank you very much for joining us, and
5 without any further delay, Colonel Metzler,
6 please.

7 COL. METZLER: Thank you, General
8 Ham and members of the panel for having us
9 today. It's our honor to appear before you
10 again and today to talk about the role of the
11 commander in prevention.

12 With me today is Dr. Nate
13 Galbreath. He's our highly qualified expert
14 and senior advisor to the Director of SAPRO.
15 Colonel Litonya Wilson, she is our Chief of
16 Prevention and Victim Assistance, and she has
17 a number of things that she's going to talk
18 about that the Prevention Team has done. Also
19 wanted to point out also with us is Major John
20 Ruckauf. He's not on the panel, but John is
21 our Chief Strategist. He helped write our DoD-
22 wide strategy. He used the campaign design

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1 right out of the joint pub process to do that,
2 and he's currently working on our prevention
3 strategy, and we intend to talk about how
4 we're moving forward with prevention in the
5 Department of Defense, so he may be able to
6 help us answer some questions today, so we
7 brought him with us.

8 Next slide, slide 2 is the agenda.
9 We, again, have been asked to talk about the
10 role of the commander in prevention, and we
11 wanted to do so first in the broader context
12 of our strategic approach. And we know we only
13 have about an hour. We think we've got about
14 20 to 30 minutes of material to cover.
15 Obviously, we're open to any questions at any
16 time throughout that process, but definitely
17 wanted to leave a long time for discussion
18 today.

19 As you can see on slide 2, this is
20 the agenda. We do intend to highlight the role
21 of the commander and leaders in prevention as
22 we go through this material, and how our

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1 research and collaboration has informed the
2 central role that commanders play in
3 preventing sexual assault.

4 We intend to take some turns based
5 on our expertise or the role that we played in
6 fielding all the things that we intend to talk
7 about today. We'll lead off with Dr.
8 Galbreath, who will discuss our understanding
9 and research of prevention writ large, so over
10 Dr. Nate Galbreath.

11 DR. GALBREATH: Thank you. As you
12 may recall, SAPRO was put in place in 2005. It
13 began first as a Joint Task Force, and then
14 transitioned into the office. After a few
15 years of putting our response system in place,
16 the attention of the office turned towards
17 what can we do to better prevent this crime.

18 In 2006, we entered into a
19 contract with the National Sexual Violence
20 Resource Center, which is a component of the
21 Pennsylvania Coalition Against Rape. Delilah
22 Rumburg spoke to you, the director of those

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1 organizations spoke to you at your first panel
2 meeting back last fall, or last summer, and
3 she described to you some of the views that
4 she'd seen. And this was very, very helpful
5 for us.

6 In 2007, the Department held its
7 first Prevention Summit. This was a meeting
8 where we met over at the Doubletree at Crystal
9 City. We brought folks in from all over the
10 Department. These were largely active duty
11 members. We had individuals speak to us from
12 the Center for Disease Control and Prevention,
13 a number of people from Prevent Connect
14 Organization, that's part of CALCASA, the
15 California Coalition Against Sexual Assault,
16 and we held a three-day summit to discuss what
17 does prevention look like, what might we do as
18 a Department, and how do we create a unified
19 approach to preventing the crime of sexual
20 assault.

21 At the end of that, the
22 Pennsylvania Coalition Against Rape authored

1 a white paper for us to consider some of the
2 information that was presented to us at the
3 meeting. We took that information and we began
4 to disseminate it back through the services,
5 and we decided, though, that we needed a more
6 unified approach, an actual strategy document
7 that would help us kind of understand what we
8 were talking about and how to approach this
9 problem in a more unified way using some of
10 the approaches that were discussed at the 2007
11 Prevention Summit.

12 Key features of that were rolled
13 into a 2008 Prevention Strategy document. I
14 locked members of the services and experts
15 from the civilian community into a room for
16 about a week and we talked about how we might
17 create a strategy that all the services would
18 be able to get behind and to begin to move
19 forward on. Key features of that strategy are
20 on slide number 3 that you have in front of
21 you.

22 The 2008 strategy took a look at

1 what we call the spectrum of prevention. I
2 understand that Dr. Tharp spoke to you this
3 morning and other representatives from the
4 CDC. This is one version of a social
5 ecological model that she described this
6 morning. That just simply means that we're not
7 considering one or two things as prevention
8 work, that we understand that there are
9 multiple levels of society at which we must
10 work in order to effect prevention of this
11 crime.

12 You'll take a look at the graphic
13 down below and you'll see the kind of the
14 rainbow approach there. Each of those rainbow
15 colors reflect a level of society at which
16 work must occur in order to prevent this
17 crime. This approach belongs originally to Mr.
18 Larry Cohen, who has used this approach to do
19 a number of things, including improve seat
20 belt wear, helmet wear, to get labeling and
21 food packaging, a number of different things,
22 but he worked with the National Sexual

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1 Violence Resource Center to adapt the spectrum
2 prevention specifically to sexual assault. And
3 the reference there that you see down there is
4 the 2006 paper that he wrote with NSVRC, and
5 we used that to inform a lot of our work.

6 And while -- and I won't go
7 through every single one of them because I
8 know that Dr. Tharp talked a lot about this
9 already -- but bottom line is, this spectrum
10 of prevention helps guide us. It's a lens
11 through which we look at our prevention work
12 to ensure that we are addressing all of the
13 aspects that we can in our environment to help
14 effect prevention.

15 Another piece of that 2008
16 prevention strategy was to identify a number,
17 or at least a way to look at what can we do to
18 intervene when we're talking about prevention.
19 One of the things that became very clear is
20 that there -- whenever you ask anyone about
21 prevention, a lot of things come to mind. And
22 for people to really focus in on what is

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1 prevention and what is not, the Centers for
2 Disease Control and NSVRC worked with us quite
3 a bit to understand that prevention is not
4 locking doors and windows, prevention is not
5 teaching victims how to keep themselves safe,
6 or people in the community to keep themselves
7 safe.

8 Prevention is interfering with an
9 offender's offense cycle. This is the primary
10 prevention work that we are doing with primary
11 being before the crime occurs. So, as -- this
12 was one of the key findings that we took away
13 from our work with the CDC and the NSVRC in
14 understanding that offense cycle is very, very
15 important.

16 So, bottom line is that that was
17 one of the -- a core intervention that
18 addressed that specifically is bystander
19 intervention. And this has a lot of promise.
20 I know you've heard about it. Christine
21 Gidycz, Vicki Banyard, a number of other
22 people that have actually developed programs

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1 at college levels to help folks understand how
2 to identify situations at risk for sexual
3 assault, and then step in safely to address
4 the risks that they see in their environment
5 is one of the core things that they took a
6 look at.

7 We also thought that it was very
8 important to have some kind of a social
9 marketing campaign. They showed us some
10 evidence of some things. It's using media,
11 using commercial techniques to get people to
12 -- that you might see in advertisements to
13 motivate people to do things.

14 We fell out of that business after
15 a while because we realized that although
16 there is room for public service announcements
17 and helping call attention to the issue or on
18 specific things, that bottom line is
19 oftentimes if you have to pay for air time
20 this approach is not resource-effective. It's
21 often not relevant to people in the
22 environment. In other words, you might get a

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1 second or two of someone's attention, and that
2 second or two is really not enough of a dose
3 of what you want them to do in order to get
4 them to change their behavior.

5 In addition to that, in the past
6 four years or so, social media has changed
7 things in a most revolutionary way, so posters
8 and PSAs are not really a good way to go. And
9 they really don't really affect the things
10 that you want them to do.

11 COL. HAM: Dr. Galbreath, may I ask
12 a question?

13 DR. GALBREATH: Sure.

14 COL. HAM: The CDC was very strong
15 on alcohol policies which don't -- are not
16 listed in your core intervention. Can you
17 explain why?

18 DR. GALBREATH: Absolutely. We knew
19 at the time that alcohol seemed to be very
20 much one of the factors that we needed to
21 address. And we -- and even though I haven't
22 culled it out here, one of the things that we

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1 did address in some of the educating
2 providers, promoting community education and
3 strengthening individual knowledge and skills
4 did address alcohol use.

5 COL. HAM: I mean, not only has the
6 panel heard it from the CDC but on every site
7 visit, I would say -- I don't want to say
8 every single, but probably every single
9 prosecutor, defense attorney, victim advocate,
10 every one of them identifies alcohol as the
11 preeminent factor in these events.

12 DR. GALBREATH: Well, the data
13 shows that risk factors for sexual assault are
14 primarily, number one, gender; number two,
15 age; and then number three, proximity to an
16 offender; and then number four, alcohol use by
17 either the offender or the victim. So, those
18 are -- so we know that it factors in the at
19 least the top five, there. But bottom line is,
20 I have -- there's no distance between the
21 Department and the CDC on that issue and
22 anything that you've heard. We absolutely,

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1 positively agree with alcohol.

2 The challenge is, is that when you
3 look at -- when you ask people, how do you
4 prevent alcohol abuse? Almost everybody says
5 you've got to tell those people to quit
6 drinking. And that's not an effective means to
7 prevent abuse of alcohol.

8 COL. HAM: Well, we've gone through
9 -- a lot of us are old enough to remember the
10 alcohol deglamorization revolution of the late
11 '80s, early '90s, and that was not a don't
12 drink. It was a responsibly drink, so I don't
13 -- I don't mean to challenge you, but it's
14 concerning that it's not listed here because
15 it's -- it might be fourth on your research
16 but it's number one of what, in my memory,
17 we've heard over, and over, and over again.

18 DR. GALBREATH: And I would -- I
19 don't really have a lot to dispute you on
20 that. Bottom line is that I agree with the
21 fact that alcohol is in there, but I also
22 think that if we're going to address alcohol,

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1 we have to do it in a scientific way that's
2 supported by the literature. And I think CDC
3 probably did that for you this morning to show
4 you what does and does not work.

5 And I would also offer to you that
6 this is an iterative process, and it probably
7 reflects all the learning that we did at
8 SAPRO, as well. The bottom line is that if you
9 want to see evidence of our understanding of
10 how alcohol is involved, take a look at the
11 Secretarial directives that came out of the
12 Military Service Academy Report released in
13 January, and you will see that there is direct
14 reflection of what we learned from the CDC
15 about how to manipulate the environment to
16 ensure that people have the best chances of
17 success for ensuring responsible alcohol use.
18 So, I think there's a --

19 COL. METZLER: If I can add, I
20 think what we're trying to do here also is
21 demonstrate where we were in 2008, the
22 evolution of our understanding. And one of the

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1 things that you'll see that we're going to
2 cull out is the role of commanders and
3 leaders, and I know we're going to get to
4 that, so part of this is we're a learning
5 organization, so the new prevention approaches
6 that we're bringing forth take on the research
7 and the learning that we've done, and that's
8 a key point.

9 DR. GALBREATH: So, Colonel Ham,
10 does that address your concern?

11 COL. HAM: Thanks.

12 DR. GALBREATH: You bet. Okay. All
13 right. So, do you want me to -- okay. So, if
14 you turn to slide 4, I think what I would
15 offer to you is there is a lot of learning
16 that has gone on. And I think that was a great
17 question to kind of just demonstrate the
18 evolution of the Department's understanding
19 and knowledge on this issue.

20 What I would offer to you is
21 simply, we all knew that alcohol was involved,
22 but how do you really address how are people

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1 at risk are using alcohol? I think you all
2 know, and you've heard about the fact that
3 even though we might have had a
4 deglamorization of alcohol and a really good
5 effect of the Mothers Against Drunk Driving
6 campaigns of the 1980s and 1990s, we have a
7 new behavior that -- involved with alcohol --
8 that most college people or people under the
9 age of 30 involve themselves in, including
10 people in the military. But this is, you'll
11 see this, and this is called binge drinking.

12 Binge drinking is defined as five
13 or more drinks at a setting. And this goes
14 against almost -- it gets to be very, very
15 difficult to preach about deglamorization of
16 alcohol when all you see in popular media and
17 everything like that is people getting drunk
18 and hooking up, and the hook-up culture that
19 has also come around in the past few years.

20 How do we combat this? And what I
21 would offer to you is on slide 4. We
22 understand that there's a number of things

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1 that we need to do. And this is really what
2 we're here to talk to you about today. That
3 was kind of your history lesson of where we've
4 been. And where we're going is, we've talked
5 to you about our strategy; and that is, we
6 have a multi-pronged approach.

7 There is no single bullet answer
8 to this. We can't just teach everybody
9 bystander intervention and hope it sticks. It
10 doesn't work that way. We have to do things at
11 every level of our society. We have to
12 identify, we have to give people the tools to
13 understand this problem, and then to intervene
14 in a number of different ways.

15 We also are very -- the second
16 bullet there, our prevention efforts and
17 reinforce cultural imperatives of mutual
18 respect and trust, and the other items that
19 are there. This is really our social
20 ecological model that we're talking about.
21 This isn't just talking to people, it is a
22 Department-wide approach, and it is an

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1 approach to our changing culture.

2 Now, you're going to hear a lot of
3 people say it's culture change. What does that
4 mean? The culture change that we want to see
5 is where it's okay for people to step in and
6 say something if they see behavior at risk for
7 a bad outcome no matter what that is, sexual
8 assault being one of them. And then those
9 people are receptive to that message when they
10 hear it.

11 We also want people -- a culture
12 change where people support victims of sexual
13 assault universally when they come forward and
14 make a report, and that people understand the
15 importance and severity of the crime as it
16 exists. Those are the kinds of culture changes
17 that we would like to see and go forward over
18 time. And with our strategy, we strongly
19 believe that this is our way forward on that.

20 I also would offer to you that we
21 realize that -- and this is part of our
22 growing knowledge -- that there's a continuum

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1 of harm out there. And I know you've heard
2 this. That continuum of harm starts with
3 attitudes, it turns -- that are not helpful.
4 It goes through sexual harassing and sexually
5 coercive types of behaviors, and then leads to
6 sexual assault.

7 We all know that there's a strong
8 positive correlation between sexual harassment
9 in a unit and the subsequent sexual assault of
10 people in that unit. That's research we've had
11 for over 10 years in the Department, and we
12 believe that sexual harassment either acts as
13 a green light in a unit where offenders exist
14 because when they see sexually harassing
15 behaviors go unchecked, they believe that hey,
16 there's no one that's going to stop me from
17 doing the things I want to do here, or it can
18 also operate as a form of grooming, that it's
19 -- in other words, an offender is checking a
20 target to determine how much resistance
21 they're going to experience if they try to
22 cross boundaries.

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1 Another aspect of that I would
2 offer to you is to sustain a commitment to
3 holding offenders appropriately accountable.
4 I think this is really important, but I would
5 also offer that with a caution, and I think
6 you might have heard this, as well, but I just
7 want to emphasize this.

8 In treating and assessing sex
9 offenders for a great portion of my career, I
10 would offer to you that there was not a single
11 guilty one in any of my groups. And what do I
12 mean by that? When I sit and I talk to a sex
13 offender, and I talk about what brought you to
14 me for treatment or assessment: somebody lied;
15 somebody made something up; I wasn't doing
16 anything illegal; I was fine.

17 What you just heard are what we
18 call cognitive distortions. These are strong
19 and powerful rationalizations that offenders
20 use to explain away their behavior as socially
21 acceptable or not illegal. And those cognitive
22 distortions operate at all times, so if you

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1 send a message out and you say, we're going to
2 lock you up and throw away the key if you
3 commit sexual assault, you will hear -- people
4 will hear that, but not the people that you
5 want to hear that. The offenders largely don't
6 think that applies to them because in their
7 mind they're not doing anything criminal;
8 although most of us would agree that their
9 behavior is criminal.

10 So, I would offer to you is that
11 deterrence is important. People must know that
12 there are consequences, but what goes along
13 with that is an educational piece. What is
14 coercive behavior? What is rape? What is
15 sexual assault? And in the small groups in
16 which we conduct that kind of education,
17 that's where the learning occurs, and that's
18 where you maximize your deterrence dollar by
19 being able to teach people that may not be
20 very sexually sophisticated. These are folks
21 that might come in when they're new. They
22 believe in rape myths. They believe in the

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1 idea that these kinds of coercive behaviors,
2 that it's okay to force sex on somebody.

3 Most of the research that's come
4 out within the last 10 years or so has found
5 that children between the ages of 8 and 16
6 largely have their attitudes about what is and
7 what is not acceptable already locked in and
8 fixed, and that they are less susceptible to
9 influence and change as they go forward. We
10 think, in the military environment, we might
11 be able to affect -- have a greater effect
12 than in the outside world. But what I would
13 offer to you is that the research out there
14 says that kids at the age of 13 and 14, both
15 boys and girls agree that if a guy does buy
16 you something or buy you dinner or something,
17 the kids agree that yes, you do owe the guy
18 sex if he asks for it, boys and girls agree on
19 that. And that's really troubling, that's
20 really concerning, especially when those are
21 the people that we draw from and we bring into
22 the service. These are the attitudes that we

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1 want to change.

2 Now, a smaller subset, though, are
3 the people that are out there actually
4 perpetrating the repetitive crimes, the serial
5 types of crimes. These are people -- those
6 guys know exactly what they're doing,
7 especially when they're sexually assaulting
8 people that are strangers to them and they're
9 forcing sex on them. So, we're talking about
10 a wide range of offender types that are out
11 there, that our prevention work has to
12 address.

13 Bottom line is that we're only
14 going to make progress on this if we sustain
15 this over time and we keep attention focused
16 on this. And we understand that up to a third
17 of our force cycles out every year or so, that
18 we get brand new people in. This is not
19 something where we can ever check the block
20 and say good, we got our foundation educated
21 and we can go forward. This cycling through of
22 new people is a real challenge. So with that,

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1 I would offer that I would like to pass this
2 to Colonel Metzler to have him talk about our
3 overall strategy and how our prevention work
4 fits into that.

5 COL. METZLER: And before you flip
6 the slide, thank you, Nate, for the
7 background. What we wanted to really highlight
8 here, what we've talked about in terms of
9 developing a strategic approach in the
10 Department is creating that non-permissive
11 environment where the types of grooming
12 behaviors that a sexual predator might use or
13 any offender might use that appear to be
14 inappropriate jokes, crude and offensive
15 language, sexist behaviors -- things that are
16 the precursors, for example, that an offender
17 might use to -- and, again, as Dr. Galbreath
18 said, to test their victim and how much push-
19 back they're going to get. It's really
20 critical that we create that non-permissive
21 environment.

22 We know there's a connection

1 between sexist behaviors, harassment, and that
2 environment in which assaults occur, so by
3 establishing the appropriate climate where
4 those things are not tolerated, not condoned,
5 not ignored, where people will step up,
6 leaders and peers, and even subordinates are
7 willing to step forward and say knock it off,
8 do the right thing, create that appropriate
9 climate environment. We create that non-
10 permissive environment. So, that's why we
11 think education and training on those types of
12 things are critical, and having commanders and
13 leaders -- and the key point on that last
14 slide there is that educating commanders and
15 leaders who establish that climate and create
16 that non-permissive environment is absolutely
17 critical.

18 So, that is the climate that
19 victims then live in, they observe, and it's
20 a climate in which victims choose to report.
21 And we've talked extensively about the
22 decisions that victims make on whether or not

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1 they will report.

2 The data right now that we've
3 provided to the panel, we've provided an
4 update from our data in November. We have the
5 full FY '13 data. It's preliminary, but we
6 told you that through the third-quarter of FY
7 13 we're seeing an unprecedented 46 percent
8 increase. That trend continued up, and our
9 preliminary data through the end of the year
10 now is that reporting last year went up 60
11 percent overall, so we went from 3,300 reports
12 to over 5,400 reports. We also saw over 11
13 percent of those reports coming from victims
14 that were reporting incidents prior to service
15 which, again, we probably won't be pursuing an
16 offender in that environment. What we think
17 that does is it tells us that there's
18 confidence that they will be taken care of and
19 treated appropriately, so we are seeing strong
20 indicators of increasing victim confidence and
21 the data is supporting that. So, this is the
22 foundation of our program and it's part of our

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1 strategic approach.

2 On slide 5, we showed this to you
3 before. Again, just to remind you that this is
4 a campaign plan. It is not a phased campaign
5 where we're going to end Phase 1 and move on
6 to Phase 2 because we're always in Phase 0.
7 We're always having to influence the 20 to 30
8 percent turnover of 2.2 million people that
9 join our force and leave our force, so we have
10 to have lines of effort that are continuous
11 and operate in parallel.

12 Now, having said that, it would
13 really be nice if we could only have one line
14 of effort, and that line of effort is listed
15 first, prevention. So clearly, that's -- to
16 use the vernacular -- left of boom, it's prior
17 to an incident, and that is our focus. So,
18 we've talked about that quite a bit. Again,
19 Major Ruckauf helped write our DoD-wide
20 strategy. He's now leading that effort under
21 Colonel Wilson's direction to write our new
22 and updated prevention strategy for the

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1 Department.

2 If I could go on to slide 6, what
3 I really wanted to do, again, looking back to
4 what are the core elements of our prevention
5 focus now. Again, I talked about it's a line
6 of effort, and you'll notice that we say
7 consistent and effective, not standardized.
8 And that is a critical point, and we'll talk
9 about that later when we start talking about
10 using that social ecological model, because
11 what we're talking about is distinct
12 environments where interventions have to
13 occur. And those interventions can be unique
14 based on the environment, the operating
15 environment, the construct of the force.

16 Is it a ship at sea with troops
17 that are trained and in the force, or is it a
18 training installation? Is it a wing? Is it a
19 Marine infantry unit that's predominantly men?
20 So, the interventions have to be tailored to
21 the individuals, and the interpersonal
22 relationships, and the communities, and that's

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1 what the social ecological model tells us.
2 Great Lakes is a great example of that.

3 We've talked about our objective,
4 the cultural imperatives. Again, this is
5 taking that same model of social change that
6 we did with discrimination, with the repeal of
7 Don't Ask Don't Tell, defining the standards
8 and defining the expectations, and having
9 leaders and commanders holding individuals
10 accountable to those standards.

11 It is a strategy, in the truest
12 sense of the word. We use the ends, means,
13 ways construct when we write strategy, and
14 that's important to highlight because what are
15 the means, what are those critical
16 capabilities that we have to employ?
17 Commanders and leaders are the critical
18 capability. We've identified them in our
19 strategy as the center of gravity for leading
20 this effort, so very germane to the point of
21 why we're here. That's the role that we see
22 commanders and leaders playing in our broad

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1 strategic approach.

2 And then we culled out -- these
3 are quotes straight from the strategy. On the
4 very first page, we cite the Joint Strategic
5 Direction that came from -- the Joint Chiefs
6 of Staff published their guidance to the Joint
7 Force in May of 2012, and we incorporated that
8 word for word into the strategy that we
9 fielded last year because we didn't think we
10 could say it any better. It's written for
11 commanders and leaders to improve awareness,
12 to operationalize our commitment, facilitate
13 dialogue and open communication across our
14 formations. And that's really where we have
15 pushed our education and our training effort,
16 and we'll show you that in just a second.

17 And then the next two quotes are
18 things that we said in this strategy that we
19 intended to do, that would be sustain leader
20 emphasis by commanders and front line
21 supervisors, and that we would develop the
22 core competencies and learning objectives in

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1 their training. That's written in future
2 tense. I'm proud to tell you now that that
3 step is completed, it is fielded, and we're
4 now evaluating the training for commanders and
5 leaders. And I'm happy to talk about that.

6 I just went and attended the
7 Marine Corps O-6 and O-5 training for
8 commanders and leaders for all new battalion
9 and brigade commanders, and I can tell you
10 it's absolutely amazing to see the before 10
11 minutes of a PowerPoint briefing and the
12 after. Adult learning theory, multiple media,
13 handbooks, case studies, and then very engaged
14 audience participation, mandatory-minimum two
15 hours, and it was truly phenomenal training,
16 watching the Marines do that training. So, if
17 you have a chance to talk to the Marines
18 today, I would ask them about their training.
19 We think it's very good. We think they can
20 still improve. We're going to continue to push
21 the envelope there.

22 On slide 7, these are some of the

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1 key tasks, some of the high payout tasks that
2 were in our strategy that we published last
3 year. There were 16 very specific tasks. We
4 put a green checkmark on all of these because
5 they're done, and the first four on the list
6 are really some of the very high payout tasks
7 that we said we needed to do. And what you'll
8 see is -- and, again, this is part of being a
9 learning organization. First task, go back and
10 look at the prevention strategy that we had in
11 2008, do research, collaborate and let's make
12 sure that's updated and relevant to the
13 future.

14 And then the next three really
15 talk to our focus on leaders. PME, SAPR
16 training, pre-command and senior enlisted
17 training, develop those core competencies,
18 those learning objectives, their understanding
19 of sexual assault, the kinds of things that
20 Dr. Galbreath was just talking about is what
21 commanders and leaders need to start talking
22 about. And I can tell you, I attended two pre-

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1 command trainings when I went to command a
2 squadron, command a group, and there was
3 nothing like what we're teaching now to
4 commanders and leaders. It's a truly
5 completely different environment of
6 understanding what's going in the crime of
7 sexual assault, and how commanders and leaders
8 can create an environment that will inspire
9 trust and confidence, and inspire victims to
10 report.

11 You can see there on the fifth
12 bullet down we said we needed to look at
13 command climate assessments. So, that was in
14 our strategy last year. Since then, you know
15 that the Secretary has directed that we
16 elevate those to more senior commanders.
17 That's now done. He also directed the services
18 to come up with a methodology to evaluate
19 commanders on establishing the appropriate
20 climate. That is now done. So we continue to
21 put these tools in place, and this focus on
22 commanders and leaders and their role in

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1 establishing the climate and how it fits with
2 preventing this crime is exactly the type of
3 things we're doing.

4 The last three tasks that you see
5 on there really reflect the fact that we're a
6 learning organization. And we told ourselves
7 to go employ an innovation and assessment
8 team. We did that. We spend about a million
9 dollars with Booz Allen Hamilton and military
10 folks that Colonel Wilson's predecessor,
11 Colonel Mary Reinwald led those teams, and
12 that has informed the strategic approach that
13 we are now working on.

14 We needed to collaborate with
15 external experts. We needed to go out and look
16 at different programs around the country to
17 identify best practices and lessons learned,
18 and that has led to what we're doing now in
19 our prevention strategy moving forward. And
20 I'll turn it over to Colonel Wilson, if you
21 have no questions, to talk about what we're
22 doing moving forward.

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1 COL. WILSON: Good afternoon, and
2 I'll be brief here. I just wanted to go back
3 again, our process started with the publishing
4 of the 2013 Strategic Plan. And in those
5 plans, those were those three goals, or three
6 tasks, that the prevention group was tasked
7 with, and that was to deploy the assessment
8 teams, establish collaboration forums, review
9 national coalition partners, SAPR plans, and
10 then also identify best or promising practices
11 that we could share. And, lastly, to use that
12 to inform our services -- inform our strategy.

13 So, what we did is developed a
14 four-phase process. The first phase was plan
15 and research, the second phase was employ
16 these teams. And you'll see those on the next
17 couple of slides. The third phase was to
18 update and revise the strategy, and the fourth
19 phase is sustain and evaluate what we did
20 going long-term.

21 So on slide number 8, through our
22 on-site visits, through teleconferences,

1 through web conferences, through literature
2 and research review, we've developed a
3 database with about 200 ideas, best practices,
4 techniques, concepts on prevention strategies
5 that are being employed at different
6 organizations. Slide 8 shows actually on-site
7 visits, and there's a few that are
8 highlighted. I won't go over all of them.

9 We wanted to ensure that we got
10 out to talk and see some of the universities
11 and what they were employing in action because
12 they're a lot of our demographics. And what we
13 found with those is they're doing a lot of
14 bystander interventions, peer education,
15 messaging, and awareness training.

16 One other key place was CALCASA
17 Prevent Connect. They have -- our primary
18 purpose there was to investigate how their --
19 to design and implement a site for knowledge
20 sharing and collaboration. So, our hope is to
21 -- or our goal, and we've already started this
22 process, is develop a resource center to be

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1 able to share what we've learned throughout
2 the services, and the prevention at-large
3 community and society.

4 One other area is the Great Lakes
5 Naval Base. We did actually get out to see
6 that in action. They were maybe one of the few
7 that had a comprehensive plan to address
8 sexual assault from multiple levels, whether
9 it was anti-alcohol initiatives, command team
10 coordination, small group and peer education,
11 bystander intervention, and they even had a
12 survey at the end to survey the students.

13 One of the key factors we found
14 there was leadership, leadership that we did
15 not see in a lot of the organizations, and the
16 Navy may -- Dr. Galbreath may be able to tell
17 you a little bit more on the research, but
18 this area is actually showing promise. And
19 that was one that we definitely wanted to
20 highlight and share among the services. Next
21 slide.

22 The next slide, number 9, and it

1 just depicts our wide range, and that there's
2 a few -- a wide range of experts, programs
3 that we talked to. Some contacted us, some
4 were referred to us by Congressional members,
5 advocacy groups. We want to make sure that we
6 got out and reviewed every -- or looked at
7 every avenue possible to help inform our
8 strategy. And also to look for stuff that is
9 adaptable to our military environment. One of
10 our key partners, of course, was the Centers
11 for Disease Control and Prevention, which
12 you'll hear more about in the slides to come.
13 Next slide.

14 Slide 10, there is a number where
15 we're in a process of being able to share this
16 with the services and outside organizations.
17 There's some existing platforms already in
18 place, and there's some that we are in the
19 process of working to be able to do that. And
20 what we want to do is get the dialogue going,
21 be a resource center for commanders at all
22 levels to be able to come and look at what

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1 others are doing, what has worked well, and
2 maybe they can adapt it to their particular
3 organization.

4 In looking at all this, one thing
5 that a lot of the civilian organizations did
6 not have that is unique to the military is the
7 leadership component, and the ability for that
8 leader to effect change due to our structure.
9 And the other thing that we learned was that
10 you have to effect it at multiple levels to
11 change behaviors. And to that end we looked at
12 the CDC's social ecological model, and Dr.
13 Galbreath will talk about that.

14 DR. GALBREATH: So, I know that you
15 spoke with the CDC this morning, so I won't
16 give a replay of what they told you, but I
17 will just offer to you that as you look at
18 their model, we really do agree with this. And
19 there's very little space between what they've
20 developed and our model. But I would have you
21 notice that just in the graphic there, you'll
22 notice that they talk about working at the

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1 level of the individual, the level of
2 relationships, the level of community, and the
3 level of society. We agree with that, but the
4 one thing that's missing there is what we have
5 in the Department that nobody else does, and
6 that's leadership. So, if you turn to Slide
7 12, you'll see our version of the CDC model.
8 And that is where you see leaders at all
9 levels there in that blue level, where we
10 really do think that this has a lot of help.

11 And I would offer to you that if
12 you look on that slide, if you look at the
13 yellow band in the spectrum of prevention, and
14 this is kind of an evolutionary look, but the
15 fostering coalitions and network is where on
16 Slide 3, that yellow band is where the
17 leadership lays there.

18 We don't have to foster coalitions
19 and networks, we have them. And that is
20 linking people up with a centralized strategy,
21 with linking them up with the skills and the
22 abilities that they need in order to help push

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1 forward our approach.

2 So, back on Slide 12, what I would
3 just offer to you is, is that the military-
4 adapted social ecological model leverages
5 leaders as the cornerstone of this effort. And
6 I think that what you'll see going forward is,
7 as we work on our strategy and we bring this
8 out in April, you will begin to see how we've
9 featured commanders in this DoD-wide effort.

10 To wind up, Colonel Metzler is
11 going to share a few thoughts.

12 COL. METZLER: Well, before we get
13 there, I think one of the things I'd like to
14 show you, if you could go to the first -- the
15 second backup slide, the SAPRO Strategic Plan
16 linkage to the social ecological model. It's,
17 I think, the last slide in your deck. It looks
18 like this.

19 So, what we did is we looked at
20 the tasks that we put into our strategy last
21 year and applied it to the social ecological
22 model. And you can see what we've done is

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1 actually put into place something that fits
2 the model that the CDC has suggested, that our
3 research has suggested is exactly the right
4 thing to do. So we are working on
5 interventions in our military society at the
6 individual level, at the level of
7 relationships, with leaders and commanders, at
8 the community level which we call our units,
9 and then even reaching out to society at large
10 and capitalizing on what society is doing, and
11 maybe there's even an interplay.

12 In fact, we've been named an
13 advisor to the DoD, excuse me, to the
14 Presidential Task Force on Campus Sexual
15 Assault. Dr. Galbreath is our rep to that
16 advisory body, and they brought in the
17 Department because we can teach a lot of
18 society what we've been doing, and what works.
19 So, we think that we can be this national
20 leader. We aspire to be a national leader, we
21 think we are a national leader, and that's a
22 very tangible example where we are trying to

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1 bring what we're learning in the Department to
2 the society at large.

3 So, this model works with what
4 we're already doing, and as we move forward we
5 intend to weight that effort even more on the
6 commanders and leaders because that, again, is
7 that element that we have that others don't
8 have. Again, Dr. Galbreath said it perfectly.
9 We don't need to foster coalitions and
10 networks, and Mothers Against Drunk Driving to
11 work on DUIs, or states, or local
12 jurisdictions to work on seat belt
13 enforcement, or wearing helmets, or passing
14 laws in states. We can order people, and we
15 can lead them and set standards, and we have
16 a Uniform Code of Military Justice to enforce
17 those orders. And that's critically important
18 to us leading the solutions that we are
19 identifying.

20 So, that's effectively what we're
21 doing with our prevention strategy that's
22 depicted on line 13. Again, skipping ahead, we

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1 could get to some question and answers, and I
2 will just conclude with some of the key
3 thoughts that are there on Slide 14.

4 We think the leaders are
5 essential. It's aggressive, dynamic, and
6 responsive, it's proactive, it's not reactive.
7 It needs to be tailored to the units and the
8 climates. We highlight Great Lakes because we
9 think that's a great example of where the
10 social ecological model is actually being
11 applied in the Navy. We'll talk about how
12 they're applying interventions at the
13 individual level, at the community level, at
14 the interpersonal level, and they're getting
15 results. And we'd invite you to ask the Navy
16 about those results, and how they're measuring
17 those results. And then, again, we conclude
18 with commanders and leaders are critical to
19 that process.

20 So, with that we would open up to
21 any questions that you have, and we're happy
22 to go anywhere you'd like to go.

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1 JUDGE JONES: Thank you, Colonel.
2 Any questions for this panel? Joy.

3 MS. FROST: Thank you all very
4 much. I actually have two questions. The first
5 one is you've really outlined your prevention
6 strategy, but what we didn't hear was so much
7 how you're going to evaluate, so I would love
8 to hear more about that. How do you know it's
9 effective?

10 And then with all of the changes
11 in the 2014 NDAA, which of those changes do
12 you think, if any, will have an impact on
13 prevention? And if you think any of those
14 changes will have an impact on prevention, how
15 do you assess that?

16 DR. GALBREATH: So, how are we
17 evaluating this? A couple of ways. I think
18 that you all know of the President's letter to
19 us as of December 20 asking us to demonstrate
20 progress this year to him. One of the things
21 that we've just got done doing is creating a
22 set of metrics by which we are recommending to

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1 the White House as key features of this report
2 going forward; in other words, how will we
3 demonstrate progress to the President? We've
4 come up with about 12 different metrics, and
5 six non-metric areas to be addressed. That is
6 being shown to Mr. Hagel even as we speak
7 right now by General Snow, and once we get
8 that approval on this we would be happy to
9 share it with you.

10 But I will tell you that on the --
11 out of the 12 metrics, I have five of the 12
12 that touch on prevention. One of the -- a
13 couple of the key things that we're looking
14 at, of course -- and this is a hard metric to
15 talk about because I think people would like
16 to see this metric as the be all/end all
17 metric, which is decreasing the past year,
18 prevalence of sexual assault. And that is kind
19 of -- we really understand that that is,
20 ultimately, what we want to do. Our goal is to
21 reduce -- our mission is to reduce with the
22 goal of eliminating sexual assault in the

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1 military. How do we do that? We measure it by
2 its prevalence in the past year.

3 That being said, we are looking to
4 that as being at issue, but it can't be the
5 only thing. We realize that there is a lead-
6 lag effect in all of this. In other words,
7 we're going to put a number of efforts into
8 this. We cannot expect them to all have an
9 immediate impact on a culture as broad as 2.2
10 million people. We know that there's going to
11 be some time, so we are hoping that prevalence
12 comes down very quickly. We've been working on
13 it. You've seen our progress over the years.
14 We kind of have a V in our numbers,
15 unfortunately. We're hoping that now going
16 forward we'll see a decrease in that
17 prevalence.

18 Until such time that we can impact
19 the prevalence to the degree that we would
20 like, we have a number of other things that
21 touch on our prevention, and that is using our
22 Defense Equal Opportunity Climate Survey. We

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1 ask a number of questions that get at
2 prevention. In other words, it measures
3 knowledge about prevention and what an
4 individual might do, and then also we have a
5 question that we just added and created for
6 this Presidential report, which is -- and for
7 the DEOCS. In the past year have you seen a
8 situation you believe to be at risk for sexual
9 assault? And have a person answer yes or no.
10 And if they answer yes, then we give them a
11 list of choices as what did you do? And that
12 can be anything from a somewhat
13 confrontational approach to a non-
14 confrontational approach of I got help from
15 somebody else. So, a range of behaviors that's
16 there.

17 Our initial standardization data
18 for the metrics of that question found that
19 about 20 percent said yes, I saw something
20 that I recognized as being sexual assault, and
21 then -- I can't remember the exact breakdown
22 of all the different things, but we think that

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1 holds a lot of promise because this is
2 something that people actually did.

3 It remains to be seen exactly how
4 this will look going forward, and if it shows
5 the progress that we hope it does. But we're
6 hoping to see more people eventually be able
7 to say yes, I saw something, and I did
8 something.

9 Another question that we have that
10 addresses this is also that continuum of harm
11 type of question. We have some questions on
12 the Defense Equal Opportunity Climate Survey
13 that get at sexually harassing behaviors
14 within the unit, and whether or not leadership
15 is actively checking those, stopping those
16 where they see them. And then, also, walking
17 the walk, too, that my leadership refrains
18 from sexually harassing or denigrating
19 remarks. So, we think that that's very
20 helpful, as well.

21 I think another issue, too, is
22 that -- that touches on prevention is just

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1 leadership support of sexual assault
2 prevention response programming within the
3 unit. And we assess that with a number of
4 questions there, too.

5 So, we are assessing with the
6 Workplace and Gender Relations Survey. We are
7 assessing with the Defense Equal Opportunity
8 Climate Survey. We are assessing in a number
9 of other approaches, as well, with our on-site
10 visits and going out. And then, also, we
11 intend to assess prevention efforts with
12 research studies that we have in mind but not,
13 necessarily, launched yet. And I will give you
14 a preview into that, and that looks a little
15 bit like what they're doing at Great Lakes.

16 No one has done, and I think CDC
17 will tell you this, as well, and I know they
18 agree with me because I went to visit -- we
19 had a good visit with them in October. No one
20 has gone into a closed system like a military
21 installation and assessed the degree to which
22 we can change outcomes. It has to be done at

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1 an installation level. It cannot -- we cannot
2 wave our magic wand from within inside the
3 Beltway and say it will be so. We have to go
4 to an installation or a number of
5 installations, and I have in mind maybe four
6 or five pilot places. We have to bring in
7 people that understand this problem, that can
8 educate, that can begin to shape policy that
9 fits the environment in which that
10 installation resides.

11 Once we begin to do that we not
12 only do things inside our fence, but also
13 outside of fence line, as well, in the
14 immediate and surrounding community. And we
15 begin to put pressure with policies,
16 interventions, assistance from our local law
17 enforcement, our local prosecutor attorney's
18 office, our local providers of alcoholic
19 beverages, our local hotel and motel operators
20 to work with us to help check behaviors before
21 they get out of hand. And this is the kind of
22 stuff that you see at Great Lakes happening.

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1 They went to all of the hotel operators around
2 Great Lakes Naval Station. They said if you
3 have a hotel party going on, based on research
4 that they'd done within their own recruit
5 process in understanding that many of their
6 sexual assault victims were being sexually
7 assaulted either during or after a rather
8 alcohol-infused fiesta at a local hotel. And
9 they began to work with hotel operators to say
10 if you see this, we will send somebody out. We
11 will send the Shore Patrol out. We will shut
12 it down. We will make this not a problem for
13 you anymore.

14 In addition to that, they also
15 looked at alcohol availability in their
16 community. They also began to work about a
17 number of different educational things that
18 they do inside the wire, as well. And what
19 they've seen is initial data which indicates
20 that at least for those basic trainees that
21 they can survey, a lower reporting of sexual
22 assault occurring out of Great Lakes on this

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1 survey that they've put to them.

2 We think that's promising. And
3 this is the kind of effort that we need to do
4 at a number of installations around the
5 country. So, within the next year we hope,
6 we're going to be starting to put -- I have a
7 Concept of Operations prepared. I'm getting
8 ready to put this in front of the General for
9 some funding, and hopefully we'll be able to
10 see some of that. So, that's kind of the first
11 question of how we assess prevention.

12 The second part is what -- the
13 second question was NDAA. That's a really good
14 question. Do you want to take that one?

15 COL. METZLER: Yes.

16 DR. GALBREATH: Okay.

17 COL. METZLER: I think I'm good on
18 that one. So, if you look at the numbers,
19 there are 33 provisions of law, three senses
20 of Congress that were in the NDAA this year.
21 There were three things that they legislated
22 that we were already doing in policy, but

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1 really there were 16 items that changed the
2 military justice system. And the central theme
3 of the 16 changes to military justice was
4 constraining the power and the role of
5 convening authorities, for example, in Article
6 60 and making decisions, and how those
7 decisions would be appealed to higher-level
8 authorities to include service Secretaries,
9 and empowering victims. So, clearly, the
10 perception in the community we think will have
11 a powerful impact. And, again, creating a
12 perception that there will be justice, that
13 these reforms have been put into place.

14 Very specifically, there are some
15 things, such as the voice of the victim in the
16 process, so they can engage the convening
17 authority. They also are empowered by a
18 Special Victims Counsel now which we put in
19 place in policy but that is now enshrined in
20 law, and there's also the incorporation of the
21 Crime Victim Rights Act in the military
22 justice practice which was something that

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1 could have been done previously, but now very
2 explicitly gives the victim that voice, and
3 they have an empowered advocate to advocate on
4 their behalf who has standing based on
5 precedent now out of the Courts [sic] of
6 Appeals of the Armed Forces. So, we think -- I
7 think my personal opinion and SAPRO's opinion,
8 and probably a broader opinion is probably one
9 of the most profound things, is this empowered
10 victim who has a voice, who has rights that
11 are enshrined, and has an advocate that
12 advocates on their behalf. And the feedback
13 that we're hearing from those who have that,
14 the Air Force program, for example, their
15 victim satisfaction rates, even if they don't
16 get an outcome that they call justice, 90-
17 percent-plus satisfaction that they were
18 empowered, they had a voice in the process,
19 and they were shepherded through that process
20 with someone that really -- again, I think the
21 key is the empowered advocate. So not that our
22 advocates were any less professional or

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1 competent, but now you've got someone who can
2 take on the system, so I think that's very
3 powerful.

4 MS. FROST: Can I ask a follow-up
5 question? Particularly on the Special Counsel
6 program, because we've heard some information
7 that this program is being implemented
8 differently in different services. I'll just
9 leave it at that, stronger in the Air Force
10 than in some of the other services. Are these
11 the kinds of things that you're going to be
12 looking at?

13 COL. METZLER: Yes. In fact, for
14 example, right now the number is about 185
15 attorneys between all the services. They have
16 determined their model, but the idea, the
17 mandate from the Secretary was they would have
18 an attorney/client relationship, and they
19 would -- and that the services needed to put
20 a capability in place so every victim could
21 have an attorney if they so choose. And,
22 again, victim choice is a centerpiece of that,

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1 and the victim gets to decide even if they
2 make a restricted report, to get an attorney
3 to represent them.

4 They get to decide the delivery
5 model. In the Army it's over 120 attorneys,
6 the Air Force and Navy it's 29, the Marine
7 Corps it's nine. And then they've got --
8 they've staffed their offices with regional
9 advisors. And I'm sure Colonel Dawn Hankins
10 has been here and talked about how they've put
11 their program together, but the
12 standardization is in terms of delivering of
13 a capability.

14 Now, the services had to pay for
15 this out of their top line for the FY 14 year
16 because there was no POM'ing for this. We
17 worked with the Congress, we got \$25 million
18 appropriated in FY 14. My project this
19 afternoon is to get that guidance out to the
20 services, and to give us their cost because
21 we're initiating a reprogramming action to
22 ensure that the services have operating funds

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1 this year to pay for that. So, that is another
2 thing that we're working on right now. And
3 then down the road, they'll have to POM for
4 this capability.

5 COL. HAM: How do you explain the
6 -- I'm sorry.

7 DR. GALBREATH: I was just going to
8 say, let me back around with that for a second
9 and let me be obsessive compulsive for a
10 minute. The NDAA has very little information
11 that is primary prevention, very little
12 legislation that is primary prevention. And as
13 I'm sure CDC shared with you, primary
14 prevention is addressing the crime before it
15 occurs.

16 What Colonel Metzler just
17 described to you is secondary prevention. An
18 empowered victim's voice makes the experience
19 of sexual assault less impactful on their
20 lives. It helps rebuild their resiliency. And
21 we think it's very important, it's a very
22 important aspect, but our strategy clearly is

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1 focused on primary prevention. So, I just
2 wanted to make that real clear.

3 JUDGE JONES: Colonel, did you have
4 a --

5 COL. HAM: I have two questions.
6 One, I mean, your numbers show that the Air
7 Force which has had the Special Victim Counsel
8 program the longest for the full, almost the
9 full FY had the least increase in reporting of
10 all the services. How -- is there an
11 explanation for that, or any thoughts about
12 that? It's not connected?

13 COL. METZLER: Drawing a direct
14 correlation between any one variable is
15 dangerous, so we presented to this Committee
16 the variety of reasons why victims report, and
17 why victims don't report, which is why we
18 continue to make an emphasis that has to be a
19 number of things, so we've enshrined victim
20 choice, and victims get to choose do they want
21 a transfer, do they want counsel, what kind of
22 report do they want to make. At some point, do

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1 they even want to make a claim to the VA for
2 military sexual trauma? It's their choice,
3 it's not automatic. Treat every case as an
4 emergency, put in professionally certified
5 advocates, create an entire response system
6 that's integrated, has checks and balances,
7 and through a wide range of things we're
8 trying to get after victim confidence. So, I
9 think it would be dangerous to suggest that
10 while reporting went up the least in any one
11 service because of any one thing, and I would
12 turn to Nate on the numbers.

13 DR. GALBREATH: Yes. And, also, I
14 would also argue that of the four services,
15 the Air Force has the lowest prevalence rate,
16 so there's less crime in the Air Force to
17 report, so I wouldn't necessarily look at that
18 either.

19 COL. METZLER: That was a very
20 interesting question with the Service Academy
21 Report, so the Air Force Academy had orders of
22 magnitude more reports. It was perceived there

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1 was more crime when, in fact, there's much
2 more positive reporting environment that
3 people will be believed, that they'll take
4 them serious, that they'll get the care they
5 need, and there's maybe a little less positive
6 reporting environment in the other two service
7 academies, so a lot of variables to consider,
8 and I wouldn't necessarily link it to just one
9 thing.

10 COL. HAM: Thank you. And the Air
11 -- or the Marines had the greatest increase,
12 so that might have meant that the Marines have
13 the farthest to go. I mean, that may be the
14 explanation for that.

15 DR. GALBREATH: Could be they also
16 have the highest prevalence rate in the
17 services, as well.

18 COL. HAM: And the second question
19 I have is some of the language you use just as
20 kind of your prefatory language, the grooming
21 behavior, that sort of -- I heard that today.
22 The CDC says it's a myth that sexual assault

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1 -- sexual violence is premeditated, so I guess
2 one of the issues --

3 DR. GALBREATH: What?

4 COL. HAM: It is a myth that all
5 sexual violence is premeditated.

6 DR. GALBREATH: Okay, all sexual
7 violence.

8 COL. HAM: But when you -- here's
9 the question, and it's a devil's advocate-type
10 question. If you are premising your programs
11 on things that research shows are myths in a
12 lot of instances, that's a question, are you
13 premising your programs on things the CDC says
14 are myths in a lot of instances.

15 DR. GALBREATH: No.

16 COL. HAM: That is the one I heard
17 today, the grooming behavior, but if that
18 would be a small subset of premeditated sexual
19 assault, but if your program is predicated on
20 encompassing a larger group of offenders, then
21 does that lessen the impact of your programs?

22 DR. GALBREATH: I would offer to

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1 you that there is a wide range of human
2 behavior that we have to address. There are a
3 group of people that we know are rule
4 followers and law obeyers. We don't have a
5 whole lot of challenge with that group other
6 than to help mobilize them to help us prevent
7 this crime. And we think that's where that
8 comes from.

9 We also have a range of people
10 that are -- that I described before that are
11 less sexually sophisticated, they believe in
12 rape myths, they have probably perpetrated
13 coercive -- sexually coercive behavior in
14 their past because in their culture wherever
15 they're from that's okay to do, whether it's
16 legal or does not rise to the level of a crime
17 is another issue, but that is interpersonally
18 okay for them to do.

19 And then I have a percentage of
20 offenders that are out there perpetrating the
21 violent serial types of crimes that people
22 think are -- the ski mask guy that are jumping

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1 out from behind the bushes. And we understand
2 that that -- how to address those behaviors is
3 significantly different from this group of
4 people that are rape myth believers, they're
5 sexually coercive in their behavior at some
6 point in their lives.

7 So, I think what I would offer is,
8 is that we had great detailed conversations
9 with the CDC about how they frame their
10 questions and the problem. We agree with them
11 and what they're doing, and I don't think
12 there's any daylight between their approach
13 and our approach. I would just offer to you
14 that we have to be just very careful about
15 when we define terms and we say all or some,
16 what is it that we mean? And also, too, is
17 don't forget their sexual violence is much,
18 much more encompassing, a wider range of
19 behaviors than the sexual assault program,
20 what we deal with.

21 They also are talking about forced
22 viewing of pornography, they're also talking

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1 about a number of other things that occur in
2 the -- within intimate partner relationships,
3 and those are issues that, of course, you
4 know, we handle under the Family Advocacy
5 Program.

6 So, I just -- before we get to the
7 all or nothing kind of approach here, I would
8 just say let's clearly define our terms and
9 then I'll show that we'll really in agreement
10 with our approach.

11 JUDGE JONES: I have one other
12 question, and I was out of the room for a
13 while so I apologize if you've already
14 discussed this. But are we getting anywhere at
15 all with a more intense look at the male
16 victims of sexual assaults?

17 DR. GALBREATH: We are. As a matter
18 of fact, GAO came to visit me last week and
19 they have a current engagement on that right
20 now. And we are -- my pathway ahead for them
21 that I explained is this.

22 We -- this is an iterative process

1 for us, and I would offer to you that in 2010
2 I really wanted to come forward with the data
3 that talked about our percentage of male
4 victims in the Department. Of the 19,000
5 people that we estimated experienced some form
6 of unwanted sexual contact in the past year,
7 that year it was 11,000 men and 8,000 women.
8 I wanted to go forward with that. We did not
9 have the support in the Department that we do
10 now. And this last year, in FY 12 we were able
11 for the first time as a talking point in our
12 annual report to Congress talk about the fact
13 that 53 percent of the victims of sexual
14 assault in the military are male. And that is
15 both -- that's our survey data. And, of
16 course, in our reports it's only 10 percent of
17 men will ever come forward, so our reporting
18 rate for men is about 3 percent.

19 We believe that we see about 3
20 percent of the men who experienced unwanted
21 sexual contact in the past year in our reports
22 to DoD authorities, both restricted and

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1 unrestricted. For women it's over 20 percent,
2 so we're talking to at least 20 percent of our
3 female victims. So, very clearly there's an
4 issue there.

5 The challenge is what do you do?
6 How do you encourage men to come forward in an
7 environment both in the civilian culture where
8 it's just as verboten to admit that you're a
9 male victim of sexual assault and the military
10 culture where we have this strength ethos,
11 this warrior ethos and bringing them in. It's
12 a good question. So, what are we doing?

13 This year in the Workplace and
14 Gender Relations Survey and how we deploy that
15 is still -- we're still figuring it out, but
16 what I would offer to you is we have expanded
17 the survey to one-third of the active force.
18 We will be doing a census of women and 25
19 percent of our men. That's one-third of the
20 force. That is going to provide me a lot more
21 information about the experience of male
22 victims. I'm crossing my fingers that we get

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1 good response rates there. And then I'll be
2 able to develop a plan forward.

3 I also am going to be asking Mr.
4 Hagel to consider a directive to address male
5 victims in some way with the rollout of our
6 annual report in April. I don't know what
7 that's going to look like yet. I've got to
8 work it through with our program folks in the
9 Department, but we really do want Mr. Hagel
10 and the leadership of the Department to begin
11 to say the words if you are a man and you've
12 experienced unwanted sexual contact in the
13 past year, any form of sexual assault, come
14 forward, tell us about it, let us work with
15 you.

16 We're also working with the GAO to
17 identify male victims with our Safe Help Line,
18 and we are trying to connect them into talking
19 to GAO. We have an ad that we're going to run
20 so if you log onto Safe Help Line you will see
21 that there and, hopefully, direct some of our
22 male victims to them outside the Department so

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1 they don't have to talk to us, and we might be
2 able to get some feedback that way, as well.

3 But, ultimately, when we talk
4 about this going forward we have to maintain
5 a focused approach on bringing men forward to
6 be able to talk about this, but it is hard.
7 And, as a matter of fact, some of the data
8 that we see from Safe Help Line is that while
9 women are calling to talk about things that
10 have just happened to them, that's more of a
11 crisis response, most of our men are calling
12 to talk about something that's occurred over
13 five years ago or even longer, so we're seeing
14 veterans call and talking about things that
15 might have occurred in prior service eras, as
16 well. So, we realize that men don't feel safe
17 in any environment, whether civilian or
18 military, to be able to talk about this and
19 feel accepted about it, but I will tell you
20 it's changing.

21 One of the first challenge -- in
22 2008, I went out to -- I led a group that went

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1 to PACOM in Hawaii. It wasn't as luxurious as
2 it sounds, but we were able to hit all four
3 services and the National Guard on Oahu, and
4 we were able to talk to everyone there.

5 One of the things that I sat down
6 with, and we went to Kaneohe Base, Marine
7 Corps base, is I sat down with O-6 commanders
8 there and I said we want to talk to your
9 people about sexual assault. And about four
10 out of the five commanders that I was talking
11 about said well, that's easy, we don't have
12 any women in our units, we don't have a sexual
13 assault problem. And I kind of laughed and
14 said let's talk about that. And they would not
15 talk about it to me. No, there are no male
16 victim Marines. That's just all there is to
17 it. That's our ethos, we're warriors. We don't
18 have that here. And it was topic verboten.

19 Now what I would offer to you is
20 that the Marine Corps has a much different
21 perspective, that male victim scenarios are
22 built into their training, into their ethical

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1 decision group discussions, they have male
2 victim scenarios. They talk about this in
3 their Take a Stand training for some of their
4 NCOs that they have deployed over the last
5 couple of years.

6 COL. METZLER: In their command
7 training the other day they showed videos of
8 male Marines. In fact, they had more male
9 Marine victims talking than they had female
10 Marine victims talking in their videos, and
11 that was really powerful to that audience of
12 almost all male O-5 and O-6 Commanders and
13 Sergeant Majors. I think there was maybe 2
14 percent of the entire audience were females,
15 and really did resonate well with that
16 audience. We've got a lot of victims out there
17 that are males, so we're training that now.

18 DR. GALBREATH: So, I don't know if
19 my numbers are going to show that I have more
20 male victims this year. I know we have
21 substantially increased reports, but I don't
22 know if my proportion will rise above 10

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1 percent. I'll let you know as soon as I get
2 everybody's data in.

3 MS. FROST: Can I raise another
4 question?

5 JUDGE JONES: Sure, go ahead.

6 MS. FROST: Because raising
7 awareness obviously in the military is very
8 important, but the report data is so
9 misunderstood by the public, and even by
10 people who have worked in the area of sexual
11 assault for a long time. I can't tell you the
12 number of people whose jaws dropped when I
13 told them exactly what you've just said, that
14 last year more men than women reported some
15 form of unwanted sexual contact. I mean, they
16 looked at me and almost as if I don't believe
17 that. And then you know what the media has
18 done, 26,000 reports, rapes of women last
19 year.

20 COL. METZLER: And only 238 were
21 prosecuted.

22 DR. GALBREATH: Right. Which is

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1 completely different, if you look at our media
2 rollout, if you look at all the briefings that
3 we've provided we made it abundantly clear
4 that given the demographic breakdown in the
5 military, 85 percent of us are male and 15
6 percent of us are female, and because of that
7 population distribution when you talk about
8 1.2 percent of men experiencing unwanted
9 sexual contact, that's 13,900 men, and only
10 12,100 women.

11 MS. FROST: But it's not just the
12 male/female. I mean, again, it's people
13 conflating unwanted sexual contact with rape.
14 I mean, to the average person in the public
15 when you say sexual violence or even sexual
16 assault, they think of rape.

17 DR. GALBREATH: Absolutely.

18 COL. METZLER: One of the things
19 we've been working on that is we continue to
20 be told you need to talk about the rapes.
21 Well, we don't want to diminish the
22 victimization that a victim might feel and the

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1 traumatization that's individual. So, one of
2 the things that we've spent a lot of time
3 understanding is that trauma is unique and
4 individual, it's not based on the offense. So,
5 we cite this example of one of our Summits
6 recently where we had victims in. One victim
7 was drugged and was a victim of a gang rape.
8 She had no memory of it, and she didn't
9 exhibit the trauma that a Chief Petty Officer
10 in the Navy experienced for an unwanted sexual
11 contact that was groping, but it was -- she
12 was repeatedly victimized and retraumatized in
13 her formation because she -- the Chief's Mess
14 kept abusing her after-the-fact. So, her
15 trauma was significantly higher, manifested in
16 a substantial way compared to this other
17 victim who had a much more serious offense, a
18 penetrating offense, not a touching or a
19 contact offense, so we're very cognizant of
20 the idea that you can't lump trauma together,
21 and you can't lump offenses together.
22 Everyone's trauma is unique, so we talk about

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1 all the range of offenses. And we will be very
2 specific, and we were. In fact, last year we
3 can tell you of the victims that were in our
4 reports, 27 percent of the actual reports were
5 rapes. And we have the exact number of each of
6 the distribution in all our reports and, in
7 fact, in our unwanted sexual contact surveys
8 we know the distribution of penetrating, non-
9 penetrating and attempts offenses, as well.
10 So, we are very clear that all that
11 information is out there, and we communicate
12 all of it. Unfortunately, some will conflate
13 or lump them together, and that becomes very
14 challenging for us.

15 MS. FROST: This might be an area
16 that DoD should look at.

17 DR. GALBREATH: Oh, we're there,
18 and we will, so when you see our rollout this
19 year it's going to be a substantively
20 different approach, I think.

21 One of the things, though, I do
22 think that there's a matter of law, and a

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1 matter of care that you all can help us with
2 if you choose to, and that is, is that we
3 understand under the law that penetrating
4 crimes are treated as a worse offense than
5 contact crimes, non-penetrating crimes.
6 Understand that. That is a difference that the
7 law makes, but it is not a difference that a
8 victim might make. And that is an issue that
9 you can have just as traumatic an experience,
10 as Alan was saying. I can tell you about the
11 victims that I've cared for and investigated
12 as an OSI agent where the abuse that the
13 victim suffered even though there was no
14 penetrating crime was horrific, so the trauma
15 is associated with the crime itself, and not
16 necessarily the actual behaviors that the
17 victims experience.

18 JUDGE JONES: Anything else?

19 COL. TURNER: Yes, ma'am.

20 JUDGE JONES: Colonel.

21 COL. TURNER: We heard from a
22 previous panel that it's important to

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1 understand the reasons and motives of the
2 actual and potential offenders, and to tailor
3 programs to those; in other words, relevance.
4 What has DoD done to, or plan to do to study
5 the motives of this particular military
6 organization, perpetrators or would be
7 perpetrators?

8 DR. GALBREATH: Well, that is a
9 challenge because, as you know, you're in
10 custody the whole time that you're a military
11 member, so if I ask someone on a survey, or if
12 I try to get at something and I want them to
13 tell me that they're a perpetrator, that could
14 be used against them at any point. So, I have
15 to have some kind of degree of anonymity in
16 order to get people to tell me about what kind
17 of behaviors they're involved in. That's a
18 real challenge.

19 The only study that I know of that
20 has been done on that, we just talked to the
21 authors on this last week was Dr. McWhorter
22 and Dr. Merrill out at the Naval Health

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1 Research Institute out in San Diego, and they
2 conducted a survey of Naval recruits that took
3 a look -- this is back in 2009, that took a
4 look at the percentage of women that have come
5 in with prior victimization, which was very
6 consistent with data that we most recently got
7 in 2012, but they also worked a number of men,
8 and they asked them about behaviors that were
9 consistent with offending. And, essentially,
10 what this study did is it replicated David
11 Lisak's work of the Undetected Rapist, and it
12 did it in a number of ways that he predicted
13 as far as the factors, how offenses were
14 perpetrated, the weapons that were used a/k/a
15 alcohol, and it was very helpful for us to
16 take a look at that. I would like to replicate
17 that in a number of locations, but the
18 researchers strongly felt that because of the
19 attention given to this these days, it might
20 be much more difficult to get this through an
21 Institutional Review Board. So, that's
22 something that we all have to do for

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1 protection of human subjects research, and I
2 have to have a group of people say yes, there
3 is value in this, and the risks outweigh the
4 benefit -- I mean, the benefits outweigh the
5 risks to the individuals participating.

6 That being said, there -- I think
7 you're right in that understanding the motives
8 behind this and getting inside the offender's
9 mind, there is a lot of -- I can't say a lot.
10 There is some substantive research on
11 offenders into this. And this is some of my
12 own work, as well, as a graduate student, and
13 also since coming in, to take a look at how do
14 these -- what are the offense cycles involved.
15 And we do have an understanding of how that
16 works, and that's some of the information that
17 has been helpful to us in the Workplace and
18 Gender Relation Survey. We ask our victims
19 what happened in these situations? What kind
20 of behaviors were involved? Where were you?
21 What occurred? And then in addition to that,
22 what kinds of behaviors did the offender

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1 engage in both before and after the offense?

2 What I would offer to you is that
3 54 percent of our victims said that they
4 experienced sexual harassment both before and
5 -- either before or after the offense from
6 their perpetrator, and that also includes
7 stalking, as well. So, we're getting better at
8 asking our victims what their experience is,
9 and that's -- we can infer quite a bit from
10 that. And the more that we learn, the better
11 off it is.

12 We're also moving out on -- for
13 this Presidential report on a victim
14 experience survey, as well. This is where
15 we're actually going to talk directly to
16 victims who have made a restricted and an
17 unrestricted report. This is something new.
18 We've not done this before. We hope to get a
19 little bit more information from that, as
20 well.

21 There's also a review process that
22 the Department is taking a look at as far as

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1 going back to our criminal investigations and
2 assessing offender behaviors out of those, as
3 well. So, there are some things underway, it's
4 just we have a lot of -- we have some legal
5 challenges trying to access offenders
6 themselves and getting people A) to admit that
7 yes, I perpetrated a behavior consistent with
8 a sexual assault, and I'm willing to tell you
9 about it.

10 GEN. HAM: Any other questions?

11 MG ALTENBURG: Just a quick follow-
12 up, have you attempted to do that with people
13 that have been convicted and sent to prison?

14 DR. GALBREATH: Yes. As a matter of
15 fact, we have something online to go and talk
16 to folks at Leavenworth. I would -- and the
17 Navy brigs. The only challenge is, as you know
18 --

19 MG ALTENBURG: Nobody's guilty.

20 DR. GALBREATH: That's exactly
21 right.

22 COL. HAM: And you can't get in the

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1 offender treatment program unless you've
2 admitted guilt.

3 DR. GALBREATH: And even then, even
4 if you have, whether it's you're admitting it
5 because you want to look better to the parole
6 board and get out sooner, or whether or not
7 you're really going to engage in care. I mean,
8 been there, done that. We've -- I've chased
9 this rabbit down multiple holes to try to get
10 to our offenders.

11 And what I would offer to you is
12 doing offender research is tricky because for
13 every offender that -- we did this in OSI, we
14 did this with our spies, we did this with our
15 child sex offenders, as well, and every single
16 time we go and talk to a prisoner they want
17 something out of it. If they're incarcerated
18 they want good time, they want a letter from
19 you, something along those lines, and when
20 that happens I can't guarantee the validity of
21 the information of what they say.

22 MG ALTENBURG: Those people by

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1 definition are manipulative, they wouldn't be
2 there if they weren't in some way
3 manipulative. That's how they got into what
4 they were doing, committed their offense, so
5 I understand what you're saying.

6 DR. GALBREATH: It's a tough nut to
7 crack.

8 MG ALTENBURG: Thank you.

9 GEN. HAM: Anything else? Panel,
10 thank you very, very much for your time this
11 afternoon. There's some great insights that
12 will help us as we move forward in this
13 process. Thanks, and I think we'll take a
14 short break.

15 (Whereupon, the proceedings went
16 off the record at 1:25 p.m. and went back on
17 the record at 1:57 p.m.)

18 JUDGE JONES: Good afternoon.

19 Thank you all for coming.

20 This is the Role of the Commander
21 Subcommittee meeting relating to prevention of
22 sexual assault. And this particular panel is

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1 a commander discussion relating to strategies
2 and, in particular, installation initiatives
3 for establishing a command climate of sexual
4 assault prevention.

5 If I may, I am just going to start
6 with Colonel Maxwell and go down the line.
7 How about that?

8 Thank you, Colonel. Go ahead.

9 COL MAXWELL: Good afternoon,
10 ladies and gentlemen.

11 I am Colonel David Maxwell, and
12 I'd like to thank the panel for the
13 opportunity to discuss Marine Corps Base
14 Quantico's efforts in combating and
15 eliminating sexual assault.

16 I have been the installation
17 commander since May of 2012 or approximately
18 21 months. This command is a three-year
19 assignment, which is an unusual opportunity
20 for a commander, as most of the command tours
21 for the Marine Corps are two-year assignments.

22 While Marine Corps Base Quantico

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1 is unique in the range and diversity of its
2 missions, it is much like any other
3 installation in the nature of the services
4 that we provide to our tenant commanders.
5 Marine Corps Base Quantico is a fairly large
6 installation with approximately 25,000
7 military, federal, civilians, contractors, and
8 families who work and/or live on Quantico.

9 Of the 31 major commands and
10 activities on the installation, only a few of
11 these operate in a traditional battalion-
12 oriented framework with a commander and a
13 staff and subordinate company commanders and
14 a subordinate company structure. The majority
15 of those, the organizations are Headquarters
16 agencies who actually receive their
17 administrative and personnel support from
18 their Headquarters and Service Battalion CO,
19 who is Colonel Robin Gallant, and she spoke
20 and addressed the panel about a month ago, I
21 believe.

22 As the installation commander, I

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1 have essentially three main priorities which
2 drive our mission and the efforts on the
3 installation.

4 First is taking care of the
5 Marines and their families and sailors.

6 Second, preserving and improving
7 the installation, its facilities.

8 And third, ensuring the safety and
9 security of the installation.

10 It's essential to understand that
11 at the installation level we are essentially
12 the source of supply for many critical
13 personnel who possess unique skills and
14 expertise. They apply their knowledge to
15 advise and assist unit commanders, victims,
16 alleged offenders, or the many junior Marines
17 who are still navigating their way into
18 adulthood, establishing themselves as men and
19 women, and learning what the title of Marine
20 truly means.

21 At Quantico we have recently
22 reinforced the installation's Sexual Assault

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1 Response Coordinator with two Sexual Assault
2 Prevention and Response Victim Advocates.
3 These experienced and credentialed Victim
4 Advocates are solely dedicated to helping the
5 victims of sexual assault by providing them
6 with the choices and the options and offering
7 the direct support services, such as crisis
8 intervention, safety planning, and
9 accompaniment to medical appointments or other
10 engagements, examinations, and law enforcement
11 interviews that they may have.

12 As a mission-essential
13 installation resource, they are also readily
14 available to support any of the tenant
15 commands and augment and reinforce their
16 uniformed victim advocates throughout the
17 installation, but also often at times around
18 the globe, particularly as it applies to one
19 of our tenants, which is Marine Corps Embassy
20 Security Group.

21 Our Case Management Group also
22 reflects a closely-knit networked group of

1 experts, such as the Sexual Assault Response
2 Coordinators, medical personnel,
3 investigators, law enforcement, the chaplain,
4 Staff Judge Advocates, and the victims' legal
5 counsel. And they meet monthly with myself or
6 the Deputy Installation Commander to review
7 the individual cases and address the concerns
8 of each victim with the command.

9 We also, with the Sexual Assault
10 Response Team, it includes many of the same
11 personnel augmented by some additional first-
12 responders. And we just recently had really
13 the first formal meeting back in September
14 with them in initiating that, and they meet on
15 a quarterly basis to really look at the
16 systemic issues as we deal with our victims.
17 Together, both of those teams reflect a
18 committed effort to caring for our Marines.

19 The establishment of the Victims'
20 Legal Counsel Office is a new resource that
21 has been made available, and it is provided to
22 victims in order to protect their rights and

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1 interests. This office provides judicial
2 representation and resources to victims in
3 order to protect their rights and interests
4 throughout the entire process.

5 While we have invested in the
6 response service, we have also been actively
7 pursuing programs that aim to be proactive in
8 nature. The installation offers several
9 programs that not only promote sexual assault
10 awareness and bystander intervention, but
11 provide scenario-based training to recognize
12 and prevent sexual harassment, alcohol abuse,
13 suicidal ideations and attempts, and other
14 behaviors that jeopardize the health and
15 welfare of our Marines.

16 Marine and Family Programs
17 Leadership have created a number of
18 educational sessions which speak more directly
19 and more relevantly to our younger Marines
20 with topics pertaining to healthy and
21 responsible dating and relationship-building.

22 One successful educational and

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1 mentorship program at the installation is a
2 men's fellowship which is initiated by the H&S
3 Battalion Sergeant Major. And this effort
4 openly addresses the challenges faced by being
5 a man and the roles and responsibilities vital
6 to success there. The discussions in that
7 group have addressed balancing life and work,
8 personal and professional relationships, being
9 a positive husband and/or father, and stress
10 management.

11 Since approximately 94 percent of
12 our Marine Corps is male, I believe that this
13 is helping, at least at a very microtactical
14 level as well, strengthen the moral fiber of
15 our Marines during what is arguably one of the
16 most formative periods in their lives. The
17 chaplains have also been very engaged in this
18 process and furthering that mentorship
19 program.

20 We strengthened our efforts in
21 deglamorizing alcohol, recently removing all
22 liquor from all Exchange stores with the

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1 exception of the Class 6 store and have also
2 limited the hours for sale of alcohol from
3 0800 to 2200.

4 While we continue to provide
5 traditional substance abuse counseling
6 services through the chain of command, we are
7 also offering an Alcoholics Anonymous program
8 on the installation. This program provides
9 our Marines with another resource that can be
10 consulted with less command visibility, and
11 has actually been taken advantage of as well,
12 we believe, by a couple of our victims.

13 These are a few examples to
14 highlight the range of engagement and services
15 that we provide. As a commander, I am
16 committed to providing the best services
17 possible to take care of Marines, sailors, and
18 civilians, and to provide for their
19 safety/security while ensuring that we remain
20 a ready, relevant, and responsive force able
21 to answer the nation's call.

22 I'm committed to maintaining a

1 healthy work environment and command climate
2 in which every Marine and civilian is treated
3 with dignity and respect and has the absolute
4 trust and confidence in their leadership.

5 As Marines, we are each
6 accountable for the situation that we're in
7 today, and we are responsible for developing
8 our Marines so that, as General Lejeune said
9 a few years ago, "When discharged from the
10 service, they should be far better men
11 physically, mentally, and morally than they
12 were when they enlisted." That's our charge.
13 That's our task. And quite honestly, that's
14 our end-state.

15 I thank you for your time and
16 submit to your questions.

17 JUDGE JONES: Thank you very much,
18 Colonel Maxwell.

19 We'll hear from Colonel Edwards.

20 COL EDWARDS: Thank you, ma'am.
21 Madam Chair and Members of the Committee,
22 thank you for the opportunity to speak to you

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1 today about the role of the commander in
2 addressing sexual assault.

3 I'm Colonel Trent Edwards, and I
4 am the Installation Commander at Maxwell Air
5 Force Base. I am passionate about this topic,
6 and I am truly excited to share with you the
7 innovative ideas put into action at Maxwell.

8 A climate of mutual respect begins
9 with leadership, and at Maxwell everyone is
10 expected to lead, from squadron commanders to
11 the youngest airmen newly arrived from basic
12 and technical school training. Our goal is
13 for every airman to take responsibility for
14 the well-being of their fellow airmen, to
15 internalize the wingman concept of protecting
16 and respecting ourselves and each other.

17 We accomplish this through
18 interactive, creative, and thought-provoking
19 education opportunities that the airmen plan
20 and the airmen implement with guidance from
21 our Sexual Assault Prevention and Response
22 Team.

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1 The Air Force is blessed with the
2 best and brightest young people our country
3 has to offer. Because of their openness and
4 creativity, we are making positive strides to
5 mitigate sexual assault in our Air Force and
6 at Maxwell.

7 As the Installation Commander, it
8 is my responsibility to lead by example and
9 set the right leadership and command climate.
10 I am responsible for molding airmen who are
11 guided by our Air Force core values of
12 integrity, service, and excellence, who treat
13 people with mutual respect and dignity, and to
14 create a climate where airmen feel valued and
15 empowered to take action against sexual
16 harassment and sexual assault. Our Air Force
17 mission depends on it.

18 I would like to share with you
19 some of the amazing things our airmen are
20 doing to help embody our motto: "True wingmen
21 respect and protect."

22 Maxwell's Airmen Helping Airmen

1 Forum is a volunteer group of young airmen,
2 officers and civilians, who positively
3 influence their peers by holding airmen-led
4 events and education sessions, like a
5 Thanksgiving Cook-off, a Jingle Mingle Holiday
6 Social, and a Talent and Poetry Exposé focused
7 on respect for each other. I have submitted
8 to the Subcommittee a listing of these and
9 other events we have held at Maxwell.

10 We also hosted a Wingman Week
11 where the focus of wing-wide briefings was on
12 sexual assault prevention, treating everyone
13 with respect and dignity, and a series of
14 educational briefings from our SAPR and the
15 Judge Advocate Office. The week culminated
16 with a 5K Run for Respect with over 300
17 participants.

18 My wife Vanessa is working with my
19 chaplain and SAPR teams to create an airmen
20 Resiliency Center, a safe place where airmen
21 can relax or inconspicuously meet with a
22 Victim Advocate or chaplain, if they desire.

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1 And I couldn't be more proud of my
2 young airmen. By working with Public Affairs
3 and the SAPR office, they wrote, produced, and
4 acted in a training and awareness video which
5 addressed sexual assault and suicide
6 prevention. I have submitted a copy of the
7 video for the record.

8 We partnered with the Maxwell
9 Commissary and Base Exchange to sponsor a
10 Responsible Environment Initiative, a bag-
11 giveaway event. After answering the question,
12 "What does respect mean to me?", 500
13 participants were given a reusable SAPR
14 shopping bag.

15 The SAPR team created an
16 interactive Got Consent Program where
17 participants role-played in realistic
18 scenarios to practice how they would intervene
19 if they felt an airman was in a vulnerable
20 situation. And because of the strong pool of
21 trained Victim Advocate Volunteers, we have a
22 24/7 on-call Crisis Response Program where a

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1 Victim Advocate is always ready to meet and
2 talk with a victim for any reason.

3 At Maxwell, because of the Air
4 University mission, we are uniquely situated
5 to impact a wide spectrum of airmen who visit
6 us from across the Air Force and even students
7 from other services and other nations. For
8 example, in fiscal year 2013, almost 2,000
9 airmen who attended the Air Force Senior Non-
10 Commissioned Officer Academy and the First
11 Sergeant Academy received two hours of
12 training and education from a panel comprised
13 of my SARC, the Staff Judge Advocate, and the
14 Office of Special Investigations. We also
15 provide recurring lectures at Officer Training
16 School, Reserve Officer Field Training, and
17 Squadron Officer School.

18 I mentioned my wife Vanessa
19 earlier. She and our senior spouses are
20 equally involved and participate in base-wide
21 SAPR events, and our Key Spouse Training
22 Program includes training on sexual assault

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1 prevention and awareness. Key spouses are
2 part of what we call "the chain of concern,"
3 and they should be fully trained on how to
4 respond if they encounter a spouse who has
5 been or is being sexually assaulted.

6 Rolling up my sleeves includes me
7 as well. When the Air Force Judge Advocate
8 General Corps held their Worldwide SAPR Summit
9 at Maxwell, I was honored to serve as a panel
10 member.

11 From a mission and operational-
12 readiness standpoint, I have implemented a
13 Sexual Assault Exercise that involves the
14 SARC, Family Advocacy, medical technicians,
15 security forces, OSI, the Command Post Judge
16 Advocate, group commanders, and myself. The
17 purpose is to test how we respond to a sexual
18 assault. I want to ensure each unit is fully
19 aware of their responsibilities and that we
20 respond and react in the most professional and
21 respectful manner possible.

22 How we respond when allegations of

1 sexual assault are made is crucial to earning
2 the trust and establishing the right norms of
3 how we detect, deter, and dissuade
4 inappropriate and criminal behavior. We owe
5 the airmen the very best possible care when
6 they have been victims of sexual assault.

7 At Maxwell we recognize the crime
8 of sexual assault is not just limited to the
9 Air Force. Because we are part of the local
10 community, we partner with local colleges to
11 collectively provide sexual assault awareness
12 and education training. We have partnered
13 with the Montgomery Rape Crisis Center and the
14 Alabama Coalition Against Rape to ensure our
15 sexual assault forensic exams are conducted in
16 a highly-trained and specialized manner.

17 And when the Special Victim
18 Counsel kicked off in 2012, I am pleased to
19 say that my Deputy Staff Judge Advocate was
20 one of the first volunteers to represent
21 sexual assault victims all over the Air Force.

22 In closing, thank you for the

1 opportunity to come before you and testify
2 about my role as the commander in addressing
3 sexual assault. The Air Force is making great
4 strides to eradicate sexual assault from our
5 ranks, and I am absolutely confident that
6 commanders at Maxwell are committed to doing
7 everything in their power to create the right
8 professional command climate and a culture of
9 zero tolerance.

10 As with any change in culture, it
11 will take time, but I believe the key to
12 expediting the culture change is by focusing
13 on the day-to-day behavior and habits of our
14 airmen and enlisting their support to be part
15 of the solution; to ensure that snide,
16 inappropriate, or sexist comments are
17 challenged and pushed out of the organization.
18 We must address sexual harassment allegations
19 just as aggressively as we address sexual
20 assault and hold the offending individual in
21 both cases fully accountable, so that we build
22 trust throughout all levels of the

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1 organization.

2 As the Wing Commander with 24
3 years of service, I am encouraged by the
4 sacrifices and accomplishments that 99 percent
5 of my airmen achieve every day. We simply
6 cannot allow their sacrifices to give way to
7 the strain of the criminal activity of a small
8 percentage of predators and opportunists. We
9 must ensure we protect and defend our greatest
10 resources, the 99 percent who act responsibly
11 and with integrity, who put service before
12 self, and perform in an excellent manner in
13 all they do. They are the ones who will keep
14 us the greatest Air Force in the world.

15 Thank you.

16 JUDGE JONES: Thank you, Colonel
17 Edwards.

18 We'll now hear from Captain Steven
19 Andersen.

20 CAPT ANDERSEN: Good afternoon,
21 Judge Jones and distinguished Members of the
22 Panel. It is an honor to be here today.

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1 I would like to tell you just
2 three things about myself that are relevant,
3 I think, to your work and why you have me
4 today as the Coast Guard representative, and
5 then, I will follow on with one specific thing
6 that we are doing at our installations related
7 to sexual assault prevention.

8 The first thing is I am a Coast
9 Guard Judge Advocate. Secondly, I'm also a
10 commanding officer. I command the Coast Guard
11 Legal Service Command, which is comprised of
12 about 90 legal professionals in three
13 locations in the U.S., and our role is to
14 provide legal advice and support to the Coast
15 Guard's mission support community, which is
16 made up of about -- it's about a third of the
17 Coast Guard. It is made up of four flag
18 commands and about 60 lower-level commands.

19 In that role, in addition to
20 providing legal support, I am also the Staff
21 Judge Advocate to all of those commands. And
22 in my role as Staff Judge Advocate, I am

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1 providing those commanders with advice on
2 disposition of all criminal cases, including
3 sexual assault. And I also have a military
4 justice staff that is prosecuting those cases.
5 So, although I am a Staff Judge Advocate, I am
6 not on the staff of any of those commands. I
7 report to the Coast Guard TJAG and Coast Guard
8 Headquarters.

9 The third thing relevant to my
10 presence here today is in my last Coast Guard
11 assignment I was a base commander. It was a
12 non-legal position. It was the Coast Guard
13 Base in Portsmouth, which was, basically the
14 Base was responsible for providing mission
15 support to the Midatlantic Region. We had 22
16 tenant commands, provided everything from
17 personnel support, engineering support,
18 medical support. So, that helps to frame my
19 perspective, in addition to being from a Judge
20 Advocate/Staff Judge Advocate, also from a
21 base commander position.

22 Similar to my colleagues, there

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1 are a variety of things that the Coast Guard
2 Installation Commanders and I am doing at our
3 installations. In my opinion, no individual
4 initiative is a game-changer, but I did want
5 to highlight one that I think has had impact
6 and import within the Coast Guard.

7 It's called, quite simply, A
8 Sexual Assault Prevention Workshop. And what
9 makes it a little bit unique is that it didn't
10 come from inside the Beltway. It was a
11 grassroots effort that was developed by
12 professionals, initially on the West Coast,
13 Sexual Assault Response Coordinators and
14 prosecutors who started to see this trend and
15 were trying to get ahead of the problem.

16 And what makes this a little bit
17 different than a lot of other things that we
18 have done when we want to educate people about
19 things is, in addition to the grassroots, it
20 is very edgy. It says things that you
21 probably would not hear in an official
22 message, and it talks about things in a way

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1 you would not expect to see them in an
2 official manual. It uses videos, internet
3 videos. It uses a variety of sources to get
4 the message across.

5 Initially, the program is
6 presented by facilitators and it is not
7 scripted. There are three facilitators
8 involved. It is led by the sexual assault
9 prevention professionals, the SARCs, but there
10 is also a prosecutor who has experience with
11 sexual assault prosecutions and a Coast Guard
12 Investigative Service Agent, a criminal agent
13 who has experience investigating sexual
14 assault crimes.

15 They function as a team in sort of
16 an improvisational level to get the point
17 across. They teach towards goals. They use
18 these various tools, and they use actual
19 cases, closed cases, to describe the
20 definition of sexual assault and what happens,
21 to debunk some of the myths about false
22 reporting and things like that.

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1 They also focus for about an hour
2 on intervention strategies, practical
3 intervention strategies that can be used in
4 the military environment.

5 And the final part of this
6 workshop, which is usually about four hours,
7 is the group is broken up by gender. So,
8 women are with women facilitators, women
9 agents, women attorneys; men, likewise. So,
10 they can talk about issues that people may not
11 have wanted to talk about in a larger
12 audience, the more sensitive things, and maybe
13 even do some followup with some of the topics
14 that were discussed in the larger sessions.

15 Again, this isn't a game-changer,
16 but one way we measure success is by the
17 amount of demand we are having for this
18 training, which is not mandatory. And demand
19 currently is outstripping our ability to
20 provide support to that.

21 I look forward to any questions
22 that you may have. Thank you.

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1 JUDGE JONES: Thank you, Captain
2 Andersen.

3 We will now hear from Colonel
4 Gibson.

5 COL GIBSON: Good afternoon, ma'am
6 and distinguished Members of the Panel.

7 I'm Colonel Karen Gibson, and I
8 appreciate the opportunity this afternoon to
9 discuss with you my thoughts and experiences
10 regarding the role of the commander in
11 preventing sexual assault.

12 I have been in the Army on active
13 duty for 27 years. And unlike my colleagues,
14 I have not been an installation commander.
15 However, in terms of command experience, I
16 have been a commander of operational units for
17 five years in my career, initially, as a young
18 captain commanding a company of about 120
19 soldiers at Schofield Barracks in Hawaii, as
20 a battalion commander from 2005 to 2007, the
21 742nd Military Intelligence Battalion at Fort
22 Meade, approximately 500 soldiers, and then,

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1 most recently, as Commander of the 704th
2 Brigade from 2010 to 2012, leading nearly 1600
3 soldiers and civilians. Most of those
4 personnel, about 1200 of them, are at Fort
5 Meade, and the other 400 are dispersed around
6 19 states and a number of other countries.

7 My other leadership experiences
8 that I think are most pertinent to this
9 include two 12-month deployments, one to Camp
10 Lemonnier, Djibouti, as part of Combined Joint
11 Task Force, Horn of Africa, and most recently,
12 at Headquarters of the International Security
13 Assistance Force in Kabul, Afghanistan. And
14 in both of those circumstances, we had very
15 diverse workgroups of soldiers, servicemembers
16 of all services, civilians, contractors, et
17 cetera.

18 I have served in a variety of
19 leadership positions to include five years in
20 a light infantry division in Alaska, four
21 years in the Republic of Korea, three years in
22 Hawaii, and four long years at the Pentagon.

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1 My point is that it is a very wide
2 variety of conditions and environments in
3 which I have witnessed commanders deal with
4 these kinds of issues, some with better
5 success than others.

6 I did not grow up in a military
7 family, but the military is now our family
8 business. My husband is a retired Lieutenant
9 Colonel infantryman, and our daughter is a
10 Lieutenant now at Fort Lewis, Washington. So,
11 obviously, if I didn't think that the military
12 was a good career for men and women, I would
13 not have encouraged my daughter to join the
14 service.

15 When I was contacted about meeting
16 with this panel, I was asked to speak, in
17 particular, about any innovative command
18 programs that I may have implemented to
19 counter sexual assault in my units. And, of
20 course, we complied with a number of programs
21 that are mandated by the Department of the
22 Army related to sexual assault. The foremost

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1 of those would be involving the Sexual Assault
2 Response Program which included unit victim
3 advocates and training, and later renamed the
4 SHARP Program, and prevention of sexual
5 harassment training, which was conducted
6 regularly within the unit.

7 Aside from these programs, I have
8 to be honest that I did not have a lot of
9 programs that were specifically aimed solely
10 at eliminating or reducing sexual assault.
11 Rather, we had many programs within the unit
12 whose aim was to promote the Army values writ
13 large, particularly regarding the value of
14 respect.

15 Because in an environment where
16 everyone respects one another, where they
17 conduct themselves with honor, where they are
18 loyal and selfless, where they demonstrate
19 personal courage and a commitment to duty, in
20 other words, when they live the Army values
21 every day, you create a climate that
22 discourages sexual assault and a climate where

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1 servicemembers look out for their battle
2 buddies and have each other's backs.

3 It is a commander's duty and
4 responsibility to create such an environment.
5 And doing so is, in fact, requisite to
6 maintaining good order and discipline and to
7 instilling a positive command climate that
8 allows the unit the maximum opportunity to
9 accomplish their mission without distraction.

10 A commander has a tremendous range
11 of tools and methods that he or she can use to
12 meet these critical responsibilities. And I
13 think we have had them for as long as we have
14 been a service.

15 I have touched briefly on the SARC
16 and SHARP and the UVA programs. And the key
17 to success there is really ensuring that the
18 very best personnel are selected for those
19 important duties, that they are credible,
20 professional, approachable, and probably not
21 part of the chain of command, but someone who
22 is trusted within the organization, as well as

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1 the sexual harassment and equal opportunity
2 training, where it is obviously important that
3 that training be executed in a manner that is
4 highly effective as opposed to check-the-block
5 training or just paying lip service to it.

6 Leaders must ensure that the
7 instructors are, first, that it is
8 professional, that is often scenario-based,
9 that it has been vetted, and that it is
10 generally most effective when conducted in a
11 small group.

12 But there are other things on a
13 broader scale that a commander can do to
14 ensure and achieve that positive climate of
15 respect within the unit. And these are some
16 of those things that I talked about or that I
17 made reference to that we have had available
18 to us as commanders within our services
19 forever.

20 First and foremost, I would say,
21 is leader presence at every single level.
22 This encompasses leader attendance at training

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1 events, trooping the line among your soldiers
2 at work, what we would call battlefield
3 circulation in a more geographically-dispersed
4 environment, whether that is here in the
5 states or overseas. It includes barracks
6 walkthroughs, both during and after duty
7 hours; regular, meaningful soldier counseling;
8 and professional development for subordinate
9 leaders.

10 Active leader presence is
11 essential for a commander and subordinate
12 leaders to maintain that sense of the pulse
13 within the unit. What's going right? Where
14 might problems arise? Who's having personal
15 challenges that could impede the mission
16 progress or have a deleterious effect on unit
17 morale? And nipping those problems in the bud
18 before they arise.

19 There are some specific programs
20 that I found particularly useful in getting
21 that sense of the pulse within your unit.
22 Under the Army's Command Inspection Program,

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1 for instance, Army Regulation 1-201, it
2 requires that every new company commander
3 receive an initial command inspection within
4 90 days of assuming command and at least
5 annually thereafter. This is, if done
6 correctly, a fantastic way for higher levels
7 of command to get some insight into that unit,
8 as well as assisting the new commander in
9 identifying areas that he needs to work on.

10 And I have always mandated, as a
11 battalion and brigade commander, including
12 sensing sessions as part of those initial
13 command inspections for every subordinate
14 unit; meeting separately with groups of
15 soldiers by grade and separate from their
16 chain of command to really get a sense of what
17 is going on.

18 In addition to leader presence, I
19 think it is also imperative that soldiers
20 trust their chain of command and that the
21 chain of command is viewed as credible and
22 caring. They have to be seen as genuinely

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1 concerned about the welfare of their
2 subordinates. They must be known as leaders
3 who hold their subordinates accountable, not
4 only for their mission performance, but for
5 their personal conduct as well.

6 And soldiers must have faith that
7 the commander will take action if something
8 goes wrong; they will not turn the other eye;
9 they will not brush something under the rug;
10 and that, again, they will hold subordinates
11 accountable. So that, when problems do occur,
12 they are dealt with promptly and effectively.

13 In coaching junior leaders, I have
14 counseled them that military justice, when
15 necessary, must be fair and swift. I have
16 compared it to housebreaking a new puppy or
17 raising small children, and that the longer
18 the delay between the action and the
19 consequences of that action, the less
20 effective the disciplinary action is likely to
21 be.

22 And finally, I would add that the

1 more a leader can do to ensure that his
2 subordinates are inspired by and enthusiastic
3 about their job, their mission, and their
4 unit, the better the climate and morale. One
5 of my favorite sayings is that a busy soldier
6 is a happy soldier.

7 During my deployment experiences,
8 in particular, I have noticed that the most
9 serious discipline issues most often occur in
10 those pockets where soldiers are bored,
11 underemployed, or have too much time on their
12 hands. Soldiers with interesting and
13 appropriately-challenging tasks who care about
14 their mission and their unit are much less
15 prone to need discipline.

16 So, while this mission focus and
17 enthusiasm may seem far removed from sexual
18 assault, I would maintain that it all
19 contributes to building a unit climate where
20 soldiers care deeply about each other, about
21 accomplishing the mission, and that it helps
22 to establish that trust in the chain of

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1 command that they will take care of these
2 incidents, should they occur.

3 Soldier-on-soldier sexual assault
4 is one of the most egregious acts of
5 discipline that can occur within a unit
6 because it can so deeply undermine trust
7 between soldiers that is essential for mission
8 effectiveness. It can undermine respect for
9 authority and trust in a chain of command, and
10 in some instances creates division within the
11 unit, if various soldiers take sides.

12 When it does occur -- and I am
13 fortunate that it has not occurred often in
14 the commands that I have led -- I firmly
15 believe that it must be handled fairly, but
16 with compassion and that justice must be
17 dispensed appropriately and swiftly.

18 I would maintain, as a commander,
19 that the most effective means of preventing
20 sexual assault, then, in conclusion, is to
21 instill a culture of trust and mutual respect,
22 and to build a unit where actions are

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1 absolutely founded on the Army values to
2 include respect for all.

3 And I also look forward to your
4 questions.

5 JUDGE JONES: Thank you, Colonel
6 Gibson.

7 Captain, is that Captain "Nette"?

8 CAPT NETTE: "Nette," yes, ma'am.

9 JUDGE JONES: We'll hear from you.
10 Thank you.

11 CAPT NETTE: Yes, ma'am. Good
12 afternoon. Thank you.

13 I have been in the Navy 27 years.
14 I'm currently the Commanding Officer of Naval
15 Support Activities-South Potomac. That
16 includes the Naval Base at Dahlgren in
17 Virginia and Indian Head in Maryland.

18 MS. HOLTZMAN: Excuse me. Could
19 you speak up, please? It's hard to hear. I'm
20 sorry, I'm on a phone.

21 CAPT NETTE: Yes, ma'am.

22 MS. HOLTZMAN: Thank you.

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1 CAPT NETTE: I'm the Commanding
2 Officer of Naval Support Activities-South
3 Potomac. That includes the Naval Base in
4 Dahlgren, Virginia, and the Naval Base at
5 Indian Head, Maryland. It is about 10,500 or
6 so is the workforce, predominately civilian.
7 It is a research development type of
8 installation. We have about 1400 or so
9 sailors and Marines and some Air Force across
10 both installations. I have been there for
11 about 29 months. My previous command
12 assignment included a squad command as an O-5,
13 as a commander.

14 Pretty much as an installation, we
15 aligned right now with -- the Navy has sent
16 out a lot of guidance as it comes to policy
17 and programs to implement at the installation
18 and throughout the Navy, ranging from all the
19 leadership training, the fleet training, and
20 the civilian training when it comes to SAPR,
21 instilling roving patrols at your
22 unaccompanied housing and your barracks.

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1 We also have similar -- we did
2 conduct facility surveys more geared towards
3 a facility with lighting and areas that do not
4 appear to be well-lit in the common walkways.
5 Also, like the other services, we did the
6 workplace surveys as well, walking around and
7 looking for any kind of material that appeared
8 or resembled offensive.

9 So, we have done, as far as
10 innovative ideas, as an installation, I know
11 over the last year and a half, like I said, we
12 have implemented pretty much what DoD has
13 asked. Does it still happen? It does. And
14 you don't know when it won't happen. Kind of
15 right now it is hard to measure, if it stopped
16 tomorrow, what the effect was or what the
17 cause of this stopping, if it happened.
18 Because we have put a lot of programs, so it
19 is sometimes difficult to tell.

20 It happens both with military on
21 military and civilian on civilian. So,
22 separate and diverse types of programs and

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1 different limitations.

2 I report to Naval District
3 Washington. We have monthly SAPR meetings
4 with all the installations with Admiral Rich,
5 and he also holds a flag-level one-star
6 quarterly meeting, and all in support of the
7 four-star conference that CNO holds on a
8 quarterly basis.

9 I, too, am a firm believer in
10 command climate, though command climate is
11 very necessary and important, but it can still
12 happen. I mean, we walk around. You're
13 integrated. You conduct the training. You're
14 in the programs. You develop trust
15 relationships, and that includes with the
16 tenant commanding officers, because each one
17 of the tenants also has their commanding
18 officer, and they also have their own chain of
19 command as far as when they start reporting
20 any kind of sexual assault happening.

21 So, it still happens, and we are
22 also moving towards and progressing, trying to

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1 figure out how to eliminate the behavior that
2 results in this.

3 But I, too, look forward to
4 answering any questions that you might have.

5 JUDGE JONES: Thank you, Captain.

6 Any questions for this panel?

7 Go ahead, Joye.

8 MS. FROST: Thank you all very
9 much.

10 I'm curious if any of you have
11 been a commander of a unit in which a sexual
12 assault has occurred and was reported, and
13 just your thoughts about that and how training
14 and education would or would not have
15 prevented that from happening.

16 CAPT NETTE: I have had two
17 recently, "recently" meaning two months, and
18 a civilian and military was one, and a
19 civilian and dependent spouse on another. And
20 these are one or the other work for me
21 directly.

22 So, did the individual have the

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1 training? Yes. The check onboard, I talk to
2 each and every sailor. I have a small command
3 that kind of reports to me on the military
4 side, about 30 or so. So, I check in and out
5 all the sailors that come in.

6 Individuals attend the SAPR
7 training that we put out. We discuss alcohol
8 during general military training. That's
9 required. We're discussing it again today as
10 we speak.

11 We have my very good command
12 climate, or what I understand it to be. In
13 this particular scenario, it involves alcohol.
14 It involves in a home with acquaintances. So,
15 what tended to be a civilian, I should say it
16 was reported out in town. NCIS gets involved.
17 Of course, it is unrestricted report, since we
18 are speaking about it.

19 MS. HOLTZMAN: I'm sorry, I'm
20 having a hard time hearing you. Can you pull
21 the microphone closer to you? Is that the
22 problem? Please.

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1 CAPT NETTE: Yes, ma'am.

2 MS. HOLTZMAN: Oh, great. Thank
3 you.

4 CAPT NETTE: So, I have had
5 experience with sexual assaults at my command
6 as well. In this particular case, it is a
7 sailor that had invited three guests over to
8 their residence and it resulted in a sexual
9 assault. The sailor had had the training,
10 participates in our command PT. You wouldn't
11 know today if it happened or not, and has, of
12 course, been afforded all the appropriate
13 victim advocates, the opportunity to
14 investigate, and things like that.

15 But it does not wish to continue
16 on with the case. So, NCIS says they're
17 probably going to close the case.

18 From my concern and this
19 perspective, it is as a commander you try to
20 figure out what could you have done; did we
21 fail in the training? And because of the
22 recommendations and the possibility of

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1 revictimization, it has been recommended that
2 I don't ask -- you know, try to find out how
3 do people get on base, why did this happen,
4 things like that. So, that's one case.

5 And the other one went from a
6 restricted to an unrestricted report. And
7 they also had the training as well. We were
8 mandated 100 percent in compliance late last
9 year, I think, with the civilian training.
10 And so, that case is ongoing as well.

11 I don't know if training -- I
12 mean, people, bad character and alcohol; it is
13 very difficult to -- you know, we put a lot of
14 programs in place. It's difficult to judge
15 what is working and what isn't.

16 COL GIBSON: I am sure others have
17 experiences also. I had three, in my last
18 command I had three soldiers that I punished
19 for sexual assault. One was an NCO against an
20 enlisted soldier. One was an NCO against a
21 civilian. And the other was a soldier against
22 a dependent. Two of those soldiers went to

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1 prison. Well, one of them certainly is still
2 at Leavenworth. I believe they are both still
3 at Leavenworth. And the other was a
4 dishonorable discharge.

5 And it is absolutely not
6 acceptable behavior. But I will say that in
7 these three cases, you know, it certainly
8 wasn't a lack of knowledge that what they were
9 doing was wrong. And so, I don't think any of
10 those three cases were an indicator of an
11 inadequate training program.

12 Alcohol was involved in one case,
13 and that was the soldier and the civilian, you
14 know, coming home from a bar. To an extent,
15 it evolved into a "he said/she said," "Was
16 this okay to do?" kind of thing. And
17 potentially, you know, training and battle
18 buddies are the kind of things that would
19 assist there.

20 The other two were just, I would
21 say, character flaws and unacceptable
22 judgment, but not an instance of people who

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1 were unaware that what they were doing was
2 wrong.

3 And I would say that in the case
4 with the NCO and the enlisted soldier, she
5 promptly and immediately reported to her chain
6 of command what had just occurred. So, that
7 I think is an example of positive training and
8 avenues that were available for her.

9 CAPT ANDERSEN: Yes, ma'am, my
10 experience at my command was very dated, 1994,
11 when I was the Commanding Officer of a Coast
12 Guard cutter. But, most recently, for the
13 last three years, I've seen almost -- not
14 every, but a major of the sexual assault cases
15 that my clients' units have experienced and
16 seeing the fast investigations, my opinion, my
17 personal opinion is there are a couple of
18 things that can be effective in preventing
19 this.

20 The first one is practical
21 intervention strategies. So, most of these
22 cases don't just occur with two people

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1 isolated. In my experience, they start off in
2 some kind of social setting, and they end up
3 turning out bad because people didn't have a
4 plan or shipmates are not looking out for each
5 other because there is a fear of "Somebody
6 might not like me. I don't know what to do.
7 How do I do this? They know what they're
8 doing. They're adults." All those kinds of
9 things.

10 So, practical intervention
11 strategies I think would be very helpful.
12 And, of course, in my experience I think
13 removing alcohol from many of these would end
14 in a different result.

15 COL EDWARDS: Yes, ma'am. Colonel
16 Edwards, Maxwell Air Force Base.

17 One is too many. And
18 unfortunately, I've been exposed to many, and
19 they range from -- the first one was an
20 individual who made an allegation, and the
21 leadership at that time was very aggressive
22 and they were in a training status, and they

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1 removed both individuals from a training
2 status. And so, as the investigation
3 unfolded, what turned out in this case was it
4 was consensual. But because the one person no
5 longer liked the other person, the person who
6 was no longer liked made an allegation that
7 the person had sexually assaulted them. And
8 so, those are tough to deal with.

9 The other one was an individual --
10 this was male-on-male. And what we found was,
11 when you looked back at kind of his behavior
12 and people that made statements about this
13 individual, there was always something there.
14 There was always something there, and this was
15 kind of characteristic of a no-kidding
16 predator who always found an opportunity to be
17 with a young airman and try to influence them.

18 And so, that's why I said in my
19 opening statement that habits are very, very
20 important. So, we teach not only
21 intervention, but prevention and trust and
22 respect. And if you see something, you have

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1 to have the moral courage to step up and say
2 something.

3 And what's great about what we're
4 doing at Maxwell is the young airmen are
5 having those conversations with us. And I
6 have heard language and terminology that makes
7 me blush, but it's just kind of part -- that's
8 just what they're exposed to. And so, by
9 understanding this, we are able to really
10 understand that some airmen do step up. Some
11 airmen don't; some do.

12 But there was an airman who said,
13 "You know what? That's not my responsibility
14 because that's his thing. I don't feel any
15 obligation to say something."

16 "Well, why don't you feel an
17 obligation to say something?" And that's
18 where it goes beyond just addressing sexual
19 assault. It goes to those core values of
20 integrity and service before self and treating
21 everyone with respect and dignity.

22 And so, alcohol has been a factor.

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1 It usually is.

2 But those are some of my
3 experiences in dealing, unfortunately, with
4 sexual assault.

5 Oh, and one last thing. In
6 certain cases, when you dial it back, it goes
7 back to sexual harassment. I mean, you can
8 see kind of a slow progress. And so, the
9 environment allowed that individual to operate
10 in that environment. So, that's why
11 organizationally we have a responsibility also
12 to act and say something as well.

13 COL MAXWELL: Ma'am, I would like
14 to follow on with that because I think there
15 is an escalation that can occur. And I've got
16 two examples that have occurred within the
17 last year in my installation that I think
18 speak to the effects of the training. And
19 both of them were not directly related to
20 Article 120 violations, sexual assault, but
21 they were allegations of sexual harassment.

22 And what happened in one recently,

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1 the allegations came up. It came from two
2 lance corporals who had the courage to talk
3 about what another Marine was experiencing,
4 because the individual that was subject to
5 that, you know, did not say anything. But we
6 saw bystander intervention occur.

7 Now it didn't happen with the
8 first Marine. It took two Marines to talk,
9 and then, together, develop that, okay, we
10 need to tell somebody and it needs to go. So,
11 that happened.

12 Then, in the course of the process
13 of the investigation, which was an internally
14 CID-conducted investigation, a discussion came
15 up about, a comment came up about sexual
16 assault. And immediately, the actions, the
17 immediate actions went, okay, this just
18 changed the framework of the discussion, and
19 the immediate handoff to NCIS occurred.

20 NCIS conducted the investigation,
21 did that, came back; you know, fortunately,
22 found that it was not sexual assault; it was

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1 what one of the individuals being interviewed
2 said was the wrong use of terms.

3 But the actions happened in a way
4 that I think demonstrated, one, an
5 understanding at the command levels of what
6 needs to happen, how we treat it, how we act
7 and react, and then, also demonstrated the
8 effects of our bystander intervention, not
9 just in sexual assault, but in places where we
10 need Marines to stand up.

11 This was an environment in the
12 workplace. So, it was not alcohol-related.
13 It was purely the leadership in the workplace
14 environment.

15 The other one was a similar one,
16 and in this case it was a Marine who had the
17 courage to come up and request mast, which is
18 another avenue to report, and requested mast.
19 She felt she was being harassed, and we were
20 able to go in and conduct the investigation.

21 But, again, the courage and trust
22 to be able to go in and do that, you know,

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1 bypassing leadership chain, was indicative to
2 me that says, okay, I've got a problem; I can
3 reach out and I can reach out to my chain of
4 command and work to address this.
5 Unfortunately, request mast is also kind of a
6 tool of last resort for a Marine, if you have
7 to get there.

8 But those are two kind of
9 different levels of extremes where I would say
10 in my mind I think I see some of the effects
11 of our training for bystander intervention,
12 our training for step in and stand up starting
13 to take hold and have an effect.

14 JUDGE JONES: Liz, any questions?
15 Or anyone else on the phone?

16 COL HAM: I have a question about
17 what you said, Colonel Maxwell, about the two.
18 You sounded a little disappointed that one
19 Marine had to go to another Marine before they
20 came forward. Maybe I'm reading you
21 incorrectly. But is there something to that,
22 to encourage the peers to talk to each other,

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1 so more than one of them will come forward?
2 Is there something to that there? Or did I
3 read you correctly that you were a little
4 disappointed that it took two Marines?

5 COL MAXWELL: Well, I mean,
6 ideally, what you want is you want somebody to
7 have confidence and have the courage, and
8 particularly as a Marine, I want the courage
9 to be able to go in and report it and take
10 action immediately.

11 And, you know, if I'm defending
12 the person on my left or right and going
13 forward to fight, that's one thing. But this
14 is people that all have a relationship with
15 each other. They all know each other.

16 And so, I think there's a little
17 bit of -- at the Lance Corporal level, as I
18 said earlier, I mean, you've got young Marines
19 that are really learning, in some cases
20 learning what honor, courage, and commitment
21 really mean. And so, they're thinking about
22 it and they're having to deal with, okay, this

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1 is my moment of testing, not from a facing the
2 enemy in the fire, but from what's in my
3 heart; what's the right thing to do, and do I
4 have the courage and the moral fiber to step
5 in and do that?

6 Am I disappointed? No, because
7 they did the right thing. And so, you know,
8 ultimately, the objective we would like to get
9 to is every Marine, every individual is able
10 to stand up and do that. But every Marine,
11 every individual, every person, every human
12 has to kind of know themselves first inside
13 and what they're capable of doing. And that's
14 a growing-up piece of it.

15 JUDGE JONES: Thank you very much,
16 all of you. We very much appreciate your
17 coming in today.

18 LT COL GREEN: Ma'am, can I ask
19 one question first?

20 JUDGE JONES: Oh, of course, Kyle.

21 LT COL GREEN: One question. All
22 of you described incidents within your

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1 commands of cases that ultimately were
2 resolved through disciplinary practices, which
3 raises the issue about reprisals against those
4 victims by either peers, supervisors, members
5 of the organization.

6 What do you do or what have you
7 done to specifically address issues of
8 reprisal? Because it has been a common
9 concern raised by victims and victim advocate
10 groups, not so much reprisal from your level,
11 but reprisal from within your organizations.
12 And have you done anything to specifically
13 address that?

14 COL GIBSON: You know, I had an
15 incident where specifically it was not sexual
16 assault per se, but it was very similar, where
17 a soldier accused the first sergeant of having
18 treated her very disrespectfully. And so, I
19 had to launch an investigation into that,
20 appoint an investigating officer to see
21 whether or not he had, in fact, crossed lines
22 of being disrespectful to this soldier.

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1 And in the meantime, I had to call
2 in the senior NCO and sit down with him and
3 discuss what does and does not constitute
4 reprisal and, essentially, counsel him in
5 writing for his own protection as well about
6 ways in which he needed to be careful about
7 treating a soldier.

8 There have been other instances
9 where, typically, if it is pretty clear-cut,
10 it has been removing the person who has been
11 accused from the situation because it is a
12 strong burden of evidence that they were
13 guilty.

14 But I think the most difficult
15 ones are some of the ones that the Captain
16 alluded to where alcohol is involved. It
17 comes from a social setting. And those are
18 probably the trickiest because it can be
19 something that at one point appears to be
20 consensual, and then, then next day it kind of
21 devolves into a "he said/she said." And those
22 are the ones that I think are most likely to

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1 create potentially a division even in the unit
2 as people take sides.

3 And so, again, that kind of leader
4 presence and awareness throughout the chain of
5 command of what's going on. It can be done,
6 I think, compassionately and fairly without
7 being very public, but all within the chain of
8 command, aware of what's being investigated or
9 looked into. So that at each level above
10 those folks, people are looking for, cautious
11 to alert if there appears to be anything that
12 looks like reprisal. That is how we have
13 dealt with it in my units.

14 COL EDWARDS: We use airmen to
15 kind of provide that feedback, that
16 grassroots-level feedback. And so, as much as
17 senior leaders we want to think everything is
18 perfect, we know it is not. And so, they are
19 our gauge. They let us know if what we're
20 saying is taking root or if airmen just view
21 it as rhetoric.

22 And so, when they come to us and I

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1 have my feedback sessions with them and I meet
2 as a group, and we are able to talk openly,
3 that comes up. "Sir, folks are still not
4 trusting the system because they heard
5 that...", and then, they will kind of lay in
6 all this stuff, right. And so, it's the dorm
7 lawyer that really kind of gets you in
8 trouble.

9 So, what we try to do is deal from
10 a position of fact, you know, separate fact
11 from fiction, dispel rumors with truth. And
12 it's the airmen that are in the dorms that are
13 a part of this Airmen Helping Airmen Forum,
14 involved in the organizations, who are able to
15 counterattack those nits and rumors.

16 And that's who I really depend on
17 to gauge the effectiveness of what we are
18 trying to implement. And sometimes it comes
19 down to their supervisor. You know, so
20 sometimes it is the staff sergeant or the tech
21 sergeant who says, "Oh, it's time to talk
22 about sexual assault again."

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1 And so, what I found is it's the
2 non-verbals, rolling their eyes, here we go
3 again. That is important information for me.

4 So, then, I can go back to the
5 commander of that unit and say, "Hey, this is
6 what you need to look at because this is the
7 perception in your organization." And so, it
8 is by using the airmen at the grassroots
9 level. That's what has been effective to get
10 the "no kidding" feedback.

11 CAPT ANDERSEN: If I could add to
12 that, I think the Ivory Tower issue is a good
13 one because, as a commander, I actually don't
14 tolerate reprisal, but that doesn't mean that
15 -- people perceive otherwise or might not
16 believe it at the deck-plate level.

17 And in my personal practice, not
18 just with sexual assault, but when there's
19 been someone at my unit or my commander,
20 someone I have responsibility for, does
21 something hard, stands up for something that
22 someone should stand up for, but does it in

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1 the face of personal risk, I thank them. And
2 I personally tell them why I think what they
3 did is consistent with our organization's core
4 values and what the process will be from here
5 out, and what they should expect and what they
6 should not expect.

7 I don't interview them. I don't
8 want to get into that role. But I let them
9 know that I appreciate what they did, whether
10 it was report, whether it was letting me know
11 something was going wrong. And I think it has
12 some impact.

13 COL MAXWELL: I have had one
14 instance where I was surprised. And it was an
15 incident where a junior officer made
16 allegations against a senior officer, not
17 sexual-assault-related, but it was allegations
18 about other stuff.

19 In the course of the investigation
20 which we did, it turned out that the
21 allegations were unfounded. However, the
22 senior officer at that point, because it was

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1 in the chain of command, was then adamant, you
2 know, very adamant. So, the senior officer
3 was adamant that this was an intentional
4 effort to undermine his authority, to bring
5 discredit upon him, and it was intentionally
6 a falsified report to go after him.

7 And so, we had to wrestle with
8 that discussion. Because, at that point,
9 then, in an environment where you are trying
10 to encourage reporting, you are trying to
11 encourage an openness and communication, and
12 the individual accused is now very much on the
13 defensive, to try to create that understanding
14 of, look, we have to distinguish between and
15 be able to look at was there intent here or is
16 it perceptions, and how looking at things from
17 where you stand is a function of where you sit
18 in this case.

19 And so, we wrestled with that.
20 Ultimately, it was the discussion -- this was
21 a one-on-one discussion -- but, "Look, we are
22 not going to go there. This individual

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1 reported. It's done. It has been
2 investigated. It has been closed. Nothing
3 was substantiated, and you, as the senior
4 officer, also need to move on and need to
5 ensure you are able to let this go, to move on
6 and continue on."

7 We did end up reassigning
8 individuals to help with the environment
9 because it was not going to work as an
10 environment. But that was an aspect of, you
11 know, reprisal that I had not seen before, and
12 was a little surprised in it coming up in that
13 way.

14 But I think if you are trying to
15 promote an environment of openness and
16 communication, you have to be willing to take
17 those ugly pieces and, then, deal with them as
18 they come in.

19 JUDGE JONES: All right. Thank
20 you so very much for coming in. We really
21 appreciated hearing from each and every one of
22 you.

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1 I think we kept you waiting a long
2 time as well. I know we kept Captain Nette
3 waiting a long time.

4 Thanks again.

5 This is the Role of the Commander
6 Subcommittee meeting, and our last panel of
7 the day deals with enlisted leadership and
8 strategies and installation initiatives for
9 establishing a command climate of sexual
10 assault prevention.

11 And we have a panel of four here
12 and I would like to begin by saying I never
13 know how to address people when I look at all
14 of these initials. I once promoted, I think,
15 a master sergeant to a major general. So be
16 ready, just get ready.

17 (Laughter.)

18 All right. I'm going to begin
19 with Command Master Chief Marilyn Kennard,
20 U.S. Navy. And what do people call you?
21 Chief?

22 MCPO KENNARD: They call me Master

1 Chief.

2 JUDGE JONES: Master Chief.

3 MCPO KENNARD: Or CMC.

4 JUDGE JONES: Okay, great. We'd
5 be pleased to hear from you.

6 MCPO KENNARD: My name is Command
7 Master Chief Marilyn Kennard. I've been in
8 the Navy 25 years. I've served on five ships.
9 I just completed a tour in San Diego on board
10 the USS John Paul Jones. That was my first
11 Command Master Chief tour.

12 I am now working at the Naval
13 Support Activity Washington in the Navy Yard.
14 I serve as the Enlisted Advisor to the
15 Commanding Officer and I'm a senior enlisted
16 leader there.

17 So I think we've made great
18 strides toward eliminating sexual assault.
19 We've had numerous trainings from the
20 leadership standpoint, E-7 and above. We also
21 did fleet-wide training for enlisted sailors
22 where everyone had to be 100 percent trained.

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1 And we also were trained, the trainer was
2 trained, the XO, the Executive Officer, the
3 Commanding Officer, and the CMCs had to be
4 trained in order to do the training.

5 JUDGE JONES: I wonder if I could
6 ask you to just speak up a little bit.

7 MCPO KENNARD: Yes, ma'am.

8 JUDGE JONES: All right. Now if I
9 can move to Command Sergeant Major Pamela
10 Williams.

11 CSM WILLIAMS: Yes, ma'am. Good
12 afternoon, members of the Panel. Thanks for
13 the opportunity to speak here.

14 My name is Sergeant Major Williams
15 and I've served in the military for 25 years
16 in many leadership positions, from squad
17 leader to battalion Command Sergeant Major.

18 I was recently selected as a
19 brigade CSM on the command selection list.
20 However, I am currently serving at the
21 Headquarters as the Department of the Army
22 SHARP Senior Enlisted Advisor.

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1 Over my years in the military, I
2 have watched the Army transition in services
3 available for sexual assault victims.

4 When I joined the Army some time
5 ago, we really didn't focus so much on
6 achieving the culture as we do today with our
7 Army values and warrior ethos. But I agree
8 that we are making great strides to eradicate
9 the sexual harassment and sexual assault
10 within the services.

11 JUDGE JONES: Thank you.

12 Master Sergeant Patricia Granan,
13 is that how I -- did I pronounce that right?

14 SMSGT GRANAN: Yes, ma'am. You
15 can just call me Sergeant.

16 JUDGE JONES: Pardon me?

17 SMSGT GRANAN: You can just call
18 me Sergeant, ma'am. If it's easy for you.

19 JUDGE JONES: I left out the
20 Senior Master, didn't I?

21 SMSGT GRANAN: It doesn't matter.

22 COL TURNER: Ma'am, for the record,

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1 she's a Chief Master Sergeant Select. She's
2 in the E-9 Select.

3 JUDGE JONES: Well, there you go.

4 SMSGT GRANAN: Thanks, Colonel.
5 Thank you.

6 Ma'am, I didn't prepare an opening
7 statement so I'm just going to provide you
8 with who I am, what I --

9 JUDGE JONES: That would be great.

10 SMSGT GRANAN: -- and then my
11 background.

12 So first, I want to thank you for
13 allowing me to be here today and I'll be able
14 to answer any questions that you have.

15 But my name is Sergeant Granan.
16 I've been in the Air Force for 24 years, just
17 a little over 24 years. Just recently took
18 the position at Air Force Legal Operations
19 Agency as command paralegal manager. So I'm
20 pretty much responsible for over 900 enlisted
21 officers and civilians. That's my job.

22 But for the last 15 years, I've

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1 done paralegal duties in military justice, civ
2 law and before that, I was a cook. So, it's
3 a great story.

4 I've been deployed a number of
5 times to the Middle East, as well as Italy,
6 but mostly to the Middle East in austere
7 locations.

8 So I offer that to you, and as far
9 as sexual assault in the Air Force and where
10 we were and where we're becoming, the current
11 initiatives that have been put in place by our
12 leadership, I believe, is the right direction.
13 We will get there eventually. We just need to
14 have patience and time and understand that the
15 people that wear this uniform will represent
16 us in the right manner.

17 JUDGE JONES: Thank you.

18 SMSGT GRANAN: Thank you.

19 JUDGE JONES: Sergeant Major Mark
20 Byrd.

21 SGT MAJ BYRD: Yes, ma'am.

22 JUDGE JONES: Thank you.

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1 SGT MAJ BYRD: Good afternoon,
2 ladies and gentlemen. My name is Sergeant
3 Major Mark Byrd. I am the Base Sergeant Major
4 at Marine Corps Base Quantico, Virginia.

5 I assumed this billet on December
6 18th of 2013. I have served on active duty
7 for 28 years. During my 28 years, I have
8 served on various units in the operating force
9 special duty assignments and for the last two
10 years here at Headquarters Marine Corps in
11 Quantico, Virginia.

12 I have also served in combat with
13 the infantry, aviation and also during
14 Operations OIF and OEF. I take pride in being
15 a Marine and I am proud of our legacy. My
16 wife also was a former Marine. She served two
17 years combined with active and reserve time
18 and was approved for voluntary separation due
19 to pregnancy back in 1989.

20 I have two sons that serve in the
21 military, both serving in the United States
22 Air Force. So I am a very proud advocate for

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1 military service, mainly because of our
2 culture, esprit de corps, the brotherhood and
3 our core values.

4 During my time in the Marine
5 Corps, I have served in commands with five
6 different commanders, all unique in their
7 leadership styles, but all eminently qualified
8 to assume the responsibility and authority of
9 command.

10 As the senior enlisted advisor for
11 these commanders, it is and always has been my
12 duty to assist them in establishing the
13 professionalism, establishing a professional
14 command climate, enforcing all rules and
15 regulations, maintaining good order and
16 discipline, training and preparing for combat,
17 and providing for the safety and well-being of
18 all Marines and their families.

19 Sexual assault is a crime and a
20 cancer, unfortunately, in our Marine Corps
21 that we must combat. Because of this, there
22 has been an ongoing effort by our leadership

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1 to set conditions for all commands to be
2 proactive and, if necessary, reactive in order
3 to ensure the victim is not re-victimized and
4 that justice is served for the offenders of
5 these heinous crimes.

6 I thank you all for the effort to
7 help us help ourselves and we will not fail
8 you or the American people. The individual
9 Marine is our most valued asset. I look
10 forward to our dialogue on the issues and I
11 yield to your questions.

12 JUDGE JONES: Thank you very much.

13 SGT MAJ BYRD: You're welcome.

14 JUDGE JONES: Did you have a
15 question, Colonel? Otherwise, I would like to
16 begin.

17 I wonder, you know, we've heard a
18 lot about how very important the enlisted
19 leadership is in our military. And I just
20 thought I would ask each of you if you could
21 tell us about whatever your experiences have
22 been with respect to how you've seen sexual

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1 assaults handled during your career. Whether,
2 you know, there have been changes or any
3 insights that you may have had, possibly
4 something you saw that worked well or
5 something you saw that did not, from your own
6 personal experiences.

7 SMSGT GRANAN: Ma'am, I can tell
8 you that over the last maybe 14 years as a
9 paralegal, I have had the insight to what the
10 JAGs do, the paralegals do and their advice to
11 the commander.

12 What I've seen that works very
13 well is when they all work as a team together
14 and they support that structure, but they also
15 -- recently they stood up the Special Victims
16 Counsel which is a new initiative --

17 JUDGE JONES: I'm having a little
18 trouble hearing you.

19 SMSGT GRANAN: Oh, I'm sorry.

20 JUDGE JONES: But I think you said
21 you recently stood up Special Victims Counsel?

22 SMSGT GRANAN: The Air Force has

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1 recently stood up the Special Victims Counsel,
2 which is a great initiative. So with the new
3 program that's been put in place to represent
4 the victim during the court-martial process.
5 I think that is a good initiative that has
6 helped and worked.

7 JUDGE JONES: And have you
8 actually seen any parts of that work?

9 SMSGT GRANAN: Personally, I have
10 not. I have heard the feedback that's come
11 from -- because they ask for feedback from the
12 victim, if they choose to offer it.

13 JUDGE JONES: Right.

14 SMSGT GRANAN: And they've been
15 very satisfied with the representation. They
16 feel like they're more part of the process
17 with that Special Victims Counsel. They also
18 represent them in different avenues such as if
19 they're having problems with car, financial.

20 So it's a total counsel
21 representation. But they have had great, you
22 know, great feedback with this from the

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1 victims that are willing to provide the
2 feedback. But that's one of the programs that
3 I really think is helping with this as a
4 whole.

5 SGT MAJ BYRD: Yes, ma'am, for me,
6 it's been 28 years, so a lot of things have
7 changed over time. But, in particular, I
8 would say since we've gone into combat, of
9 course, even as early as probably 2005, I was
10 on independent instructor duty. And at that
11 point, I became what we call a UVA, a
12 Uniformed Victim's Advocate.

13 I think with programs such as
14 that, the SARC, it's made it a whole lot
15 easier for people to come forward because they
16 feel like they had someone that's going to
17 support them in whatever the case may have
18 been.

19 If they had been a victim, then
20 they feel comfortable now because they have
21 someone that's going to be there that's going
22 to walk them through the process of getting

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1 help, of identifying the perpetrator so that
2 person can be prosecuted. And I think that's
3 been something that's been real big, you know,
4 over time, because it wasn't always that we
5 had a SARC, that we had UVA.

6 And not only that, we've done -- I
7 mean, the Commandant's Planning Campaign that
8 just came out in 2012 and a lot of the
9 programs that we're implementing, you know, on
10 our bases throughout the Marine Corps with the
11 education piece of sitting down and having
12 open dialogue about why are these incidents
13 happening and what can we do to prevent them
14 in the future?

15 And I think when we are having
16 that dialogue, that conversation, through
17 these different programs that are out there,
18 and they are numerous. I mean, they are much
19 more than what we have when I first came in in
20 1985. And I think people are on board to talk
21 and to discuss these issues and why they're
22 happening.

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1 So I think if we keep along that
2 path, and we were sitting down talking earlier
3 when we first came in, and just talking about
4 it. That's one of the key -- we have a lot of
5 programs, but programs are ineffective unless
6 they continue on and unless people buy into
7 those programs. And I think we're doing a
8 good job right now at the grassroots of
9 identifying these are available, but how do we
10 keep this dialogue going on?

11 In the Marine Corps, we've gone
12 back as far as when that individual's a
13 civilian, goes down to the recruiting station,
14 they're talking about sexual assault and the
15 realness of sexual assault. When they go
16 into boot camp, it continues on.

17 The Commandant started something
18 about a year ago -- actually a few months ago
19 -- and he came up with a plan for us within
20 the Marine Corps. We started talking about
21 leading Marines. What does it mean to lead
22 Marines? Going back to the grassroots, the

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1 basics of leadership.

2 And then once you understand why
3 you chose to become a Marine, why you went
4 through boot camp and that transformation that
5 took place where you earned the eagle, globe
6 and anchor and you felt so proud about who you
7 were and being a Marine and representing the
8 Marine Corps and the United States. And then
9 you left boot camp, who's continuing that
10 process where you continue to feel the way you
11 did when you were back in boot camp in that
12 controlled environment?

13 So then we talk about the
14 transformation, sustaining the transformation,
15 continuing that process of educating and
16 talking about those tough issues that they're
17 going to have to deal with in the fleet.

18 So, those are some of the things
19 the Marine Corps is doing.

20 JUDGE JONES: Thank you.

21 SGT MAJ BYRD: You're welcome.

22 CSM WILLIAMS: Having been a

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1 battalion -- a former battalion command
2 sergeant major, utilizing our SARCs and victim
3 advocates within our organization -- and I say
4 that to say not to -- when you have these
5 assets in your organization who are skilled,
6 trained to provide, you know, prevention
7 measures for you, training for your
8 organization, you utilize them.

9 And, say, for myself and my
10 battalion, when we had command and staff
11 meetings, we would utilize those SARCs and
12 victim advocates as part of our special staff.
13 So they were not some -- what's the word I
14 want to use -- they were not trained
15 individuals that we would just say, okay, you
16 sit over here until we need you. We would
17 utilize them and let the organization see what
18 they were capable of providing for the
19 organization.

20 Even when we had support
21 sponsorship programs for our unit when new
22 soldiers came in, and that was probably one of

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1 the initial challenges for me coming in as a
2 battalion CSM, actually standing up a
3 battalion from the ground, not having, you
4 know, leaders in place as we would have liked
5 them to be, having more so of the junior
6 enlisted soldiers.

7 So actually standing up a good
8 sponsorship program, ensuring that those
9 soldiers had a leader who may interface with
10 them immediately on the ground, as well as
11 battle buddying them up with a competent
12 individual that you knew was going to take
13 care of them.

14 In addition to that, some of the
15 prevention measures that I have not only seen
16 as a battalion CSM but in my current position
17 as the senior enlisted advisor for the SHARP
18 program, we just recently did a CSA SHARP
19 Summit where, across the Army, the Senior GOs
20 and command sergeant majors came in for two
21 days and the CSA spent time with OTJAG and
22 other agencies within the Army, or staff

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1 agencies within the Army, you know, educating
2 our leaders.

3 Because I'm a firm believer that
4 if our leaders don't get on board with this
5 program and we have engaged leaders, that it's
6 going to be hard to get that culture or
7 achieve the culture that we want with our
8 junior soldiers. So we have to get our
9 leadership engaged, you know, aware of the
10 programs that we have out there for
11 individuals, as well as participating with our
12 community so that it is an effort across the
13 spectrum of not just the Army but our
14 community as well, getting them involved.

15 JUDGE JONES: Thank you.

16 MCPO KENNARD: I have to agree
17 with the victim advocate program. I think
18 that's great strides and we're doing the right
19 thing with that, particularly in San Diego.
20 They have a regional watch where those folks
21 are enlisted to be on duty, on call. So in
22 the event if they have an issue, those folks

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1 are identified and the SARC knows exactly who
2 to reach out to.

3 Another thing that we've made
4 great strides with is the bystander
5 intervention. And with that we tell the
6 sailors to relate to your family, you know,
7 think about your family members. Would you
8 want someone to sexually assault them and you
9 be, you know, one of the bystanders and you
10 don't do anything and you allowed that to
11 happen?

12 So, just training and making sure
13 that they understand to put themselves in a
14 victim's situation, you know, relate it --
15 treat them like family. So, we've made great
16 strides with that.

17 JUDGE JONES: You know, one of the
18 things we've heard about from victims of
19 sexual assault is either when they report it
20 or it just gets out that there's been a sexual
21 assault, and particularly if they report it,
22 their peer group may retaliate against them

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1 or, you know, there's a lot of pressure
2 brought to bear. People -- the unit divides
3 up, some pro the accused and some get on the
4 side of the person who's reported it.

5 Have any of you personally
6 experienced that in your careers and could you
7 give us some insight into whether that's
8 improving?

9 MCPO KENNARD: I can speak. With
10 my last command, I can say I was on a ship,
11 on a destroyer, crew of about 300, maybe 320.
12 So it's a close-knit command where you pretty
13 much hear a lot of things. And my office was
14 located centrally around the galley area.

15 The biggest issue was the peer
16 pressure. A lot of sailors would know things
17 that happened but would not come forth
18 because, for one, they were friends with the
19 victim and friends with the perpetrator, but
20 wouldn't step up and say -- do the right thing
21 by telling someone that something happened.

22 So they felt that peer pressure.

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1 And it's getting them, again, to relate to
2 taking care of each other, good order and
3 discipline among everyone. But that was the
4 challenge. The vast majority of the time, it
5 was peer pressure of not wanting to do the
6 right thing because of retaliation from their
7 friends.

8 CSM WILLIAMS: Ma'am, I have not
9 experienced that. But, however, I would still
10 go back to leadership, and having engaged
11 leadership, you know, when you're doing your
12 training, more like small group discussion,
13 scenario-based, and you have that leader of
14 that small group discussion up front giving
15 the training so that the soldiers understand
16 and know that that leader is about what he's
17 talking about.

18 JUDGE JONES: Thank you. And have
19 either of you had any experience or seen this
20 in your careers?

21 SGT MAJ BYRD: Well, I haven't had
22 any experience with it. But I do know that

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1 we're doing things in the Marine Corps to
2 combat against something like that from
3 happening, and there are options that the
4 commanders have where they can remove
5 personnel, whether it's the victim or whether
6 it's the offender. And there's directions and
7 guidance that's given to us as far as how that
8 is to happen.

9 So, if that was to present itself
10 before us, we have an avenue where we can
11 remove the victim or we can remove the
12 offender, and it's pretty stringent as far as
13 how that process works. It's pretty black and
14 white as far as how that procedure goes.
15 But it's an action that the commander has to
16 use at their disposal. So, if that was to
17 present itself, we would be able to deal with
18 it, I think, pretty effectively.

19 SMSGT GRANAN: Ma'am, I have not
20 experienced it. Just like the Marines, we
21 have a program in place that we can allow the
22 victim to go to a different location, or the

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1 accused.

2 But it does come down to
3 leadership. You can't remove biases from
4 people. They're going to have their own
5 biases when it comes to these types of things.
6 We can only educate them and communicate
7 these, not the crime, but, you know, the
8 prevention measures to help educate people so
9 they don't do this to victims in the future.

10 SGT MAJ BYRD: I can share with
11 you one, and it wasn't necessarily on a sexual
12 assault case, I think the Colonel had spoke to
13 it earlier, and we're talking about a sexual
14 harassment incident that happened in our
15 command.

16 And the climate that was created
17 there, it happened in the workspace, and how
18 it happened and the way it happened led us to
19 conclude that the climate was set for that to,
20 you know, to happen there. And with that
21 officer and with the staff NCO being involved,
22 they were simply removed from their

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1 responsibilities, because they failed.

2 So, in that instance there,
3 whether those two individuals that came
4 forward felt that, came forward felt that that
5 officer and that staff NCO had created that
6 environment or not, we as a command had agreed
7 that, yes, it was something that was cancerous
8 in that element that needed to be removed so
9 that people can move on and progress like you
10 would expect them to do in the workspace. And
11 that took place.

12 COL HAM: Yes, I always have
13 questions.

14 JUDGE JONES: That's true, Colonel
15 Ham.

16 COL HAM: I know it's been a while
17 since you were lower enlisted soldiers, but I
18 suspect you, A, still have contact with lower
19 enlisted soldiers, you certainly receive
20 reports from your enlisted subordinates -- or
21 your noncommissioned subordinates as well.

22 The Panel's heard over and over

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1 again how alcohol plays a role in a lot of
2 these cases. What are your suggestions on how
3 to mitigate -- I don't know what you want to
4 call it -- mitigate, de-glamorize, stop the
5 binge drinking, you know, whatever, to deal
6 with the alcohol element of these events?

7 SGT MAJ BYRD: I would say once
8 again it goes back to engaged leadership,
9 getting it down to the grassroots to those
10 junior leaders so that they understand that
11 they play a role in making sure that something
12 like that doesn't happen.

13 We know that it happens. We know
14 how it happens. But how do we communicate
15 that to those young folks that are in that age
16 group between 17 and 25 that choose to be
17 reckless at times?

18 And I think the important thing is
19 to continually communicate to them to make
20 sure that people are taking ownership as young
21 NCOs, as young Marines, and knowing that
22 people's lives are at stake. And that when we

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1 do these things, we create these environments,
2 bad things tend to happen. And I think once
3 they understand that and they take ownership,
4 and we're continuing to preach it, I think at
5 some point it takes hold.

6 And we are doing things in the
7 barracks and it's not perfect but it's efforts
8 toward getting to that perfection. Whether
9 it's putting just NCOs -- we used to have in
10 the Marine Corps where we had NCOs and lance
11 corporals would stand as A duties, as far as
12 our duty NCOs are concerned.

13 Now we have strictly NCOs on the
14 Marine Corps Base Quantico. So as a sergeant
15 and as a corporal. We also try to go into the
16 process of going into roving patrols with the
17 lance corporals and PFCs. We have challenges
18 with that because we're limited on personnel.
19 But with those units that do have enough
20 personnel, now we're having the lance
21 corporals and PFCs -- I was a grunt coming up
22 in the infantry, so we were used to fire

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1 watch, walking around the barracks, you know,
2 with our weapon. You weren't locked and
3 loaded or anything, but you had your weapon
4 because you're an infantry guy and you walked
5 the hallways and if you heard something
6 unusual, you knocked on the door and said,
7 what's going on in there? I need to get the
8 Duty.

9 So, if we have to get to that
10 extreme, we're working towards that mean, but
11 based on the strength of personnel right now,
12 we're not able to do it 100 percent. But some
13 elements on our base, they are doing that.

14 So, I think that minimizes the
15 chances of it happenings in the barracks where
16 a lot of times -- I shouldn't say a lot of
17 times -- but on occasions, that's where the
18 incidents are happening on our base are in the
19 barracks. So, one, we can police that.

20 Another thing we have is when they
21 come into our barracks there on the Marine
22 Corps Base Quantico, there's an exit and

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1 there's an entrance. There's other doorways,
2 but the alarm would go off if those doors are
3 opened. So if they are coming in with large
4 amounts of alcohol, the Duty can see it, so
5 there is a monitoring feature there, so to
6 speak.

7 Now, do they get past the Duty?
8 Sometimes. Well, if you want to do bad
9 things, then people tend to, all right.

10 But those are some things that we
11 have in place now.

12 COL HAM: What about things like
13 raising the price of alcohol or limiting sales
14 in the shoppettes? Or limiting the amount of
15 alcohol that --

16 SGT MAJ BYRD: Well, we are
17 limiting on the Marine Corps Base Quantico.
18 I think the Colonel spoke to that earlier.

19 On our facilities, the only place
20 -- we've taken it out of the 7-Day Stores, so
21 now the only place they can get alcohol is
22 down at the main exchange and that facility

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1 there where it's limited on space as far as
2 how much we can put in the stores. And, of
3 course, the hours are limited from 0800 to
4 2200.

5 COL HAM: That's a lot of time to
6 buy alcohol.

7 SGT MAJ BYRD: Yeah, well, usually
8 they are working a majority of that day, but
9 you know how that goes. Those are some things
10 we have in place.

11 CSM WILLIAMS: I would say even if
12 we lowered -- I mean, raised the price, you
13 know, made it limited hours, I mean, soldiers
14 would still, you know, they're able to drive
15 off-post, they would be able to acquire it in
16 some manner.

17 But based on the first question
18 you asked, I think we just continue to educate
19 soldiers on the ramifications of alcohol and
20 what happens when you drink too much. You
21 know, and you tie it back into sexual assault,
22 you know, how that plays a role in sexual

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1 assault, you know, alcohol. And I just
2 continue to say we educate our soldiers on the
3 process.

4 SMSGT GRANAN: I think we need to
5 cultivate an environment of responsible
6 adults. I mean, they have risen their hand to
7 come into the military and give their life, as
8 we all know, for our country.

9 Just like, you know, Command
10 Sergeant Major said, if we move it off-base,
11 they're just going to go off-base.

12 You know, I visited Ramstein Air
13 Force Base during a focus group and the
14 commander made the dorms dry and they had done
15 it for 30 days. So they didn't have any
16 incidents, but they went downtown and they had
17 sexual assaults downtown with the locals.

18 So it's about cultivating a
19 responsible -- you know, an environment of
20 responsible adults. This is what happens if
21 you drink. This is what happens if you drink
22 and you sexually assault somebody. I mean,

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1 it's just that clear. I think if we give them
2 the opportunity to be the responsible adults
3 that we expect them to be, they will rise to
4 the occasion.

5 But it takes individual
6 leadership, leadership at the lowest level,
7 letting them know this is not acceptable
8 behavior and this is what's going to happen
9 and we're not tolerating it any more.

10 SGT MAJ BYRD: I'll give you an
11 example. On Marine Corps Base Quantico, and
12 I'm quite, maybe the other bases do it, too,
13 where you limit the alcohol that can be in the
14 barracks.

15 For lance corporals and below,
16 it's a six-pack of beer. Now, you say what's
17 a six-pack, is it 40 ounces or are we talking
18 about cans? So Marines can play that game,
19 but it's small cans. For NCOs, it's a 12-
20 pack. They can have wine, but a certain
21 amount. They're limited to no hard liquor.

22 But we know because we've been

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1 young enlisted Marines before. Just like
2 young officers, they go and they stockpile it
3 and they put it in their vehicles in the
4 trunk, so now that's their quick refill.

5 So there is ways around. We know
6 that. But we continue to educate, we continue
7 to talk about the things that we do know in
8 the hopes that they won't do them. So, that's
9 just one example.

10 JUDGE JONES: General?

11 MG ALTENBURG: I think you've
12 indicated that you all agree that there's no
13 one way to go after this problem. And I'd
14 like to laser in a little bit on just training
15 and tell you that my own background included
16 five years as an enlisted soldier where I was
17 exposed to all the rote training that we had
18 to have: the punch the ticket, the check the
19 block, the 201 file.

20 And then I was a JAG officer for
21 28 years. And JAG officers, especially years
22 ago in the '70s and '80s, were involved in

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1 teaching courses that nobody wanted to listen
2 to. It's a little different after '89 and
3 '90. But in the '70s and '80s, nobody wanted
4 a one-hour course on the Geneva Conventions,
5 you know, or the law of war. And we had to do
6 that and everybody had to get it every year,
7 one time, battalion at a time.

8 So my question to each of you, and
9 I'm interested in the response of each of you,
10 is how do you make this training relevant and
11 not check-the-block training? What do the
12 instructors need to do to make this really
13 come alive for the audience, for the soldiers,
14 sailors, Marines and airmen?

15 MCPO KENNARD: For the sailors,
16 you have to be careful not to do the death by
17 PowerPoint and overtrain, because it becomes
18 a checking the block and they tune it out.

19 When we started up all the
20 training, we kept hearing -- I remember
21 hearing comments from the sailors, "oh no, not
22 again," you know. So, even though it was a

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1 different training, you have to tie it in with
2 some type of experience. You have to, you
3 know, maybe bring in some folks who were
4 victims that's willing to share their stories
5 so that they can understand what happened and
6 how do we go from there to prevent it
7 happening to someone.

8 So that's the critical piece, I
9 think, is making sure that we don't overtrain.
10 It's a key -- a very important thing, but if
11 we overtrain, then it becomes a checking the
12 block and then they kind of tune it out. But
13 you have to make it fun, make it a cultural
14 thing to where everyone will get something out
15 of it.

16 CSM WILLIAMS: I think we should
17 do -- and we do -- more situational-based
18 training, vignette-type training, from
19 incidents that may have happened that are
20 closed cases that you can utilize within your
21 organization. And it may not be within your
22 organization, but somewhere internally on the

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1 post, use situational-type training.
2 Interactive, small group-type training, role
3 playing, you can get SARCs and victim
4 advocates there together to do some type of
5 role play.

6 The Army has a great got-your-
7 back-type training that comes out to different
8 installations and they talk about terms and
9 use terminology that most of our younger
10 soldiers are using today that, you know, some
11 of us may not be so familiar with the
12 terminology that they're using.

13 And the entire audience gets
14 involved so it's not just a PowerPoint slide,
15 you know, just clicking one after the other.
16 You actually have interaction with a group of
17 soldiers in, again, like Master Chief shared
18 with us, as far as maybe inviting a victim in
19 that's willing to come and share what may have
20 happened. Because then it brings it home,
21 it's more realistic, you know, soldiers are
22 like, "oh, here we go again." This really

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1 happened so they get to see it first hand and
2 talk with a live survivor.

3 SMSGT GRANAN: Sir, I think it's a
4 combination of a lot of different things.
5 The frank discussion needs to be had because
6 I found with the younger generation, they
7 assume a lot of stuff. Like, "I assumed that
8 she was" -- you're a prior JAG, so you know --
9 "I assumed she wanted" or "I assumed he
10 wanted." So, the frank discussion has to be
11 had with them in smaller groups.

12 And I agree, no PowerPoint. I
13 mean, I can't tell you every year I have to
14 sit on the computer and I have to do my annual
15 training and it's just -- because I know it.
16 But this is a conversation that needs to be
17 had in small groups.

18 I didn't tell you or I didn't tell
19 the Panel that four months out of this last
20 year, I was able to work with Major General
21 Woodward in the SAPR office. So I had the
22 opportunity to go on some focus groups where

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1 she gleaned some information from the airmen,
2 from E-1 all the way up to O-6. And some of
3 the stuff that we got out of there from the
4 younger generation was, "we want to talk about
5 it." They didn't understand what sexual
6 assault was. "Oh, you mean if she doesn't say
7 yes? Then if she doesn't say anything, is
8 that okay?" So they didn't understand the
9 basic what sexual assault was.

10 And then the middle tier wanted to
11 be able to talk to their airmen. And then my
12 tier, they were just mad because they had to
13 sit in the training.

14 So, I think the smaller groups and
15 the frank conversation: this is what sexual
16 assault is. This is what happens. And this
17 is what's acceptable and not acceptable. But
18 it has to be a combination of a lot of
19 different things.

20 SGT MAJ BYRD: And I agree with
21 the three ladies. Everything they have said
22 I think we've incorporated into our program

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1 and has made it much better than PowerPoint,
2 you know, the death by PowerPoint.

3 One of the other things is making
4 sure that we have professional instructors.
5 So, our instructors are generally the UVAs, or
6 they're the SAPR, which we know they are very
7 well-credentialed nowadays as compared, you
8 know, in the beginning. I think that's very
9 important in getting the message out and
10 making sure it's clear, it's articulated well,
11 and that we are engaged with them.

12 So the small units, I think our
13 max number is 30 per group, for the sessions
14 that we have for our bystander training. I'm
15 quite sure the branches are probably the same.
16 So, all of that makes it more effective, I
17 believe.

18 MG. ALTENBURG: Thank you all,
19 very insightful.

20 JUDGE JONES: Yes, Colonel?

21 COL TURNER: So, the majority of
22 times people talk about sexual assault -- you

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1 know, going back to Chief Select Granan's
2 point about assumptions -- a majority of time,
3 they have conversations, the language reflects
4 an assumption of male-on-female.

5 So, I'm not picking on you, but
6 the Marine Corps has the highest prevalence
7 rate. So the majority of -- the highest per
8 capita offenses are in the Marine Corps, if
9 you believe the DoD statistics. You're also
10 substantially a male organization. We're also
11 told that only three percent of males who are
12 sexually assaulted by other males report.

13 So what is your sense, through the
14 course of your career or even now, what's your
15 sense about that conversation? Is it getting
16 through the psychological issues, like shame,
17 to get past the male-on-male offenses?

18 SGT MAJ BYRD: I believe it is. I
19 mean, it depends on where you are, I think.
20 I mean, has the command taken ownership and
21 discussed that topic, you know, in detail?

22 One of the things we're doing on

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1 Marine Corps Base Quantico is we've started a
2 men's group, a men's discussion group. A lot
3 of people, when it first went out, they
4 thought, okay, it's a Bible study. It's not
5 a Bible study, it's guys that are coming
6 together because gender, we have things, we
7 think alike a lot of times. Mainly, a
8 majority of the time, good thoughts, but then
9 there's a percentage of them that think bad
10 thoughts. But we can kind of relate to one
11 another whether you're a guy that's 50 or
12 you're a guy that's 19 years old.

13 So we sit around and we talk about
14 real-world issues. What's going on in your
15 world today? How did you come to the decision
16 that you did to put yourself in this
17 situation? And we learn from one another. Me
18 as a 48-year-old man, I'm learning from 17-
19 and 18-year-olds because now I'm starting,
20 see, okay, that's why they thought like they
21 thought. Okay? Now, what can I share with
22 them that's going to kind of change that

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1 mentality so it's in a positive aspect and not
2 a negative aspect?

3 And we talk about things such as
4 that, you know, whether it's guy-on-guy
5 because we know it's a new Marine Corps. It's
6 a new service in particular, you know, so
7 there are issues that are out there.

8 And these young people that come
9 into the Marine Corps, they come from all
10 facets of life. So we talk about, where'd you
11 come from? You know, were you from a single
12 parent? Did you have parents at all? You
13 know, did you have siblings? We talk about
14 those issues we know that frame and create who
15 this individual is.

16 So we're having those frank
17 discussions. And I think, you know, we don't
18 know right now because we started it up, it's
19 been several months now, but we're having
20 people show up and the groups are getting
21 bigger. So that shows me that there's an
22 interest there and, you know, the topics, you

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1 know, or whatever you want to mention that
2 particular day. So it's various topics that
3 come up.

4 And like I say, we have officers,
5 we have enlisted, we have young, we have old.
6 And nobody is sitting there running the show.
7 Everybody is open to speak and share what you
8 want to share and then we interject our input
9 from there.

10 So I think that's helping to open
11 the dialogue. And then we have specialists
12 that are in there so if they want to interject
13 at some point towards the end and pull a
14 person aside, then that's open as well.

15 JUDGE JONES: Thank you, sir.

16 SGT MAJ BYRD: You're welcome.

17 JUDGE JONES: All right, thank you
18 so very much. It was really good, once we
19 began to talk to you, to hear some of your
20 insights from your very long careers and great
21 careers. Thanks so much. And thanks for
22 coming.

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1 LT COL HUNSTIGER: If no one has
2 anything else to add then the Role of the
3 Commander Subcommittee is closed.

4 (Whereupon, the foregoing matter
5 went off the record at 3:47 p.m.)

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