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Sexual Violence in the Military

A Guide for Civilian Advocates

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A Guide for Civilian Advocates

Sexual violence is a pervasive public health problem in the United States, and the military is not immune to its damaging effects. The military is working to materialize recommendations[1] made by the U.S. Department of Defense, Defense Task Force on Sexual Assault in the Military Services (DTFSAMS, 2009), on sexual violence prevention and response.

The military has made progress in reducing sexual violence and connecting victims[2] to services. Sexual violence runs against the grain of military standards of service and values, yet it still happens.
Continued and expanded efforts are needed to help support survivors and work to prevent sexual violence from occurring.

The purpose of this guide is to provide advocates working in community-based sexual assault programs with an understanding of sexual violence in the military and to offer resources to support their collaborative efforts with military personnel in responding to the needs of survivors and preventing sexual violence.

[1]Policies and procedures surrounding military sexual violence are rapidly changing. The information in this guide has been expanded to include the most recent updates as of press time. For the most up-to-date coverage, follow the National Sexual Violence Resource Center on Facebook and on Twitter.

[2]Throughout this document, the terms "victim" and "survivor" are used interchangeably to be inclusive of the various ways people who have experienced sexual violence might identify.

The Military Structure

To understand why sexual violence and harassment persist in the military, it is helpful to have a basic understanding of the various military branches. There are three military departments overseen by the U.S. Department of Defense (DOD), which is led by the president-appointed Secretary of Defense. The Department of the Army oversees the Army; the Department of the Navy oversees the Navy and the Marine Corps; and the Department of the Air Force oversees the Air Force. The fifth and final branch of the military is the Coast Guard, which is overseen by the Department of Homeland Security, but control could be relayed to the Department of the Navy during wartime. According to the DOD, in January 2013, there were 1,429,995 members of the armed forces. The Army consisted of 541,291 members, the Marine Corps had 195,338 members, the Air Force had 333,772 members, the Navy had 317,237 members, and the Coast Guard had 42,357 members (DOD, 2013a).

There are several classifications of positions held in the military. "Active duty" refers to a service person who works full time or is in full-time training in the military, excluding the National Guard (DOD, 2010b). The reserve and National Guard are subsets of the military branches that have members who might not be on active duty (DOD, 2010b). The military as a whole is largely male, with approximately 14% to 18% of active, reserve, and National Guard positions held by females (DOD, 2010a). The majority of the armed forces self-identify as white, with 24.1% of reserve and guard members and 30% of active-duty members identifying with a minority race (DOD, 2010a). Hispanic ethnicity is identified by 10.8% of active-duty members and 9.5% of the reserve and guard (DOD, 2010a). The age range of the armed forces spans from 18 years old to older than 40 years old, with 44.2% of active-duty members and 33.3% of reserve and guard members younger than 25 (DOD, 2010a).

Since October 2005, the Sexual Assault Prevention and Response Office (SAPRO) has been the organization responsible for the oversight of the DOD's Sexual Assault Prevention and Response (SAPR) Policy.

SAPRO is congressionally mandated to serve as the department's single point of accountability

for sexual assault policy matters and provides oversight to ensure that each of the military services' (Army, Navy, Marine Corps, and Air Force) SAPR programs complies with DOD policy, which states:

"The DOD goal is a culture free of sexual assault, through an environment of prevention, education and training, response capability … victim support, reporting procedures, and appropriate accountability that enhances the safety and well-being of all persons covered by this Directive" (DOD, 2012c).

SAPRO's vision is to lead the department's effort in creating an organizational environment that establishes a culture free from sexual assault. It is believed that concerted prevention, response, and oversight efforts could reduce the number of sexual assaults while increasing victim reporting rates, quality of care, and successful offender accountability.

There are key roles involved in sexual assault response that are the same across the military services. The Sexual Assault Response Coordinator (SARC) is the "single point of contact" in coordinating victim care from initial report to resolution of the victim's health and well-being. With new policy changes, there are now SARCs and SAPR victim advocates in each brigade or equivalent unit level (DOD, 2013b). Working with the command and first-response groups to address systemic barriers to victims' services and increase offender accountability is a secondary role. The SARC is the first responder and is responsible for notifying a SAPR victim advocate. The SARC might also be on call 24 hours a day.

Terminology

Military Sexual Trauma (MST) can include the act of sexual violence perpetrated by one service member against another. It also could refer to a survivor's psychological response to sexual violence. MST is not an officially recognized term by the DOD, but it is defined by the U.S. Department of Veterans Affairs as "sexual assault or repeated, threatening sexual harassment that occurred while the veteran was in the military. It includes any sexual activity where someone is involved against his or her will — he or she might have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities. Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body or sexual activities; and/or threatening or unwelcome sexual advances" (U.S. Department of Veterans Affairs, 2012, para. 1).

Some feel that the term MST is too vague and narrow, and that it does not encompass the severity of the acts of sexual violence that can occur within the military. Additionally, MST does not necessarily reflect the sexual violence that might be experienced by military personnel outside of a military setting or prior to military involvement. To be as inclusive as possible of survivors' experiences, the terms "military sexual violence" and "sexual violence in the military" are used throughout this guide.

Effects of Military Sexual Violence on Victims

Many studies link the effects of trauma from sexual violence to increased mental health

struggles. Research has found connections between sexual violence while serving in the military and diagnoses of mental health problems, including anxiety, depression, eating disorders, substance abuse, bipolar and personality disorders, sexual difficulties, increased rates of psychiatric hospitalization, and high rates of Post-Traumatic Stress Disorder (PTSD) (Cater & Leach, 2011; Kimerling et al., 2010; Suris & Lind, 2008). In one study, sexual harassment and sexual assault among reservists resulted in significantly poorer health status, even almost a decade after service (Street, Stafford, Mahan, & Hendricks, 2008). Additionally, military sexual violence has been linked to homelessness among female veterans. In another study, 40% of female veterans who were homeless indicated that they experienced sexual abuse during their service (Natelson, 2009). Sexual violence can have a negative and devastating impact on the health and well-being of servicemen and servicewomen, their families, and the larger military community.

Section Two

Understanding Sexual Violence in the Military

Social Norms That Contribute to Sexual Violence

Sexual violence occurs within a social context, where individual behaviors are shaped by larger social norms. Social norms about women, power, violence, masculinity, and privacy have been identified as key contributors to sexual violence (Davis, Parks, & Cohen, 2006). More specifically, social norms that oppress and objectify women, value the use of power over others, tolerate violence and victim-blaming, support traditional views of masculinity as dominant and controlling, and foster secrecy around individual or family matters, all contribute to an environment where sexual violence can occur (Davis et al., 2006).

While these social norms exist in the larger society, they can be magnified in a military environment. Military standards of behavior include "honor, integrity, discipline, teamwork, courage, loyalty, and selfless duty" (DTFSAMS,

Domestic Violence

Military domestic violence, though beyond the scope of this guide, is an important issue. For more information, visit these sites:

- **Family Advocacy Program:** http://www.militaryonesource.mil/abuse; http://usmilitary.about.com/library/milinfo/dodreg/bldodreg6400-1.htm
- **National Coalition Against Domestic and Sexual Violence:** http://www.ncdsv.org/ncd_militaryresponse.html
- **The Hotline:** http://www.thehotline.org/
- **Domestic Violence Resources for Military Families:** http://www.realwarriors.net/family/support/domesticviolence.php
- **Tools for Service Providers: Child Abuse and Domestic Abuse:** http://www.militaryonesource.mil/abuse/service-providers

2009, p. 6). These standards can help to create a culture free from sexual violence.

However, "mixed messages about sexual assault prevention and response during training, particularly at the inception of military service, diminishes the services' ability to leverage training to convey a military culture of zero tolerance for sexual assault and other unacceptable behaviors" (DTFSAMS, 2009, p. 7). An emphasis on unit cohesion and the hierarchical structure of the military could deter victims from coming forward and getting help (DTFSAMS, 2009). A former commander echoes this in saying, "I can tell you that junior people don't believe they can complain. They have a 'suck it up' mentality. They want to get the job done." (DTFSAMS, 2009, p. 10). Issues surrounding sexual violence are uniquely complicated in a military environment.

Prevalence of sexual violence in the military

The National Intimate Partner and Sexual Violence Survey (NISVS), a nationally representative survey of adults in the U.S., found that 79.6% of female victims were raped before the age of 25; 42.2% of them were raped before they turned 18 (Black et al., 2011). *NISVS* also found that 27.8% of male victims were raped when they were children, before the age of 10 (Black et al., 2011). The study also found that women and men who had been raped before the age of 18 had a higher prevalence of later sexual victimization in adulthood (Black et al., 2011).

While these data are not specific to military personnel, they can be useful in furthering the understanding of how sexual violence might affect military service members, the majority of whom are younger than 25. Service members might have experienced sexual violence during childhood or young adulthood — before joining the military — while others might experience sexual violence once they are enlisted. Given that women and men with past experiences with sexual violence are likely to experience

'The Invisible War'

Multiple media stories have included accounts of military sexual violence victims being demoted, punished, or discharged following their reports of sexual violence, while the accused perpetrators received lesser and sometimes no punishments at all (Block, 2003). Several survivors have come forward to state that after reporting a sexual assault, they were diagnosed with personality disorders and subsequently discharged from service (Martin, 2012). In an environment where trust is crucial to survival, the emotional scars from sexual assault impact various areas of a person's life. An Army enlistee shared her experience this way: "The betrayal issues to this day are still pretty deep … I was like, 'I'm willing to give my life for this guy next to me, but how do I know that he's not going to hurt me?' " (Couric, 2009). Army Specialist Mickiela Montoya carried a knife with her for protection against her fellow soldiers while in Iraq and said that women had three classifications in the military: bitch, ho, or dyke (Benedict, 2007). The voices of these survivors make the primary prevention of sexual violence in the military critical. The documentary "The Invisible War," which debuted at the Sundance Film Festival in the spring of 2012 and was nominated for an Academy Award in 2013, sheds light on these issues.

subsequent victimizations in their lives, it is especially important for military and civilian advocates to work together in sexual violence prevention and response efforts.

Further — according to the *NISVS* technical report *Prevalence of intimate partner violence, stalking, and sexual violence among active duty women and wives of active duty men — Comparisons with women in the U.S. general population, 2010* — deployment was found to be linked to increased violence against active-duty women. More specifically, active-duty women who were deployed in the three years prior to participating in the *NISVS* survey were significantly more likely to have experienced contact sexual violence and intimate partner violence when compared with active-duty women who were not deployed" (Black & Merrick, 2013).

Studies show a high prevalence of sexual harassment and sexual assault among active-duty and reservist military service members (Street et al., 2008). Natelson (2009) reports that almost one third of female veterans were raped or sexually assaulted while serving in the military, and sexual harassment is experienced by the majority (70% to 90%) of female veterans.

Section Three

Reporting Sexual Violence in the Military

According to the DOD's 2012 annual report on sexual assault in the military, there were 3,374 reported sexual assaults in 2012, representing a 6% increase from 2011 (DOD, 2013b). However, findings from the *2012 Workplace Gender Relations Survey of Active Duty Members (WGRA)*, shows the prevalence of sexual assaults in the military to be much higher (Defense Manpower Data Center [DMDC], 2013). The *WGRA* is an anonymous survey administered to active-duty military service members to assess gender relations and the prevalence of sexual assault, sexual harassment, and sexist behaviors in the past 12 months. The survey also examines the progress of the policies, practices, and trainings addressing these issues in the military. More specifically, the *WGRA* measures unwanted sexual contact and unwanted gender-related behaviors among active-duty service members. Unwanted sexual contact is defined as "intentional sexual contact that was against a person's will or which occurred when the person did not or could not consent, and includes completed or attempted sexual intercourse, sodomy (oral or anal sex), penetration by an object, and the unwanted touching of genitalia and other sexually related areas of the body" (DMDC, p.1, 2013). Unwanted gender-related behaviors encompass sexual harassment and sexist behaviors, defined as "crude/offensive behavior (e.g., repeatedly told sexual stories or jokes that are offensive); unwanted sexual attention (e.g., unwanted attempts to establish a romantic sexual relationship despite efforts to discourage it); sexual coercion (e.g., treated badly for refusing to have sex) … and verbal and/or nonverbal behaviors that convey insulting, offensive, or condescending attitudes based on the gender of the respondent" (DMDC, p.2, 2013).

In 2012, 22,792 service members participated

in the *WGRA*. Of those who responded, 6.1% of women and 1.2% of men said that they had experienced unwanted sexual contact in 2012 (DMDC, 2013). Secretary of Defense Chuck Hagel extrapolated that these percentages represent approximately 26,000 service women (12,000) and men (14,000) (DOD, 2013c).

Increases in assaults against women in the military were of statistical significance between 2010 and 2012. Of women who indicated they had experienced unwanted sexual contact, 32% experienced unwanted sexual touching, 31% experienced completed [unwanted] sex, and 26% experienced attempted [unwanted] sex, (DMDC, 2013). Of the men who indicated that they had experienced unwanted sexual contact, 51% said that they had experienced unwanted sexual touching, 10% had experienced completed [unwanted] sex, and 5% had experienced attempted [unwanted] sex (DMDC, 2013).

For women and men, most assaults occurred at a military installation during work or duty hours. For both women and men, most assaults were committed by military coworkers, another military person or by a military person of higher rank (for women) or a military person within the same chain of command (for men) (DMDC, 2013). Further, findings show that offenders used physical force, threats to ruin reputations, threats of further physical harm to commit sexual violence against female and male service members. Additionally, offenders often sexually harassed and stalked women and men before the unwanted sexual contact.

Barriers to Reporting

Sexual violence is highly underreported in the larger U.S. society and military. Therefore, the available data about sexual violence presents estimates that are much lower than its actual prevalence. Barriers to reporting sexual violence in the military could limit what is known about the true scope of the problem.

Of the women who experienced unwanted sexual contact, 17% reported the incident to a military authority or organization and 16% reported to civilian and military authority/organization. This means that 67% of female victims did not report their assaults, citing such reasons as: they did not want anyone to know, they felt uncomfortable making the report, and they did not think their report would be kept confidential (DMDC, 2013). Of the men who experienced unwanted sexual contact, only 10% reported the incident to a military authority/organization and only 9% reported to both a civilian and military authority/organization (DMDC, 2013).

Findings from the unwanted gender-related behaviors section of *WGRA* shed light on the

culture that surrounds and supports sexual violence in the military (DMDC, 2013):

- 23% of women and 4% of men experienced sexual harassment in the 12 months prior to the survey
- 41% of women and 20% of men experienced crude or offensive behavior
- 23% of women and 5% of men experienced unwanted sexual attention
- 8% of women and 2% of men experienced sexual coercion
- 47% of women and 15% of men experienced sexist behaviors

Many survivors describe being ostracized and blamed by fellow service members for destroying the cohesion of the unit after reporting their abuse, even if disciplinary action against the perpetrator is not taken. Rumors and stories about the negative experiences of other survivors influence victims' decisions on whether to report what happened to them (Rock, Limpari, Cook, & Hale, 2011). Sexual assault by a superior or a fellow unit member creates a situation where victims might have continued contact with the perpetrators (U.S. Government Accountability Office [GAO], 2011).

Another concern could revolve around the low prosecution rate for sexual assault in the military. According to the *DOD Annual Report on Sexual Assault in the Military, Fiscal Year 2012,* out of the 1,714 cases that qualified for possible disciplinary action, only 594 went to courts-martial (DOD, 2013b).

Military Protocols

Once a victim makes a decision to report a sexual assault, he or she can speak with

Many survivors describe being ostracized and blamed by fellow service members for destroying the cohesion of the unit after reporting their abuse ...

a Sexual Assault Resource Center (SARC), victim advocate, or health care personnel (DOD, 2012b) in order to ensure they retain the restricted reporting option. If a disclosure is made to a health care provider, a SARC or victim advocate will be notified (DOD, 2012b). Once a connection is made with a SARC or victim advocate, they will assist the victim in completing an official form called the *Victim Reporting Preference Statement (VRPS*). The *VRPS* details the reporting options, explains the limitations and provides the victim with the power to consent to either a restricted or an unrestricted report.

Confidentiality

There are differences between the two reporting methods that are outlined in this section. One significant distinction between the two reporting methods is the degree to which information is shared. In the civilian world, "confidentiality" is defined by state law to generally include all verbal and written communications between a victim and counselor/advocate, as well as observations made by the counselor/advocate. Except in the cases of child abuse disclosures or duty to warn (when a client poses a danger to himself/herself and/or others), information that is shared

between a victim and a counselor/advocate may only be released through informed and written consent of the victim. Although the military uses the word "confidential" in the context of sexual violence reports, its bounds are not absolute; information that is provided by victims still might be shared with military personnel, whether the victim wants this to happen or not. An exception to this is when victims share information with military chaplains and legal assistance attorneys/officers.

Restricted Reports

Available to military personnel and dependents 18 and older, the purpose of a restricted report is twofold. First, restricted reporting allows victims to have control over the release of their private information, and it provides victims the assistance they need in the aftermath of an assault without setting an investigation in motion.

With a restricted report, the victim will receive counseling, medical treatment, and advocacy services (DOD, 2012b). Another consideration in filing a restricted report is that the details of the assault will be kept confidential unless the victim changes his or her mind and authorizes the report to become unrestricted (DOD, 2012b). However, as part of holding command accountable and in an effort to protect the safety of others, the commander will be given non-personally identifiable information about the sexual assault that could include age and gender of the victim as well as the location and date of the incident (DOD, 2013a).

In some situations, such as in a deployment environment, this basic information could compromise confidentiality due to low numbers of minority and female service members (DOD, 2012b). One important limitation of restricted reports is the lack of an investigation into the assault, which means that the perpetrator will go unpunished and contact could continue between the perpetrator and survivor (DOD, 2012b). Communications between survivors and chaplains and legal assistance attorneys/officers or clergymen could have confidential protections under the *Military Commission Rules of Evidence*, but do not constitute an official report (DOD, 2007). If a survivor tells someone other than a chaplain, legal assistance attorney/officer, SARC, victim advocate, or health care personnel, the report might become unrestricted, as peers could be required to report the crime (DOD, 2012b).

It is important that advocates inform victims that if they speak to anyone other than a restricted reporter or chaplain, an independent investigation can be initiated. When an independent investigation is initiated, the information shared with restricted reporters remains confidential, but military criminal investigators can interview everyone who might be a witness to the crime and might also interview the victim. The best way to maintain a restricted report is to not discuss the matter with anyone but a restricted reporter or chaplain.

Unrestricted Reports

To make an unrestricted report, the victim can go to any of the individuals listed above, as well as their chain of command, law enforcement, and other legal personnel (DOD, 2012b). An unrestricted report will provide the survivor with the medical and counseling benefits of a restricted report, and also could result in an investigation in which the commander is given a report with all of the details of the incident (DOD, 2012b). Policy changes created an expedited transfer option

for individuals who go through the unrestricted reporting process. In 2012, 216 of 218 requests for expedited transfer were granted (DOD, 2013b). Information from restricted and unrestricted reports will be used in annual reports to capture trends and statistical figures of sexual assaults (DOD, 2012b). If an investigation happens, it will be placed in the hands of a high-ranking colonel-level authority (Parrish, 2012a). The military has made improvements in the prosecution of sexual assaults, as evidenced by a steady increase in the number of cases that go to court-martial (DOD, 2012a). To gain a better familiarity with the military justice system, the DOD has an overview of the system on its Victim and Witness Assistance Council (n.d.) website (http://vwac.defense.gov/military.aspx). Reviewing this resource could be helpful in understanding the differentiations between the military and civilian criminal justice systems.

Courts-Martial

When sexual assault is reported in the military, it could go through the courts-martial process, the military's judicial system. There are three types of courts-martial in the military, per the *Uniform Code of Military Justice*: summary, special, and general. The three courts-martial differ in structure and possible punishments. The *Military Rules of Evidence* apply to all three, with the accused being proven guilty beyond a reasonable doubt. While the general court-martial might be most appropriate, sexual assault crimes could conceivably go to any of the three courts-martial, based on the convening authority (a high-ranking military officer).

Highest level: The general court-martial is sometimes compared to a felony court. The general court-martial typically tries the most egregious offenses. It is comprised of five members and a military judge, or solely a judge. A wide range of punishments are possible, including death, confinement, loss of pay, fees, demotion, punitive discharge, and other restrictions (Mason, 2012).

Second-highest level: The special court-martial is sometimes compared to a misdemeanor court. The special court-martial might be comprised solely of a military judge, three members, or a combination of a judge and three members (Mason, 2012). Punishments can include 12 months of confinement, hard labor for up to three months (without confinement), pay forfeiture, a demotion in pay grade, and bad-conduct discharge (Mason, 2012).

Lowest level: The summary court-martial tries minor offenses. The summary court-martial is comprised of one commissioned officer. Punishments can include no more than a 30-day confinement, hard labor for no more than 45 days, forfeiture of pay, and demotion to the lowest pay grade (Mason, 2012).

Medical & Prosecution Procedures

Military nurses can receive sexual assault training, but they are not required to be certified Sexual Assault Nurse Examiners (SANE) (Ortiz, 2008). This is important because SANE certification has been shown to "promote the psychological recovery of rape survivors, provide comprehensive medical care, obtain forensic evidence and accurately and facilitate the prosecution of rape cases" (Campbell, Patterson, & Lichty, 2005).

If victims choose to make an unrestricted report, there is a low investigation rate, and the prosecution rate is even smaller. Sexual assault trials in military courts-martial have several divergences from the civilian system.

At the outset of an unrestricted report, crime victim rights are afforded to every sexual assault victim. These rights, as described in a DOD brochure titled *Initial Information for Victims and Witnesses of Crime*, include:

Navigating the System

Advocates are encouraged to build relationships with military legal personnel to ensure that survivors' rights and options are protected within the military system.

- The right to be treated with fairness and with respect for your dignity and privacy
- The right to be reasonably protected from the accused offender
- The right to be notified of court proceedings
- The right to be present at all public court proceedings related to the offense, unless the court determines that your testimony would be materially affected if you, as the victim, heard other testimony at trial

Sexual Violence Against Nonmilitary Personnel

The majority of this guide provides information regarding sexual violence perpetrated by military personnel on military personnel, with both parties on active duty or performing federal duty, thus making the victim eligible for the full range of reporting options and services. When either the victim or the accused falls outside of this realm, there might be differences in reporting options, eligibility for medical services and the Sexual Assault Prevention and Response program, and whether criminal jurisdiction lies with the Department of Justice or civilian police. Other forms of sexual violence that occur within the military involve reserve and guard members who are not performing federal duty, DOD civilian employees, contractors for the military, civilians, dependents and spouses of military members, and retired service members. *Department of Defense Directive 6495.01* regarding the *Sexual Assault Prevention and Response Program* provides more information on this subject.

- The right to confer with the attorney for the government in the case
- The right to available restitution
- The right to information about the conviction, sentencing, imprisonment, and release of the offender. (DOD, 2004a, panel 5)

A Victim Witness Assistance Coordinator (VWAC) might be assigned to assist the victim with navigating the military justice process, exercising his or her rights, and keeping the victim informed of case proceedings. While the VWAC is an "impartial actor" in the process, there are no protections of the communications between VWAC and the victim; the SARC or victim advocate will continue to provide the victim with a more confidential source of support (U.S. Department of the Army, 2010, p. 105). The process that a survivor goes through once reporting sexual assault is described in victim and witness assistance procedures (DOD, 2004b).

The victim also can experience cross-examination during trial proceedings. *Military Rule of Evidence 412* is a rape shield law, but has three exceptions that can affect how a case is presented and judged. The survivor's sexual behavior can be used to show that injuries or physical evidence belonged to someone other than the accused, incidents of prior sexual behavior between the victim and accused might be used to show consent, and evidence might be admissible if it can be proven that its exclusion would prevent a fair trial (DOD, 2007). This can be revictimizing for survivors and deter other victims from coming forward.

Section Five

Preventing Sexual Violence in the Military

The military is making strides in preventing sexual violence and creating more options for survivors to get help. According to the 2012 *WGRA* respondents, 70% of women and 83% of men would feel free to report sexual assault without fear of reprisal, which represents an apparent increase in service members' comfort in reporting sexual assault (DMDC, 2013). The majority of respondents indicated that military leadership makes it clear that sexual assault has no place in the military, and that a unit should be based on mutual trust and respect. Further, the majority of respondents indicated that their leadership wants to lead by example and strives to create an environment where individuals feel comfortable reporting sexual assault. The majority of respondents were aware of sexual violence prevention and intervention efforts in the military, such as the Sexual Assault Awareness Month programs, Safe Helpline, and the Sexual Assault Prevention website. Close to 100% of respondents (96% of women and 97% of men) said that they had sexual assault training in the past year (DMDC, 2013). Respondents described these trainings as covering the following: what constitutes sexual assault, where/how to report sexual assault, and the role of alcohol in sexual assault (DMDC, 2013).

While these strides are commendable, it is important to learn more about whether and to what degree trainings have been effective at preventing sexual violence. While the majority of

Each branch of the military has its own prevention model.

respondents describe leadership as conveying a strong message that sexual assault is not a part of the unit culture, and that individuals should feel comfortable making a report, the same survey shows that underreporting of sexual assault persists in the military. With policy updates that require expanded sexual violence trainings, there is great opportunity to get at the culture changes needed to prevent sexual assault from occurring, to ensure that service members feel safe reporting their experiences, and to provide access to the full range of supportive services. Additionally, the trainings described by survey respondents seem to fall within a risk-reduction framework as opposed to a primary-prevention approach.

More specifically, it seems that participants received training on how potential victims can stay safe, which is risk reduction, as opposed to a primary prevention approach that creates cultures where sexual violence is not acceptable and individuals learn skills to promote safe, respectful, healthy environments.

Each branch of the military has its own prevention model. The Army's Sexual Harassment/Assault Response and Prevention (SHARP) program is visible through the *I.A.M. Strong Campaign*, which focuses on training and engaging soldiers in preventing sexual assault (U.S. Army, 2012). In June 2012, the Marine Corps released a multilayered plan to prevent sexual violence, including "true zero tolerance, effective stainability, empowered reporting, effective deterrence, engaged leadership and evolved culture" (Hlad, 2012). A mandatory Bystander

Intervention Training is used by the Air Force, and it focuses on encouraging bystanders of an incident to intervene to prevent sexual assault (Herrick, 2011). Using a similar model, the Navy encourages the use of active bystander intervention while also providing information on how to decrease the odds of becoming a victim (U.S. Navy, n.d.).

To learn more about the Sexual Assault Prevention and Response Office and the programs and models used by the various branches, visit http://sapr.mil.

Applying the Spectrum of Prevention

Through relationships and collaborations with the military, advocates can utilize the *Sexual Violence and The Spectrum of Prevention: Towards a Community Solution (The Spectrum)* to address and change the interconnected risk factors that make sexual violence possible in the military.

Six levels of prevention are included in the *Spectrum*, which together, create a strategy to combat sexual violence in the community. Harmful norms regarding women, power, violence, masculinity, and privacy contribute to the persistence of sexual violence in the military and outside communities, and *The Spectrum* is a tool that can address and change these norms to create healthy environments (Davis et al., 2006). While risk reduction and efforts aimed at addressing sexual violence after it occurs have their own place within the grand scheme of the movement to end sexual violence, the focus on stopping sexual violence before it occurs is crucial. A shift from risk reduction to primary prevention, using this model, will be an asset to combating this devastating trend.

Level 1: Strengthening Individual Knowledge & Skills

The first level of *The Spectrum* addresses educating individual service members with the goal of increasing their ability to prevent sexual violence (Davis et al., 2006). With a focus on primary prevention, or preventing an incident from occurring in the first place, models such as bystander prevention can be used to empower service members to take the safety of their colleagues seriously. Service members can be encouraged to report those who violate the trust and integrity of their branch, to be held

accountable for their actions, and remove them from the position to re-offend. Advocates can empower leadership to set a precedent for zero tolerance of sexual harassment and assault in their units, as this has been reported to decrease such incidents (Benedict, 2007). Advocates can provide survivors with information involving their rights and the treatment options available to them through the Veteran's Administration and Tricare. Victims with confidentiality concerns or those who are no longer serving could seek help outside of the military services available to them, so increasing the knowledge of the help that is available in the civilian world is an important task for advocates.

Level 2: Promoting Community Education

This level focuses on increasing the community's knowledge of sexual violence (Davis et al., 2006). The military's awareness of the prevalence and seriousness of sexual violence is growing, as is their concern. The military community is different from other communities because its members are expected to live, work, and socialize under the same values and in the same environment, day in and day out. Empowering members to see the safety of each other as important and something to protect will help with primary prevention efforts. Some branches already are capitalizing on this cultural aspect in their prevention campaigns, using common slogans and values particular to their branch to explain the responsibility they have to the service and to each other in preventing sexual assault. Advocates can assist the military by encouraging models and training that bring awareness and focus toward prevention and less emphasis on making the victim responsible for their own protection.

Veterans who have been victimized by sexual violence have a significant chance of experiencing a wide range of mental health issues including PTSD, thus an understanding of mental health also is an important area for community education. By decreasing stigma related to mental health issues and increasing the supportive services available to service members, they could be more encouraged to seek help before an incident occurs. It is important for advocates to be willing to challenge inappropriate stereotypes and views regarding sexual violence in the military atmosphere, and encourage military members to evaluate, critique, and change their cultural values that permit this form of violence.

Level 3: Educating Providers

The third level focuses on giving providers access to information surrounding sexual violence so that they can use in their respective fields (Davis et al., 2006). There are multiple ways in which advocates can assist providers in the military world, including (but not limited to) chaplains and medical personnel. Advocates can provide information to medical and mental health professionals concerning the relationship of sexual violence to health, which they can transfer to their patients through discussing healthy sexuality and promoting healthy behaviors (National Sexual Violence Resource Center [NSVRC], 2006). The International Association of Forensic Nurses (n.d.) suggests developing assessment tools and establishing screening protocols to identify red flags in patients who might be at risk of inappropriate sexual or abusive behaviors. Chaplains, regardless of their specific faith beliefs, can use religious and spiritual texts in sermons and discussions

to guide service members in how to treat each other. Chaplains can do their part in reducing sexual assault by being prepared and willing to address this issue with their congregation (Georgia Network to End Sexual Assault, n.d.) and clearly conveying that sexual violence is unacceptable (NSVRC, 2007). Additionally, NSVRC provided other recommendations in its *white paper report*, generating and expanding sexual assault primary prevention training and using leadership development programs to integrate training and educational curriculum on sexual assault, sexual harassment, and substance abuse.

Victims might turn to a military chaplain or medical provider after an assault, and it is important that the people who are in these positions maintain awareness of the issues surrounding sexual violence in the military. Chaplains have been recognized as important resources for survivors, and advocates are in a position to reach out to these deliverers of spiritual advice and healing to provide information that will help them in their work (Mulrine, 2012). Medical and mental health professionals also have important roles in responding to the physical and psychological trauma that results from sexual violence. Health care professionals might be the first people a victim reports an assault to, and how they handle a disclosure is important. Advocates can assist medical providers in learning how to screen patients for the possibility of a sexual assault and how to respond to disclosures with empathy (NSVRC, 2012). In screening procedures, these key figures can maintain an awareness that PTSD and other mental health issues could be due to reasons other than combat trauma.

Advocates also can encourage nurses to obtain

SANE credentials to increase skills in conducting forensic examinations. Military nurses can push for official recognition of forensic nursing among the nursing paradigm acknowledged by the DOD, with goals including increased collaboration among professionals and credibility in the profession (Ortiz, 2008).

Level 4: Fostering Coalitions and Networks

Level four is aimed at connecting coalitions and networks toward cohesive efforts to combat sexual violence (Davis et al., 2006). There are several organizations in existence that cater to the needs of the military population who has been sexually assaulted. Advocates can use their resources to reach out and connect with the networks, strengthening resource sharing, and can discover where there are gaps in service availability. Existing coalitions, networks, and organizations that serve this population are listed at the end of this document, see Page 21.

Level 5: Changing Organizational Practices

A powerful impact can occur through changing regulations and customs of institutions (Davis et al., 2006). The GAO (2011) reviewed and made suggestions on sexual assault investigations and adjudications in the DOD and found that some of their audit recommendations from fiscal year 2008-09 have not yet been implemented. Advocates can assist with organizational change by collaborating with the various military installations and providing assistance with implementing recommendations. Advocates can use their skills and knowledge to create effective strategies and practices, which will reduce the incidences of sexual violence and harassment throughout the institution.

Advocates can assist the military with establishing a cohesive prevention plan to combat sexual violence that is standard across the branches. Advocates could be encouraged to assist the SAPRO in adopting *The Spectrum* for use within the military, and help them develop ways to instill programs and interventions at every level while they address the norms that contribute to sexual violence. While each branch prides itself on its unique role in the military, it could be beneficial to have uniform protocols and prevention training and models to combat the issues of sexual violence and harassment.

In response to the high numbers of reported sexual assaults in the military, former Secretary of Defense Leon Panetta called for a certification program on sexual assault advocacy for all SARCs and victim advocates, an increase in training funds for judge advocates and investigators, as well as a database for sexual assault report tracking and case management monitoring (Parrish, 2012a). In March 2013, the DOD released updated policies and procedures to combat sexual violence and improve victim response. The goal of the new policy is to provide safety for victims, standardize victim assistance programs, and enhance sexual assault prevention activities. With this policy, a new hotline will be established and expedited transfers for victims will be provided (Simeone, 2013).

Advocates can encourage the DOD to broaden the policies' eligibility criteria to include all victims of sexual assault, no matter what type of report they decide to file. Another advocacy avenue is encouraging the DOD to require that nurses have easy

access to SANE credentials to better prepare them for collecting evidence and boost the probability of prosecution in sexual assault cases (Ortiz, 2008). A registration of military nurses with the SANE credentials could be kept by the DOD or the International Association of Forensic Nurses to provide oversight and a better understanding of the potential training needs of these medical personnel.

Level 6: Influencing Policies & Legislation

In the sixth and final level, advocates can work to influence public policies at local, state, and federal levels to prevent sexual violence in the military and assist current and former service members who have experienced sexual violence while serving. Advocates can reach out to and inform their legislators of the causes of sexual violence in the military and how more effective policies can prevent sexual violence, bring justice to victims, and hold perpetrators accountable. The strength of interventions at this level are that policies and legislation have a wide range of influence, and advocating for change is something anyone can do. Policies that create mechanisms for survivors

to seek damages sustained during service — including those damages resulting from sexual violence during service — are important. Advocates have a role in influencing public policies that create a full range of rights and options for survivors.

Section Six
Policy Updates

As of June 2012, under the direction of the Secretary of Defense, a high-ranking authority [the Sexual Assault Initial Disposition Authority (SA-IDA), a Special Court-Martial Convening Authority] is now responsible for making the initial disposition in sexual assault cases. The SA-IDA determines whether a court-martial will be convened in cases of sexual assault, with consultation from legal and medical staff. This removes the disposition process from the unit and, as a result, could encourage more reporting of sexual assault and a greater degree of neutrality and skill applied to these cases (Parrish, 2012b). In the past, unit commanders were responsible for making initial dispositions. However, conflicts arose in part due to the dual and sometimes conflicting roles of unit commanders in protecting the good of the whole unit and responding to the needs of individual victims. This

reporting structure created many possible barriers to reporting, especially if the victim was afraid of retaliation in her or his unit, if the sexual assault was committed by the unit commander, or if the unit commander was protective of the identified offender (Parrish, 2012b).

In addition, the Secretary of Defense directed that a special victims capability be established in the military to ensure that sexual assault cases are handled by trained investigators, prosecutors, and victim-witness personnel; all new service members receive information on sexual assault policies within 14 days of their entrance on active duty; the National Guard reserves have greater access to treatment and support for sexual assault; records of sexual assault outcomes be kept and centrally located; annual organizational climate assessments be conducted and include sexual assault questions; and DOD resources — such as the such as the Safe Helpline and other services for sexual assault survivors — be more widely distributed (Parrish, 2012a).

In addition, with the passage of HR 4310, the National Defense Authorization Act for Fiscal Year 2013 (2012), sexual assault response and prevention efforts might be further strengthened within the military. More specifically, this law increases the rank of the Sexual Assault Prevention and Response office, specifies the required number of Sexual Assault Response Coordinators and victim advocates in military units, includes mandatory sexual assault trainings for military leaders, and strengthens military legal protections for survivors of sexual assault (Service Women's Action Network [SWAN] 2013).

Section Seven
Conclusion

While the military has made strides in putting policies, systems, and prevention efforts in place, a culture of sexual violence persists. Community-based sexual assault advocates have unique skills and expertise to inform the prevention of and response to sexual violence within the U.S. Military. With a long history of systems advocacy and change, sexual assault advocates are positioned to partner with military personnel in affecting positive change and preventing sexual violence among women and men in service. Additionally, as service members return to their communities after experiencing sexual violence, and often with PTSD, sexual assault advocates can be critical lifelines in providing services and support. For additional tips and information on working with this population, see the *Strengthening Military-Civilian Community Partnerships to Respond to Sexual Assault* curriculum, produced by Pennsylvania Coalition Against Rape, at http://tinyurl.com/3fuq9fw; and *Special Collection: Sexual Violence in the Military* at http://tinyurl.com/o7ensvy.

Section Eight

Publication Information

About the contributor — Cara Goss

The NSVRC would like to thank **Cara Goss** for her contributions to this guide. Cara researched and drafted content while completing an internship at the National Sexual Violence Resource Center. Cara's experience includes direct services with children in group home settings; her interest areas include research and global justice issues.

National Sexual Violence Resource Center

Founded by the Pennsylvania Coalition Against Rape in 2000, the National Sexual Violence Resource Center (NSVRC) identifies, develops and disseminates resources regarding all aspects of sexual violence prevention and intervention. NSVRC activities include training and technical assistance, referrals, consultation, systems advocacy, resource library, capacity-building, integrating research findings with community-based projects, coordinating Sexual Assault Awareness Month, cosponsoring national conferences and events, and creating Web-based and social networking resources.

Army OneSource Victim Advocacy Program: https://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/FamilyAdvocacyProgram/TipsfortheHome/default.aspx

Benefiting Veterans: http://www.benefitingveterans.com

Disabled American Veterans: http://www.dav.org

Fatigues Clothesline: http://www.fatiguesclothesline.com

Grace After Fire: http://www.graceafterfire.org

MaketheConnection.net: http://maketheconnection.net

Military Families Learning Community: http://learn.nctsn.org/course/category.php?id=10

Military OneSource: http://www.militaryonesource.mil

Military Rape Crisis Center: http://militaryrapecrisiscenter.org

My Duty to Speak: http://mydutytospeak.com

Mothers Against Military Sexual Trauma: http://www.facebook.com/pages/Mothers-Against-Military-Sexual-Trauma/131259253614245

MyDuty.mil: http://www.myduty.mil

National Center on Domestic and Sexual Violence: http://www.ncdsv.org

National Center for PTSD at the U.S. Department of Veteran Affairs: http://www.ptsd.va.gov

National Sexual Violence Resource Center: http://www.nsvrc.org

Rape Abuse and Incest National Network (RAINN): http://www.rainn.org

Service Women's Action Network (SWAN): http://servicewomen.org

Sexual Assault Prevention and Response Office (SAPRO): http://sapr.mil

Sexual Harassment/Assault Response and Prevention (SHARP) Program: http://www.sexualassault.army.mil

StopMilitaryRape.org: http://stopmilitaryrape.org

VetWow: http://vetwow.com

Veteransforamerica.org: http://www.veteransforamerica.org

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