

99. (DoD) Please provide materials from the DoD SAPRO instruction to mental health providers and chaplains at the Center for Deployment Psychology in Bethesda, Maryland, and any other locations where this training was provided. (See FY12 SAPRO Report, p. 35). How many chaplains and mental health providers were trained, and how were they selected?

DoD	<p>*RSP Note* All documents provided through the non-publicly accessible links have been downloaded and have been attached to the corresponding responses.</p> <p>The Center for Deployment Psychology holds a quarterly training for psychologists, social workers, psychologists, psych nurses, and chaplains who are deploying or expected to deploy in support of OIF/OEF. The course, "Topics in Deployment Psychology," provides in-depth training on deployment spectrum issues facing our service members, their families, and providers. This course, which is offered four to five times a year, is taught not only by CDP staff but also distinguished guest speakers with expertise in military behavioral health and deployment medicine.</p> <ul style="list-style-type: none"> • Audience: This course is intended solely for uniformed behavioral health providers from all the branches of the military. Attendees have included military psychologists, psychiatrists, social workers, physician assistants, and clinical nurse practitioners. The training is self-nominating and is free to military members, whose units pay travel costs to Bethesda, MD, if any. • This training has been ongoing since 2005, and SAPR Training has been a part of this training since 2008. The SAPR-specific portion of the training lasts three hours, and addresses DoD and Service SAPR Policy, research about military sexual assault and military sexual trauma, and practical clinical considerations for working with sexual assault victims, and practice scenarios. • In FY12, the Center for Deployment Psychology attendees received a DoD SAPRO lecture as part of the Deployment Psychology Courses they attended. Attendees included: <ul style="list-style-type: none"> o 17 Social Workers o 9 Nurse Practitioners o 8 Psychologists o 5 Chaplains o 79 Psychology Interns, o 14 Social Work Interns • The Center For Deployment Psychology’s Website is: http://www.deploymentpsych.org/ A copy of the most recent SAPRO slide deck on “SAPR for Deploying Mental Health Providers” is provided at Q#99 by using the following link: https://pmev2.bah.com/sites/DSAID/Document_Transfer/Forms/AllItems.aspx
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Narrative responses have been consolidated by the Response Systems Panel (RSP). Please forgive formatting errors in text and data. Source documents for narrative responses can be obtained by contacting the RSP.

Sexual Assault Prevention and Response For

Deploying Mental Health Providers

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Briefing Objectives

- Define Problem and Describe Program Basics
- Review Relevant Research
- Describe Strategic Environment
- Explain DoD SAPR Strategy and Lines of Effort
- Discuss Department's Approach and Way Ahead

Sexual Assault in the Military

“Sexual Assault” Defined

- In the DoD, sexual assault is an overarching term that encompasses a range of contact sexual assault offenses between adults, prohibited by the Uniform Code of Military Justice
- Offenses are charged based on the act perpetrated, the level of force used, and the ability of the victim to consent
- Includes the UCMJ offenses of:
 - Rape (Art 120)
 - Sexual Assault (Art 120)
 - Forcible Sodomy (Art 125)
 - Aggravated Sexual Contact (Art 120)
 - Abusive Sexual Contact (Art 120)
 - Attempts to Commit (Art 80)

“Sexual assault” is not the same as “Military Sexual Trauma” (MST), a term used by Department of Veteran’s Affairs for documenting medical conditions and Service-connected disabilities, which includes experiencing **sexual harassment and/or sexual assault** at any point during one’s military career.

Overview of the Problem

- In FY12, DoD received 3,374 reports of sexual assault -- which include at least one service member victim or perpetrator ¹
- Also in FY12, a DoD survey found that about 26,000 active duty members indicated experiencing some form of unwanted sexual contact, ranging from rape to unwanted sexual touching ²
- Underreporting is significant problem due to fear, stigma or shame -- which complicates victim care and holding offenders accountable
- Of the women in FY12 who indicated unwanted sexual contact and reported the matter, 62% perceived some form of social, administrative, and/or professional retaliation or punishment ³

¹ FY12 Annual Report on Sexual Assault in the Military; Available: www.sapr.mil

^{2,3} 2012 Workplace and Gender Relations Survey of the Active Duty (WGRA); Available: www.sapr.mil

Demographics in Majority of Unrestricted Reports

- **Victim**
 - Female (88%)
 - 18–24 years old (69%)
 - Junior enlisted (E1 – E4) (73%)
 - Occurring off duty at a military installation
- **Perpetrator**
 - Male (90%+)
 - 18 to 34 years old (71%)
 - Enlisted (79%)
 - Trend toward slightly higher rank than victim
 - Not a stranger to victim
 - Alcohol commonly the only “weapon”

Complicating Factors

- False reporting (Civilian research: only 2-8% of sexual assault reports are false)
- Underreporting (85-90% of military victims do not report the crime)
- Victimization Prior to Service
 - Active Duty: 30% women and 6% of men experienced USC prior to entering service
 - Cadet/Midshipmen: 16-23% of women experienced USC prior to entering academy
- Continuum of harm: sexual harassment highly correlated with sexual assault in military units

Complicating Factors

- Non-stranger offenders do not believe their behavior is criminal
 - Prosecution/Deterrence messages largely ignored
- Sources of harm are physical, psychological, professional – real and perceived
 - Victims who report may experience ridicule / harassment / isolation
- Optimal evidence recovery depends on shorter intervals between incident and report
- Risk reduction by victims is incorrectly perceived as “prevention”
 - Bystander Intervention requires encouragement and practice
- Command climate and response is critical
 - Victims, perpetrators, and bystanders watch leaders

**Research:
Sexual Assault, Combat, and
Trauma**

Sexual Assault Research

- Different methodology produces different results
 - Definition: penetration, sexual contact or both?
 - Sampling:
 - random or convenience
 - longitudinal or cross-sectional
 - past-year, lifetime, or some other period
 - demographically similar or different groups
- Comparison of results from studies that differ in methodology may be misleading
- Example Follows: CDC and DoD Surveys

Prevalence

- Civilian population

National Intimate Partner and Sexual Violence Survey (CDC) ¹

- Key Methodology Points

- Sample: Representative US men and women
- Crime Definition: Attempted or completed rape (*oral, vaginal, anal penetration*)

- Past year prevalence:

- 1.1% of civilian women
- Results for civilian men were not reportable

- Lifetime prevalence:

- 18.3% of civilian women
- 1.4% of civilian men

¹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Prevalence

- Active Duty Population
 - 2012 Workplace and Gender Relations Survey of the Active Duty (DMDC) ¹*
 - Key Methodology Points:
 - Sample: Representative Active Duty (Younger than civilian population)
 - Crime Definition: Unwanted Sexual Contact – Attempted or completed penetration and unwanted sexual touching
 - Past year prevalence
 - 6.1% of active duty women
 - 1.2% of active duty men
 - Lifetime prevalence
 - Not measured
 - “Career” prevalence – experienced at any point in their military career
 - 23% of active duty women
 - 4% of active duty men

¹ Defense Manpower Data Center (2013). *2012 Workplace and Gender Relations Survey of Active Duty Members*. Available: <http://www.sapr.mil>

Prevalence

- CDC and DoD surveys produced different prevalence rates due to methodological differences
 - Sample:
 - CDC: US Civilian
 - DoD: Active duty
 - *Active duty population younger than civilian population*
 - Definition:
 - CDC: Attempted or completed oral, anal or vaginal penetration
 - DoD: Attempted or completed oral, anal or vaginal penetration and unwanted sexual touching
 - *DoD definition broader than CDC definition*
 - Points of Measurement:
 - CDC: Past year and Lifetime Prevalence
 - DoD: Past year and Career Prevalence

Prevalence: Direct Comparison

- 2010 National Intimate Partner and Sexual Violence Survey – CDC (2013)
 - Key Methodology Points:
 - Sample: US women, Active Duty Women, Wives of Active Duty Men
 - Definition: Contact Sexual Violence – oral, anal, vaginal penetration or sexual contact without consent
 - Measurement Points: Past year, Past three years, Lifetime
 - Primary finding:
Risk for contact sexual violence is the same for women in the military and civilian sectors, after adjusting for differences in age and marital status
 - Risk is the same at past year, past three years, and lifetime measurement points
- Despite equal risk, US military holds itself to a higher standard

1 Black, M.C., and Merrick, M.T. (2013). *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 US Population*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available: www.sapr.mil

Other Unadjusted Civilian Sector Comparisons

- **Campus Sexual Assault Study** – Krebs, et. al. (2007)
 - 19% of college women experienced a sexual assault (attempted or completed oral, anal, vaginal penetration or sexual contact without consent) at some point in 4 year college career
 - 21% of active duty women (ages 18-24) experienced USC (attempted or completed oral, anal, vaginal penetration or sexual contact without consent) at some point in their military career (DMDC, 2012)
- **Drug-facilitated, Incapacitated, and Forcible Rape: A National Study** – Kilpatrick, et. al. (2007)
 - 0.9% of U.S. women (all ages) and 5.2% of U.S. college women experienced a sexual assault (attempted or completed oral, anal or vaginal penetration without consent) in the 12 months prior to the survey
 - About 3.5% of active duty women experienced a sexual assault (attempted or completed oral, anal or vaginal penetration without consent) in the 12 months prior to the survey (DMDC, 2012)

Psychological Injury Due to Trauma

- US Civilian Past Year Prevalence of PTSD¹
 - 3 to 4%
- US Civilian Lifetime Prevalence of PTSD²
 - 10% of women
 - 5% of men

1. Narrow WE, Rae DS, Robins LN, Regier DA. Revised prevalence estimates of mental disorders in the United States: using a clinical significance criterion to reconcile 2 surveys' estimates. *Arch Gen Psychiatry* 2002; 59:115-23.

2. Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic stress disorder in the national comorbidity survey. *Arch Gen Psychiatry* 1995;52:1048-1060

Psychological Injury Due to Trauma

- 2004 PTSD prevalence in 4 OIF/OEF ground combat units¹
 - Pre-deployment rate: 5%
 - Post-deployment rate: ~12%
- Potential for psychological injury²
 - Needing MH treatment per PDHRA:
 - 20.3% of Active Duty
 - 42.4% of Reserve
 - Over 65% reported exposure to potentially traumatic incident(s)
- 2010 Prevalence of PTSD with “Some Functional Impairment”³
 - 20.7% of Active Duty Soldiers (3 months post deployment)
 - 21.4% of Guard Component Soldiers (3 months post deployment)

1. Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13-22.

2. Milliken, Auchterlone, & Hoge (2007). Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War. *JAMA*, 2141

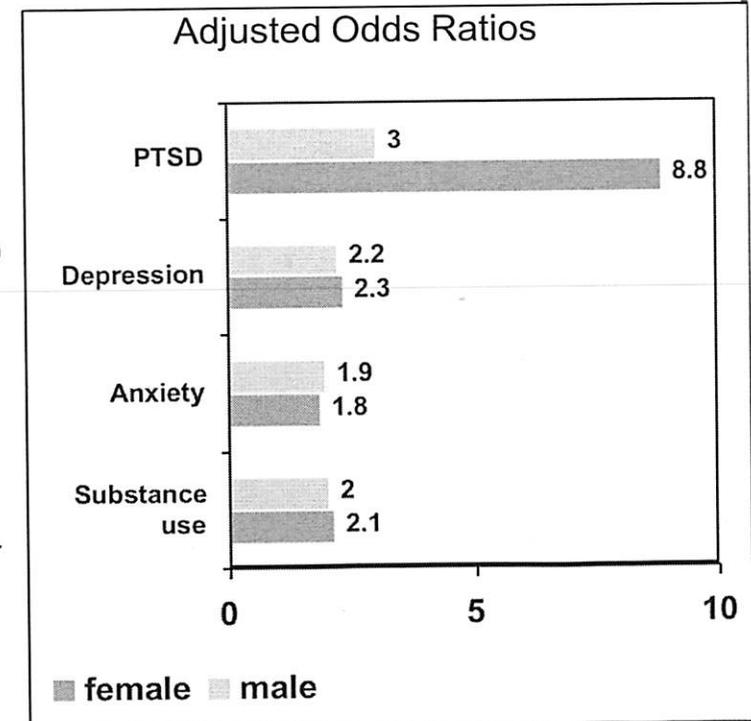
3. Thomas, Wilk, Riviere, McGurk, Castro & Hoge. (2010). Functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, 67, 614-623.

Sexual Assault and PTSD

- Well established relationship in civilian population:
 - About 1/3 of female rape victims develop PTSD¹
- Veteran relative risk for disorders from military sexual trauma (MST)²
 - Female veterans who screen positive for MST are 9 times more likely to develop PTSD (than those who don't report MST)
 - Male veterans who screen positive for MST are 3 times more likely to develop PTSD (than those who don't report MST)

NOTE: In the VA, MST = Sexual Harassment AND Sexual Assault; DoD statistics track Sexual Assaults only, and do not include Sexual Harassment.

1. Kilpatrick, (1992) National Center for Victims of Crime and Crime Victims Research & Treatment Center
2. Kimerling, et al., (2007) American Journal of Public Health, 12.



Developing PTSD from Sexual Assault

- **National Comorbidity Survey:**
 - Rape most strongly associated with PTSD in men and women
 - 65% of men and 46% of women who indicated rape was their most upsetting trauma developed PTSD

Most Upsetting Trauma →	Rape	Combat	Molestation	Physical Abuse
Women	45.9%	--	26.5%	48.5%
Men	65.0%	38.8%	12.2%	22.3%

Kessler, Sonnega, Bromet, et al, (1995) National Comorbidity Survey

Developing PTSD from Sexual Assault

- Gulf War Veterans
 - Probability of Developing PTSD
 - Veterans were more likely to develop PTSD from sexual assault than from high combat exposure

Adjusted Odds Ratios:

	Sexual Assault	Combat
Women	5.41	4.0
Men	6.21	4.45

Sexual Assault History Prior to Military Service

- 2012 DoD Workplace and Gender Relations Survey:
 - Unwanted Sexual Contact Prior to Military Service
 - 30% of Active Duty Women
 - 6% of Active Duty Men
- 2011 DoD Health Related Behaviors Survey
 - Unwanted Sexual Contact Prior to Military Service
 - 30% of Active Duty Women
 - 6.9% of Active Duty Men
- 2008 Naval Recruit Study¹ found that:
 - 39% of women indicated sexual assault since age 14, prior to service
 - 13% of men indicated perpetrating a sexual assault, prior to service
- Women and men enter military duty with significant rates of sexual assault or abuse^{2,3,4}

1 Stander, Merrill, et al, (2008), *Journal of Interpersonal Violence*

2 Merrill, et al., (1998), *Military Medicine*, 163

3 Merrill, et al., (1999), *Journal of Traumatic Stress*, 12

4 Bostock & Daley (2007), *Violence Against Women*, 13

Assault History, Combat, and PTSD

- Any prior assault (including sexual or violent physical assault) doubles the chance of developing post-deployment PTSD symptoms after combat exposure¹
 - Women reporting new PTSD symptoms or diagnosis: 22% (prior assault) vs. 10% (no prior assault)
 - Men reporting new PTSD symptoms or diagnosis 12% (prior assault) vs. 6% (no prior assault)
- Of military women who deployed and experienced combat from 2004 to 2006²
 - About twice as likely to experience sexual harassment than non-deploying women
 - About 2.5 times as likely to experience sexual harassment and assault than non-deploying women
 - No increased risk for harassment or assault with deployment alone (e.g. no combat)
 - Deployment and combat did not increase risk for sexual assault alone

¹ Smith, et al., (2008). Prior Assault and Posttraumatic Stress Disorder After Combat Deployment. *Epidemiology*, 19, 505-512.

² LearndMann, et al, (2013), Combat Deployment Is Associated with Sexual Harassment or Sexual Assault in a Large, Female Military Cohort. *Women's Health Issues*, 23-4, e215-e223.

Warfighter Implications

- Warfighters have symptoms that must be assessed behaviorally – self report is not sufficient:
 - Alcohol Abuse
 - Aggressive Behaviors
 - Avoidance Behaviors

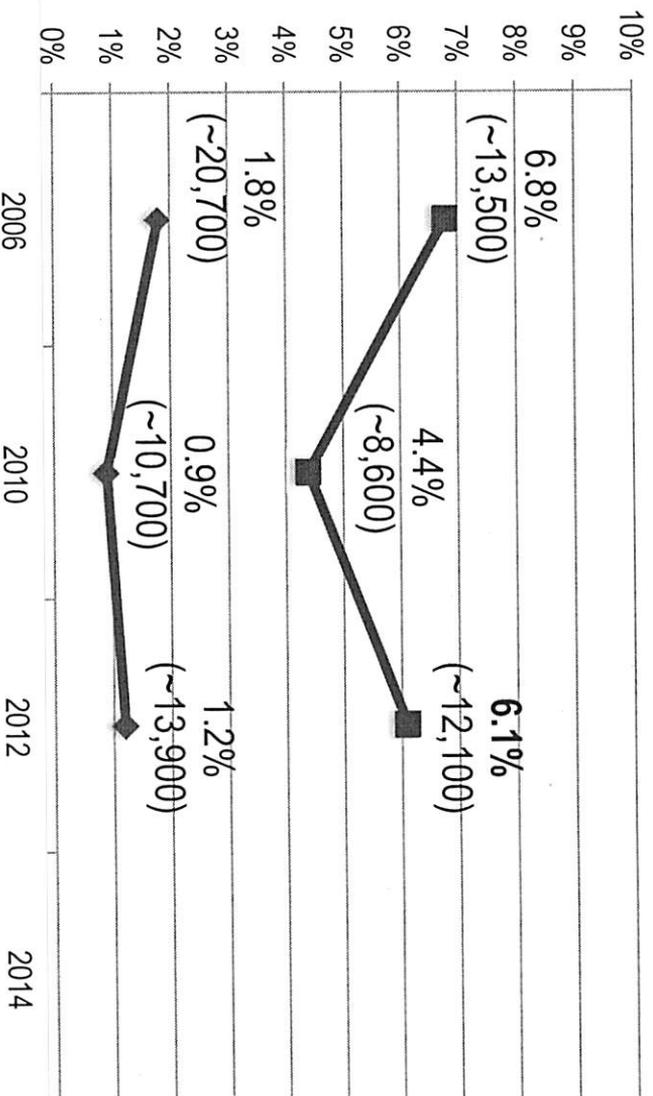
Warfighter Implications

- Aspects of military culture may compound problem:
 - Sexual assault occurs where victim lives and works
 - Victims experience feelings of entrapment, powerlessness, and greater risk of re-victimization
 - Victims may need to rely on perpetrators for basic needs
 - Victims often encounter disruption of career goals
 - Unit focus on readiness/health
 - Most members avoid “Problem Person” stigma

DOD Survey Methodology and Top Line Results

Past-Year Prevalence of Unwanted Sexual Contact

Percent of Active Duty Members, by Gender



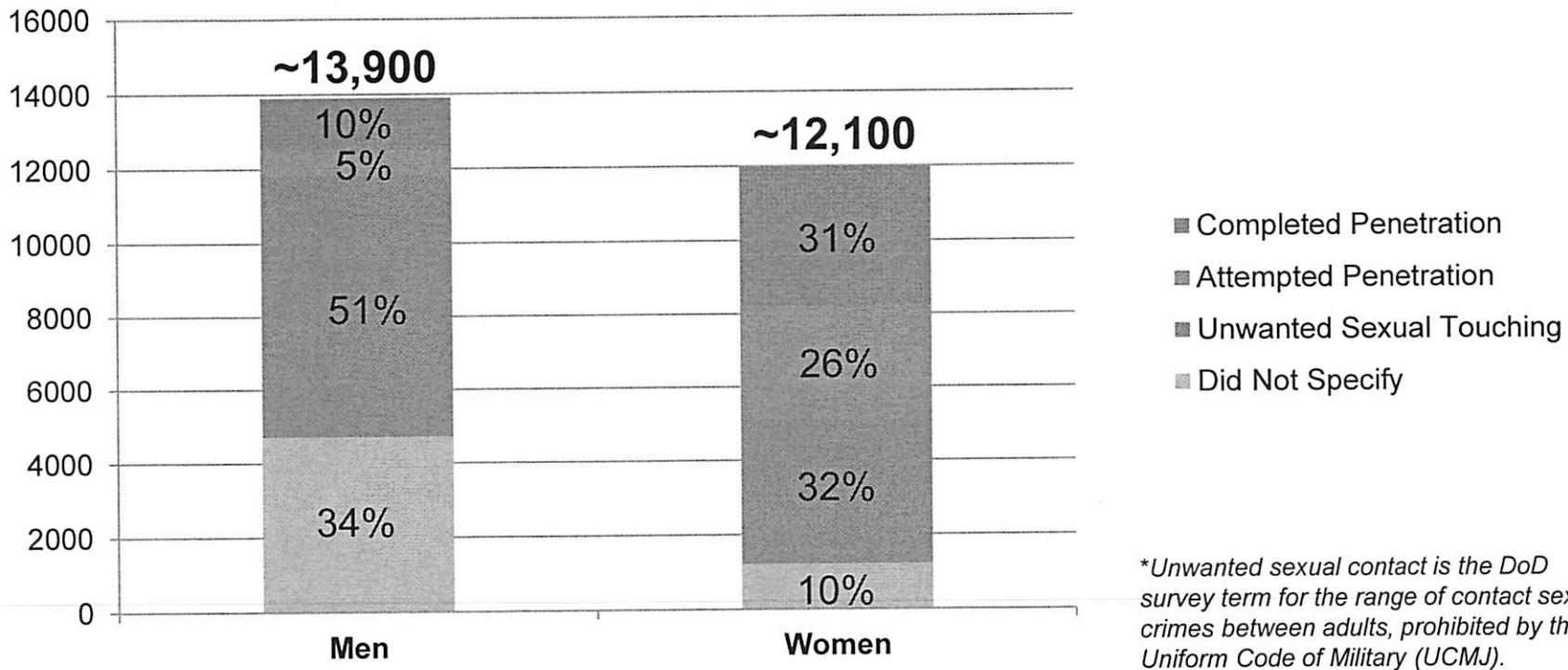
■ Active Duty Women
 ◆ Active Duty Men

WGRA conducted August 17 to November 7, 2012

Key Findings:

- In 2012, 6.1% of women and 1.2% of men indicated experiencing USC
- For women, the 2012 percentage is statistically significantly higher than 2010; there are no statistically significant differences for men between 2012 and 2010
- Of the women and men who experienced USC in the past 12 months, 45% of these women and 19% of these men also experienced USC prior to entering the military
- Only 18% of active women and 22% of active men indicated the offender was either unidentified or a person in the local community; the majority of offenders were primarily military members or DoD civilians/contractors

Unwanted Sexual Contacts* Experienced Estimates from 2012 WGRA

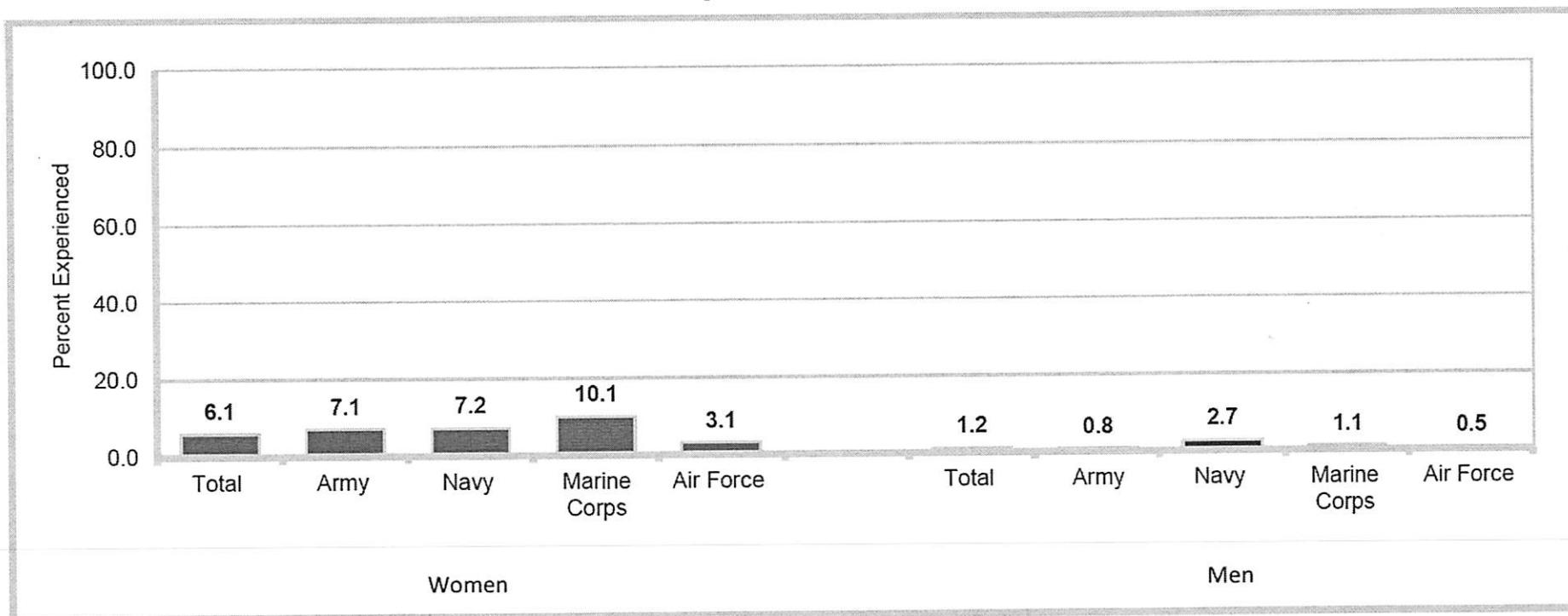


Key Findings:

- Of active duty members who indicated USC via the WGRA, about 31% of women and 10% of men experienced a completed oral, anal, or vaginal penetration
- The proportions of behavior shown are statistically unchanged from 2010

Past-Year Prevalence of Unwanted Sexual Contact

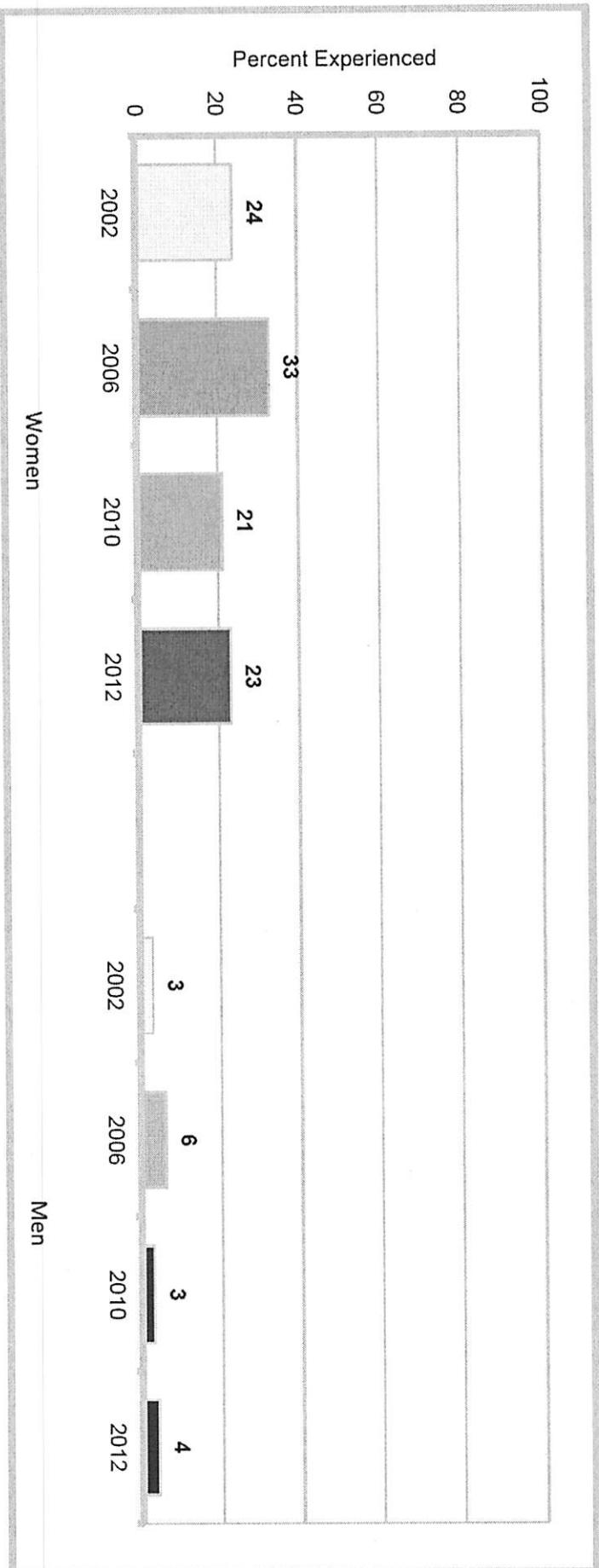
Percent of Active Duty Women and Men, by Service



Key Findings:

- Marine Corps women were more likely than women in the other Services to indicate experiencing USC
- Air Force women were less likely than women in the other Services to indicate experiencing USC
- For Navy and Marine Corps women, the 2012 percentages are statistically significantly higher than 2010 (7.2% vs. 4.4% and 10.1% vs. 6.6%, respectively); there are no statistically significant differences for men between 2012 and 2010

Sexual Harassment Incident Rate Percent of Active Duty Members, by Gender



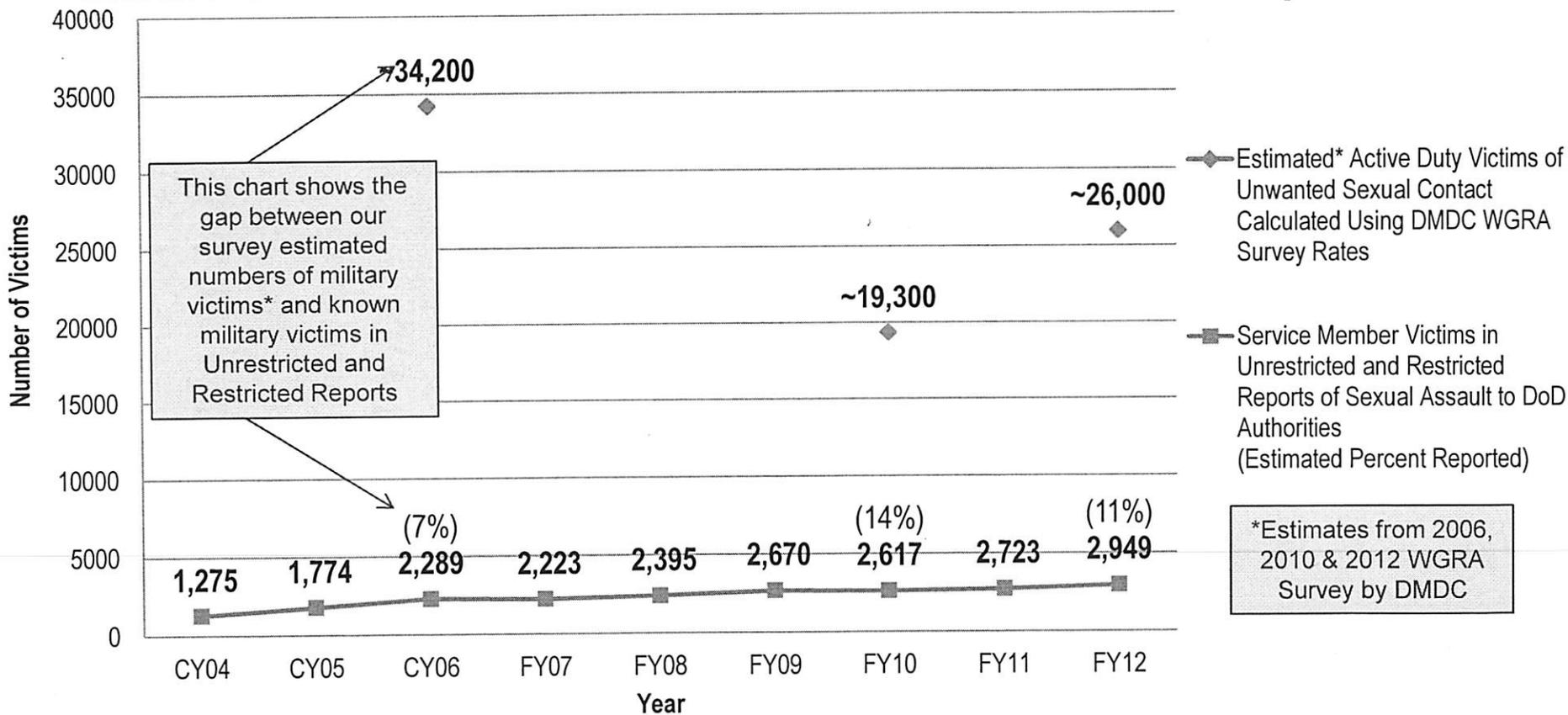
Key Findings:

- Survey results found that 23% of women and 4% of men indicated experiencing sexual harassment in the past year; these rates are statistically unchanged from 2010
- Members who experience USC also experience sexual harassment at a higher rate than members who do not experience USC
 - Of the 6.1% of women experiencing USC in the past year, 77% also experienced sexual harassment
 - Of the 1.2% of men experiencing USC in the past year, 52% also experienced sexual harassment

Perceptions of Retaliation

- Perceptions about retaliation differ based on history of victimization
- Active Duty members in general believe they could report a sexual assault without experiencing retaliation:
 - 70% of women and 83% of men indicated they would feel free to report sexual assault without fear of reprisals
- Those members who indicated experiencing unwanted sexual contact have a different perception:
 - Of the active duty women who experienced unwanted sexual contact and reported it to a military authority, 62% indicated they perceived some form of retaliation as a result of reporting the situation
 - Respondents could pick from one or more of the following:
 - Social retaliation
 - Professional retaliation
 - Administrative action
 - Punishment
 - Data are not reportable for men

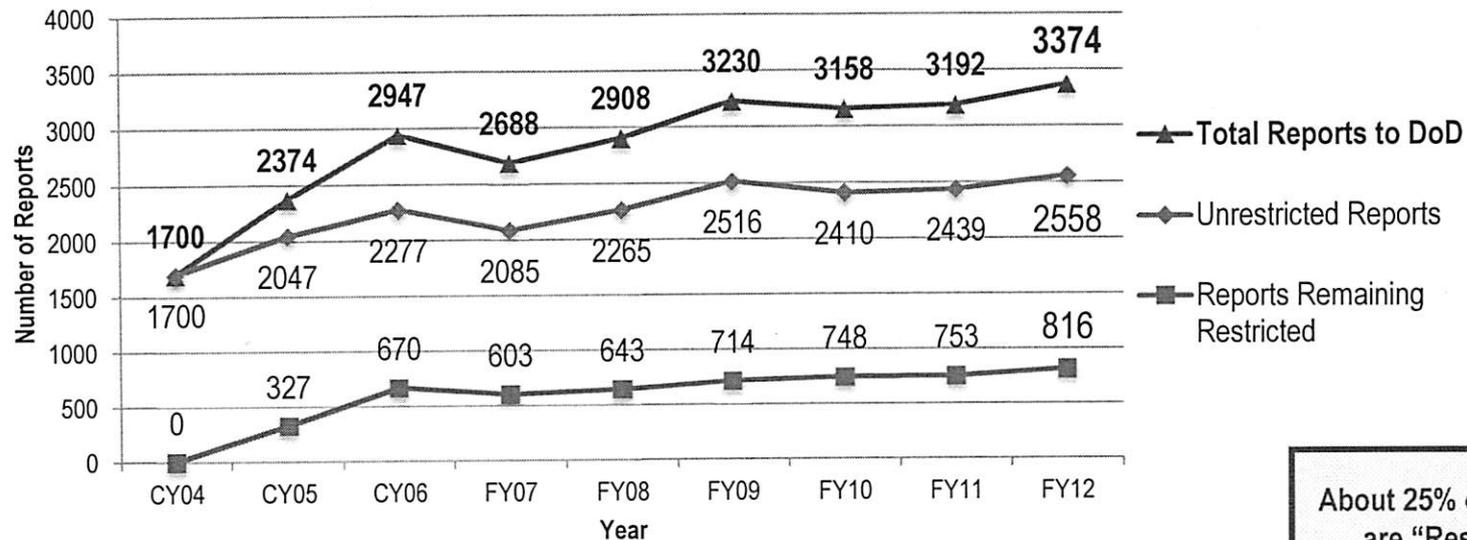
Key Program Metrics: Estimated Prevalence vs. Actual Victim Reports



Sexual Assault is an Underreported Crime
Increased reporting provides primary means for improving victim care and accountability of offenders

**Fiscal Year 2012 Annual Report on
Sexual Assault in the Military**

Sexual Assault Reports CY04-FY12



“Reports” are sexual assaults by a Service member or against a Service member victim

About 25% of reports each year are “Restricted Reports”

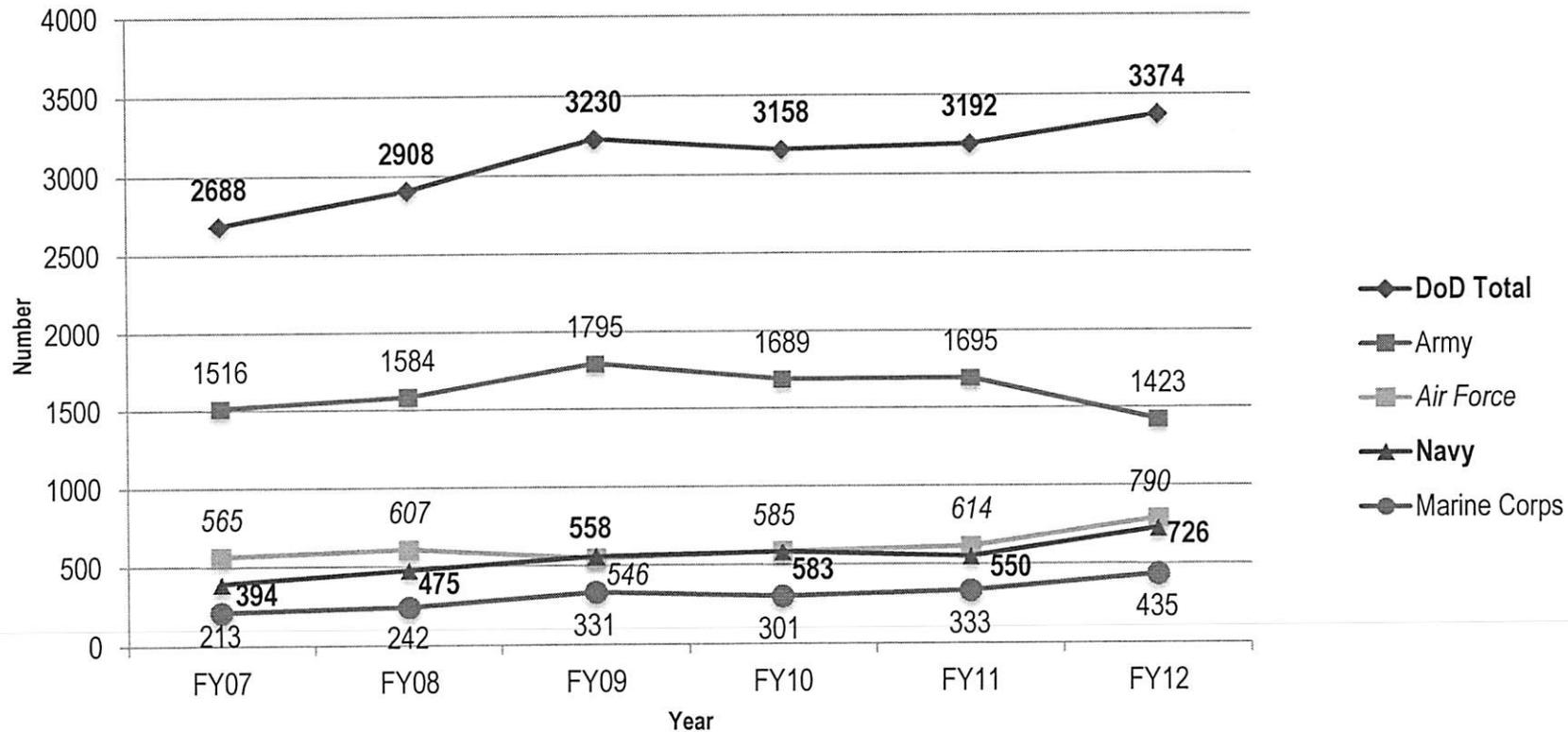
Unrestricted Report

- Victim receives case management by Sexual Assault Response Coordinator and is offered medical care, forensic exam, mental health counseling, and legal assistance referrals
- Report made to Military Criminal Investigation Organization to initiate an official criminal investigation
- Commander is notified – Commander-directed Investigations are not authorized

Restricted Report

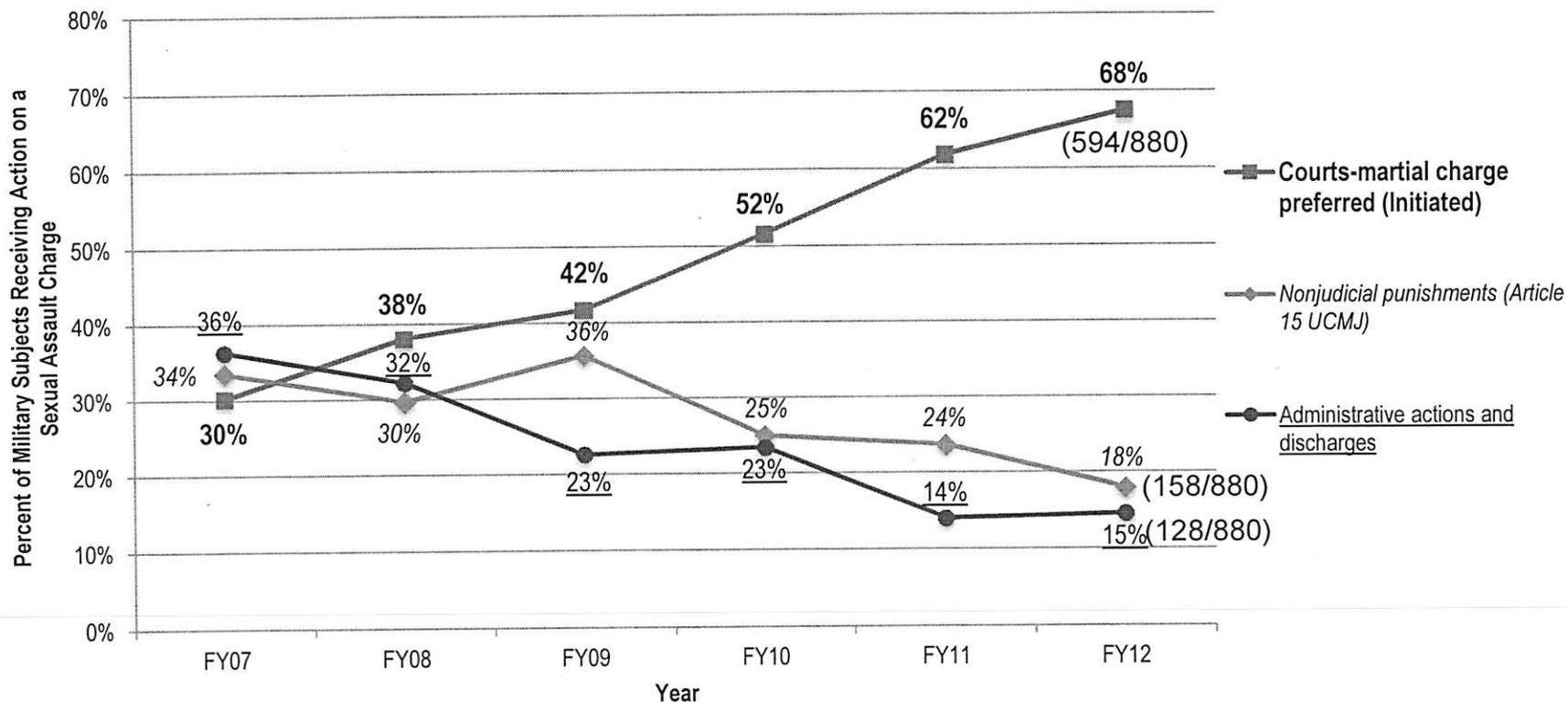
- Victim receives same services as unrestricted report, but victim confidentiality protected and no investigation initiated
- Command informed of assault (for safety) but victim’s name or other identifying information not provided
- First offered in 2005 -- each year about 14-15% of restricted reports switch to unrestricted; in FY12, 17% converted, an increase that could be an indicator of increasing victim confidence

Sexual Assault Reports by Service, FY07-12



Three of four Services showed an approximate 30% increase in reporting in FY12.

Command Action in Sexual Assault Offenses



- Since FY07, commanders are increasingly addressing allegations of sexual assault by preferring court-martial charges, when the subject is under the legal authority of the Department and there is sufficient evidence to do so.
- In FY12, 1 of the 158 NJPs administered was for a penetrating crime (forcible sodomy). The remaining NJPs were for non-penetrating crimes or other misconduct.

SAPR Environment and Program

DoD and SAPRO Missions

DoD Mission

- The Department of Defense prevents and responds to the crime of sexual assault in order to enable military readiness and reduce - with goal to eliminate - sexual assault from the military

SAPRO Mission

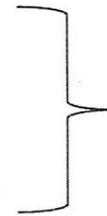
- SAPRO was established in 2005 to serve as the DoD's single point of authority, system accountability, and oversight for the sexual assault prevention and response program, except for:
 - Criminal investigative matters that are the responsibility of DoD IG
 - Legal processes that are the responsibility of the Judge Advocates General of the Military Departments

DoD SAPR Program Foundation

- Sustain multi-pronged approach – no single “silver bullet” solution
 - Requires sustained progress, persistence, innovation, and multi-disciplinary approach in prevention, investigation, accountability, victim assistance & assessment
- Expand prevention efforts to reinforce cultural imperatives of mutual respect and trust, team commitment, and professional values
- Recognize that sexual harassment is strongly correlated with sexual assault
- Ensure victim focus to help overcome vast underreporting
 - Every victim needs to be treated with respect, dignity, and sensitivity
 - Reporting is an essential bridge to victim care and accountability
- Sustain commitment to holding offenders appropriately accountable – we are improving investigative and accountability efforts through Special Victims Capability, UCMJ Panels, and comprehensive oversight actions
- Continue to educate frontline commanders and leaders at all levels and hold them accountable in establishing a culture of dignity and respect

Sexual Assault Response Team

- Sexual Assault Response Coordinators
- Victim Advocates
- Medical and Mental Health Providers
- Chaplains
- Unit Commanders
- Investigators
- Judge Advocates
 - Trial Counsel (Prosecutors)
 - Defense Counsel
 - *New for FY 13:* Special Victim Counsel
 - Victim Witness Liaison



*Only these 3
can take
Restricted
Report*

SARC and VA Responsibilities

Sexual Assault Response Coordinator

- Center of gravity for the victim's case
- Coordinates response to victim
- Manages and trains victim advocates
- Reports statistics in Defense Sexual Assault Incident Database
- Serves as program's link to Command
- Not an attorney or legal advisor

Victim Advocate

- Works for the SARC
- Provides direct victim support
- Present whenever victim requests
- Not an attorney or legal advisor

*Both can take
Restricted Reports*

Key Program Points for Providers

Sexual Assault Defined

- Intentional sexual contact, characterized by use of force, threats, intimidation or abuse of authority or when the victim does not or cannot consent.
- The term consists of the following UCMJ Offenses: Rape, Sexual Assault, Aggravated Sexual Contact, Abusive Sexual Contact, Forcible Sodomy (forced oral or anal sex), or attempts to commit these offenses.
- Sexual assault can occur without regard to gender or spousal relationship or age of victim.

Sexual Assault: Consent

- “Consent” means words or overt acts indicating
 - a freely given agreement to the conduct at issue
 - by a competent person.
- An expression of lack of consent through words or conduct means there is no consent.
- A sleeping, unconscious or incompetent person cannot consent.

Consent

- Does not occur when there is a lack of physical resistance or submission due to the accused's use of force, threat of force, or placing another person in fear
- Is not based on the manner of dress of the person involved with the accused
- Is not based on a current or previous dating relationship by itself

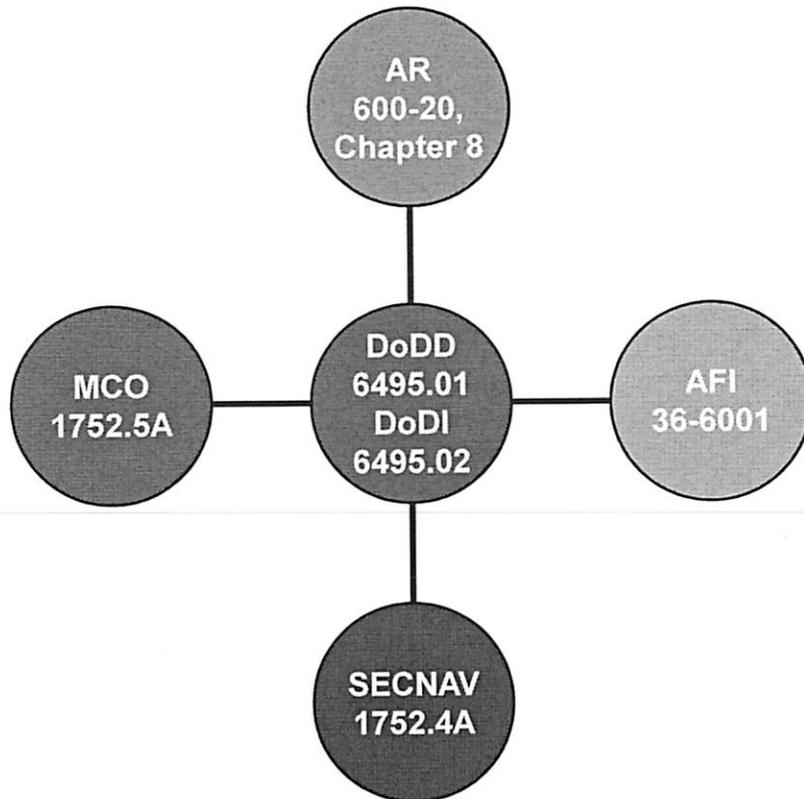
Provider Responsibilities

- You must report all sexual assaults
 - Ensure your clinic's Informed Consent Document addresses this duty
- Your duty to report the crime stems from:
 - Military Rule of Evidence 513, Psychotherapist Privilege
 - Exceptions:
 - (#3) when a federal law, state law, or service regulation imposes a duty to report information contained in a communication
 - (#6) when necessary to ensure the safety and security of military personnel, military dependents, military property, classified information, or the accomplishment of a military mission

Provider Responsibilities

- The regulation that requires you to report:
 - DoD Instruction 6495.02, *Sexual Assault Prevention and Response Program Procedures*:
 - “...the SARC [shall] be notified of all incidents of sexual assault in accordance with sexual assault reporting procedures in Enclosure 4 of this Instruction.
 - (a) Require processes be established to support coordination between healthcare personnel and the SARC.
 - (b) If a victim initially seeks assistance at a medical facility, SARC notification must not delay emergency care treatment of a victim.
- Service regulations also require healthcare personnel to report sexual assaults to the SARC

Related Guidance

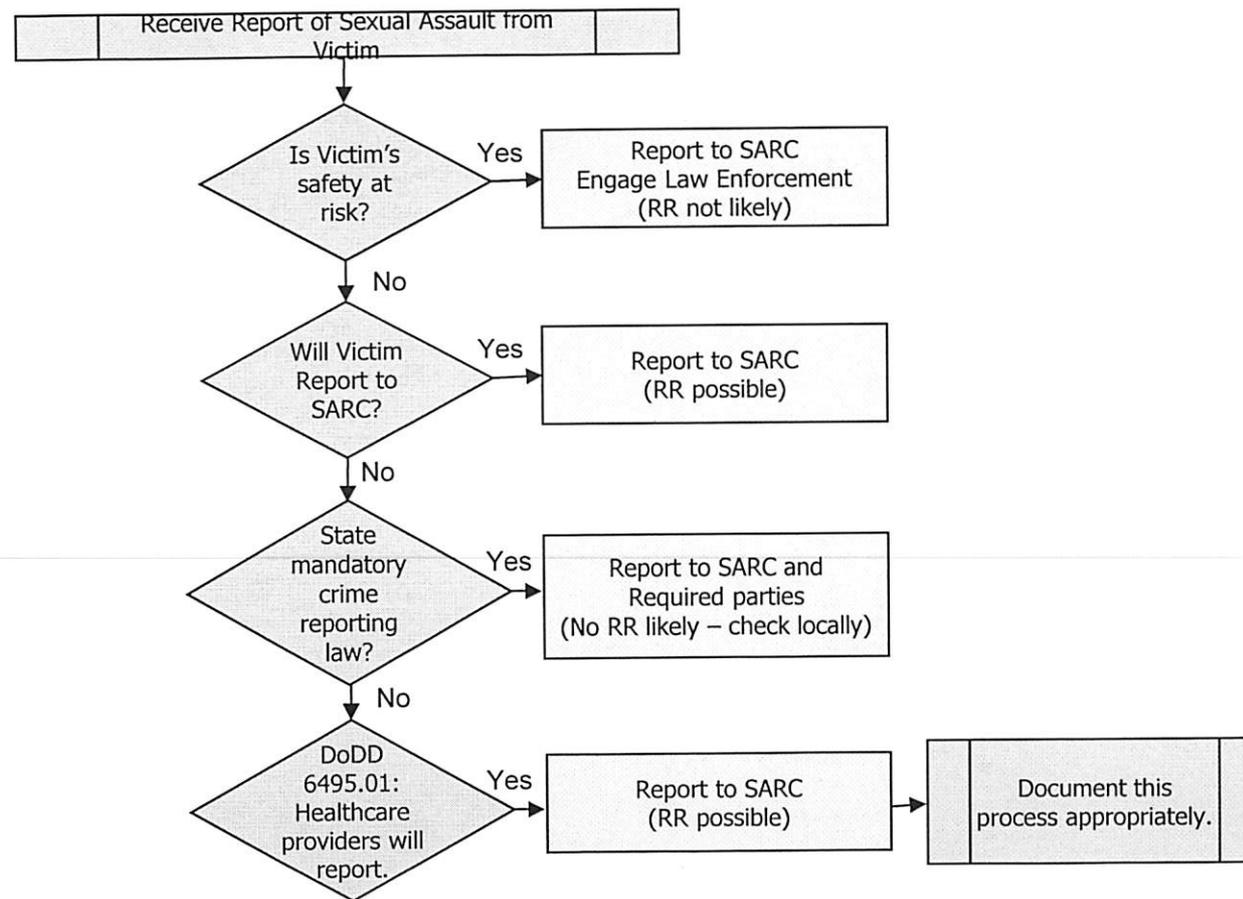


- DoD Guidance:
 - DoD Directive 6495.01
 - *spells out key player roles*
 - DoD Instruction 6495.02
 - *describes the program in detail*
- Primary Service Guidance:*
 - Army: AR 600-20, Ch 8
 - Navy: SECNAV 1752.4A
 - Marines: MCO 1752.5A
 - Air Force: AFI 36-6001

Documents available by searching
“sexual assault” at <http://militaryhomefront.dod.mil>

* Other guidance may exist, especially for health care issues

Healthcare Provider Reporting Process



VICTIM REPORTING PREFERENCE STATEMENT
(Please read Privacy Act Statement before completing this form.)

1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE VA OR SARC

a. I, (*Full name*) _____, had the opportunity to talk with a Victim Advocate (VA) _____ or a Sexual Assault Response Coordinator (SARC) before selecting a reporting option.

b. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED.

INITIALS
 I understand that law enforcement and my command will be notified that I am a victim of sexual assault and an investigation will be started. I understand I can receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic examination to collect evidence if indicated. The full range of victim protection actions may be available to me, such as being separated from the offender(s) or receiving a military protective order against the offender. Any misconduct on my part may be punished, but at the discretion of the commander may be delayed until after the sexual assault charge(s) is resolved.

c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED.

- (1) I understand that I can confidentially receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic exam to collect evidence if needed, but law enforcement and my command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the offender(s) as the result of my report.
- (2) I understand that there are exceptions to "Restricted Reporting" (see back). If an exception applies, limited details of my assault may be revealed to satisfy the exception.
- (3) I understand that if I have not made an "Unrestricted Report" within 1 year of any evidence collected, it will be destroyed and no longer available for any future investigation or prosecution efforts.
- (4) I understand that all state laws, local laws or international agreements that may limit some or all of DOD's restricted

Provider Responsibilities

Assessing your duty to report the crime:

- Fitness for Duty/Commander Directed Evaluations
 - Honor Restricted Reporting requests whenever possible
 - Report the minimum information required to command
 - Check with Medical/Legal Consultant for your facility
- State and Local Reporting Laws:
 - Some states require reporting of crime by healthcare professionals
 - California, Illinois, Colorado
 - This requirement may sometimes prevent a Restricted Report when a SAFE is requested
 - Check with the SARC
 - Check with YOUR licensing board

Provider Responsibilities

1. Assess for safety – and offer to assist a SARC with any safety or risk assessment
 - From attacker
 - Medical status
2. Contact SARC as indicated (see flow chart)
3. Provide mental health treatment as indicated or requested
4. Document the sexual assault
 - Mental Health Chart
 - Limit notes to what is required to justify diagnosis and treatment
 - Take steps to flag pages/entries that reference Restricted Reports
 - AHLTA and/or Outpatient Records – Follow your Service requirements and:
 - Limit notes to what is required to justify diagnosis and treatment
 - Use the “Sensitive” button to protect the record until another, better option is devised
 - Make reference to a Restricted or Unrestricted Report of Sexual Assault in the body of the note, but refrain from highlighting it in headlines or diagnoses
 - v61.1 is not a recommended diagnosis unless spouse/intimate partner abuse is indicated
5. Assist with SAFE kit requests – contact SARC and medical provider

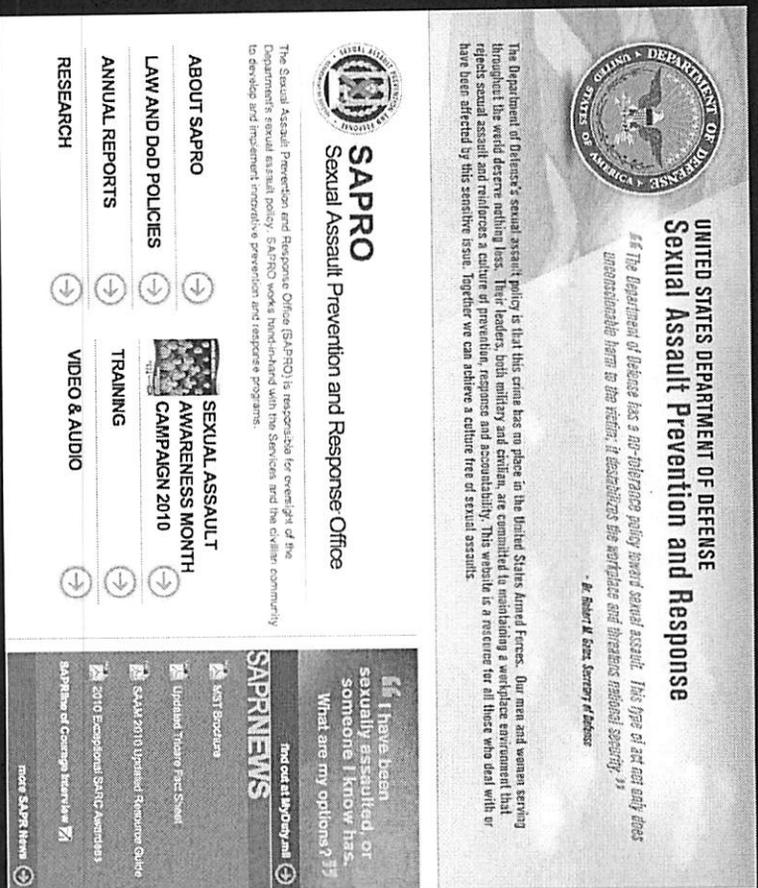
Special Considerations

- Clearances
 - SF 86, Question 21, still requires counseling subsequent to sexual assault to be reported
- Personnel Reliability Program:
 - You can honor Restricted Reporting
 - Keep “sexual assault” out of Potentially Disqualifying Information
 - Instead: describe symptoms, diagnoses and actions to be taken
 - Recommend appropriate action
 - Suspension
 - Temp Decert
 - Perm Decert
- Alcohol Related Incident Referrals to Mental Health

Tips for MH Providers in the ER

- Do not keep victim waiting in open area
- Do not place victim and suspect in same area (cross-contamination)
- Allow a support person in the room as desired by victim
- Doctor and investigator confer:
 - Any specific injuries or types of evidence?
- Do not evaluate the validity of the complaint at this time
 - Watch what you say
 - Be professional

Supporting Websites



The Department of Defense's sexual assault policy is that this crime has no place in the United States Armed Forces. Our men and women, serving throughout the world deserve nothing less. Their leaders, both military and civilian, are committed to maintaining a workplace environment that rejects sexual assault and reinforces a culture of prevention, response and accountability. This website is a resource for all those who deal with or have been affected by this sensitive issue. Together we can achieve a culture free of sexual assaults.

UNITED STATES DEPARTMENT OF DEFENSE
Sexual Assault Prevention and Response

"The Department of Defense has a top-down policy toward sexual assault. This type of act not only does irreparable harm to the victim, it destabilizes the workforce and threatens national security."
- Lt. General M. Gary Sawyer, Secretary of Defense

SAPRO
 Sexual Assault Prevention and Response Office

The Sexual Assault Prevention and Response Office (SAPRO) is responsible for oversight of the Department's sexual assault policy. SAPRO works hand-in-hand with the Services and the civilian community to develop and implement innovative prevention and response programs.

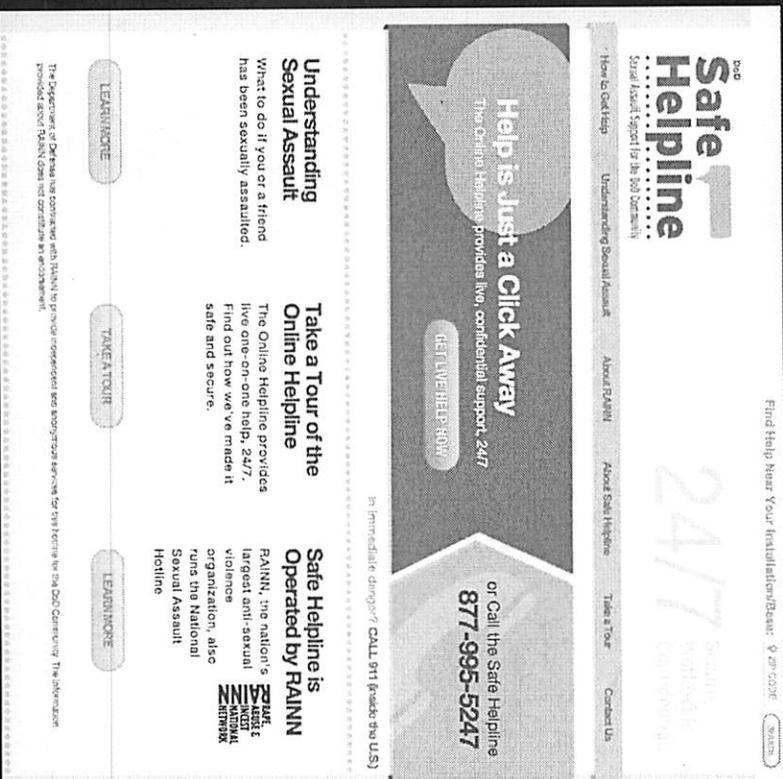
- ABOUT SAPRO
- LAW AND DOD POLICIES
- ANNUAL REPORTS
- RESEARCH
- SEXUAL ASSAULT AWARENESS MONTH CAMPAIGN 2010
- TRAINING
- VIDEO & AUDIO

SAPRINews
 find out at sapromail

- 1st Report
- Updated Threat Force Sheet
- 2010 Exceptional SAPR Awards
- SAPR News of Change

Recent SAPR Items

www.sapr.mil



Safe Helpline
 Sexual Assault Support for the 24/7 Community

How to Get Help: Understanding Sexual Assault | About RAJN | About Safe Helpline | Take a Tour | Contact Us

Find Help Near Your Installation/Post: 9270206

24/7 Helpline

Help is Just a Click Away
 The Online Helpline provides live, confidential support, 24/7

In immediate danger? CALL 911 inside the US!

or Call the Safe Helpline
877-995-5247

Understanding Sexual Assault
 What to do if you or a friend has been sexually assaulted.

Take a Tour of the Online Helpline
 The Online Helpline provides live one-on-one help, 24/7. Find out how we've made it safe and secure.

Safe Helpline is Operated by RAJN
 RAJN, the nation's largest anti-sexual violence organization, also runs the National Sexual Assault Hotline

The Department of Defense has contracted with RAJN to provide responses and support services for this helpline. The information provided below is RAJN's and does not constitute an endorsement.

www.safehelpline.org

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Handling Privileged Communications

- Military Rule of Evidence (MRE) 513 provides some limited protections for patient-therapist communications
- MRE 514 was modeled after MRE 513, and provides limited protections for victim-victim advocate communications
- Both rules of evidence provide minimal protection against disclosure of patient/victim communications
 - Military courts broadly define what the accused may request for a constitutionally sufficient legal defense
 - In most cases, medical and mental health records will be turned over to the defense, should they be requested
 - Military prosecutors rarely object to these disclosures
- In August 2013, the Secretary of Defense directed that every victim of sexual assault will be provided with a special victim counsel, to represent a victim's interest before a court-martial
 - Military mental health providers should work with these representatives, who have been granted "standing" to argue in court on a victim's behalf

Sexual Assault: Myths & Facts

Myth: Commanders are sweeping these cases under the rug by ignoring the complaints of service members and by conducting Commander-led investigations

Fact: DoD Policy requires the Military Criminal Investigative Organizations – Army Criminal Investigative Division (CID), Navy Criminal Investigative Service (NCIS), and Air Force Office of Special Investigations (AFOSI) -- to independently investigate unrestricted reports of sexual assault

Myth: The primary victims of sexual assault in the military are women

Fact: While rates of unwanted sexual contact are higher for women than men, our surveys show that thousands of men are victimized every year; sexual assault is gender neutral

Myth: 3,000+ reports of sexual assault each year means there were 3,000 violent rapes

Fact: Critics frequently incorrectly equate each report to a “rape” when in fact this reflects the full range of sexual assault offenses from rape to abusive sexual contact (groping)

Myth: Civilian jurisdictions prosecute these cases better than the military

Fact: There is no comparable federal, state or local data that substantiate this claim; using the best civilian research, only 14-18% of reported sexual assaults in civilian jurisdictions are prosecuted compared to 22% prosecuted by court-martial in FY12

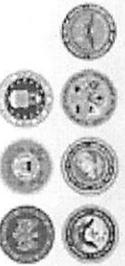
Myth: 1 in 3 military women have been sexually assaulted in their lifetime compared to 1 in 6 civilian women

Fact: 2010 CDC Survey found the risk of sexual assault in military is the same for women in civilian society – roughly 1/3 of all women experience a sexual assault in their life

HURTS ONE. AFFECTS ALL.



**PREVENTING SEXUAL ASSAULT
IS EVERYONE'S DUTY.**



MyDuty.mil

**READINESS
RESPECT**

002758

Questions?

- Ask “what if” questions now!

(There is a quiz following!)

Scenarios

- Friend brings victim into clinic
- Victim discloses that she was sleeping in her tent and woke to find male co-worker sitting next to her
- Chatted for a bit; went to rec area together
- Hugged her behind tent; pulled her down
 - He put his hand down her pants
 - He put his penis in her mouth

Scenarios

- Visiting FOB as part of CSC Team
 - Victim asks to see you privately
 - Victim alleges she was sleeping when a male unit member entered her area
 - Male laid down beside her; had done this before to stay warm
 - He pulled down her pants and put his penis in her vagina
 - She tried to push away, but he was much bigger and couldn't get away
 - Scared; doesn't want to cause problems in unit, this was a very popular guy

Scenarios

- 19yo male sent for commander directed evaluation
 - Performance dropped off; falls behind on patrols
 - Evidence of non-combat cuts across forearms
 - Increased irritability for 3 weeks
 - Refused order to go on recon with squad
- Disclosed he was held down by squad members, penetrated with M-16 barrel and ejaculated on by multiple men
- Doesn't want to press charges against perpetrators – afraid.

Scenarios

- 19 y/o male reports he was at party at hotel in Bahrain
- Was fairly drunk; needed a ride home; friends got him a ride in a taxi
- Passed out on way home
- Woke up in alley with pants down around his ankles; no ID; no money; blood in underwear

Scenarios

- Chaplain calls
 - Has woman who needs to see you
- Chaplain's assistant brings female E-6 victim to you
 - Reports sexual assault by her commander (O-4)
 - Requests kit
- Nearest Level 2 MTF is 400 miles away

DOD Sexual Assault Prevention and Response Office

4800 Mark Center Drive, Suite 07G21

Alexandria, VA 22311

sapro@osd.mil

www.sapr.mil

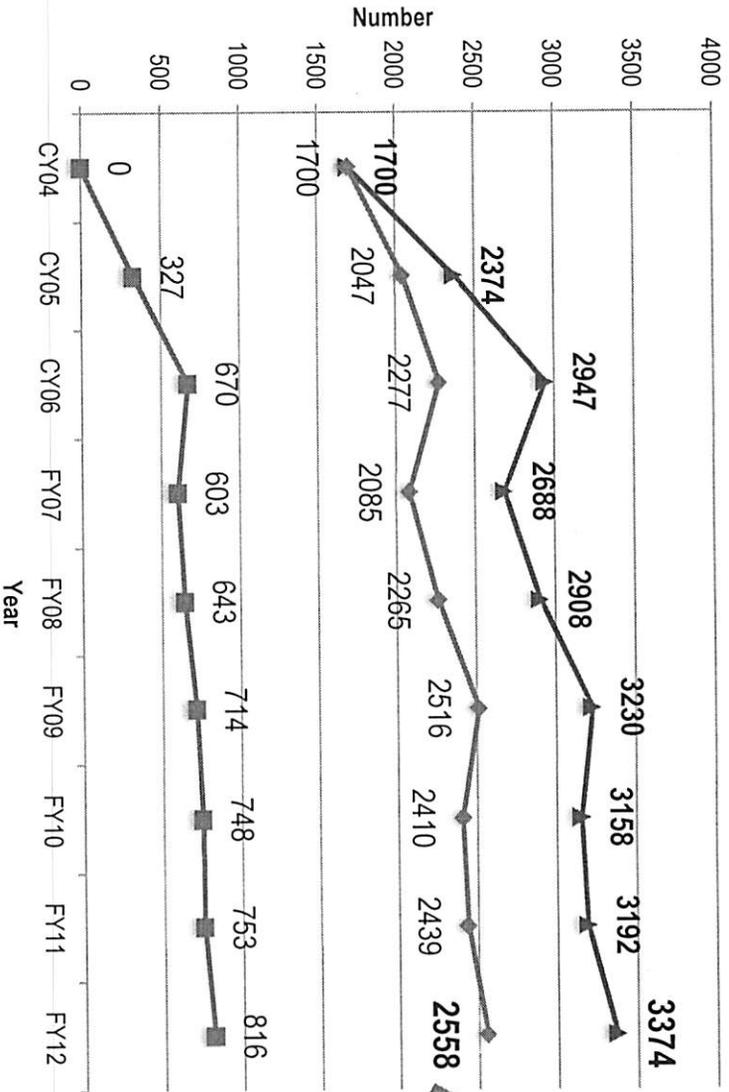
www.safehelpline.org

Back-Ups

Strategic Environment

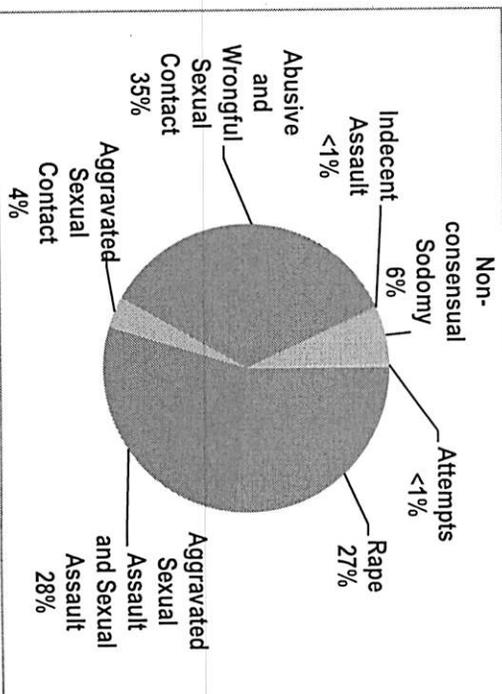
- The Invisible War documentary (released 2012) featured DoD victims; provided compelling depiction of victim trauma and brought issue to the forefront of media and public attention
- The film generated growing cadre of vocal critics who proactively influence Congressional action
- Vocal Congressional issue leaders' greatest concerns are whether military justice system can hold offenders accountable and presumes primacy of prosecution in solving problem.
 - Congressional Military Sexual Assault Caucus generally supports DoD
- High profile incidents reinforce themes of film and drive continued negative attention and support critics' narratives
- Both Secretary Panetta and Secretary Hagel made sexual assault a top priority. Secretary Hagel directed implementation of nine (9) actions following Annual Report release (incl. SAPR stand-down)
- High level of White House (WH) interest and oversight
 - Regular meetings with WH National Security Staff & Health of the Force Working Group
 - Recent hearings (SASC, June 2012) focused on accountability and Commander's role
- US Commission on Civil Rights is focusing their annual report on sexual assault in the military

Reports of Sexual Assault: CY04-FY12



- ▲ Total Reports to DoD
- ◆ Unrestricted Reports
- Reports Remaining Restricted

FY12 Unrestricted Reports:
Most Serious Crime Alleged



- Overall reporting increased 6% from FY11
 - Unrestricted Reporting increased by 5%
 - Reports remaining Restricted increased by 8%
- 121 Reports in FY12 were for an incident occurring prior to service
- Restricted Report Conversions increased from 14.1% in FY11 to 16.8% in FY12

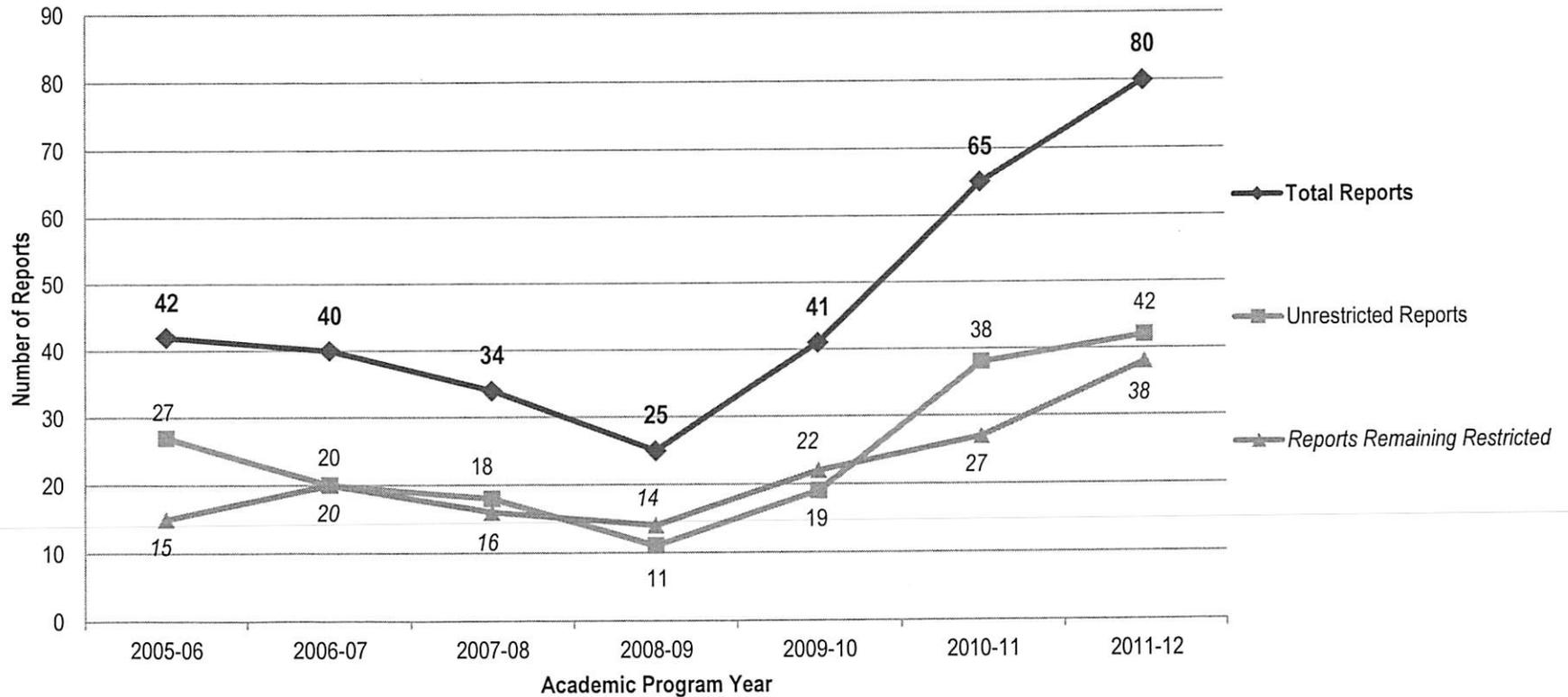
Increased reporting leads to greater opportunities for victim care and accountability.

**Academic Program Year 2011-2012
Annual Report on Sexual Harassment and
Violence at the Military Service Academies**

Military Service Academies: Assessment of Sexual Harassment and Violence

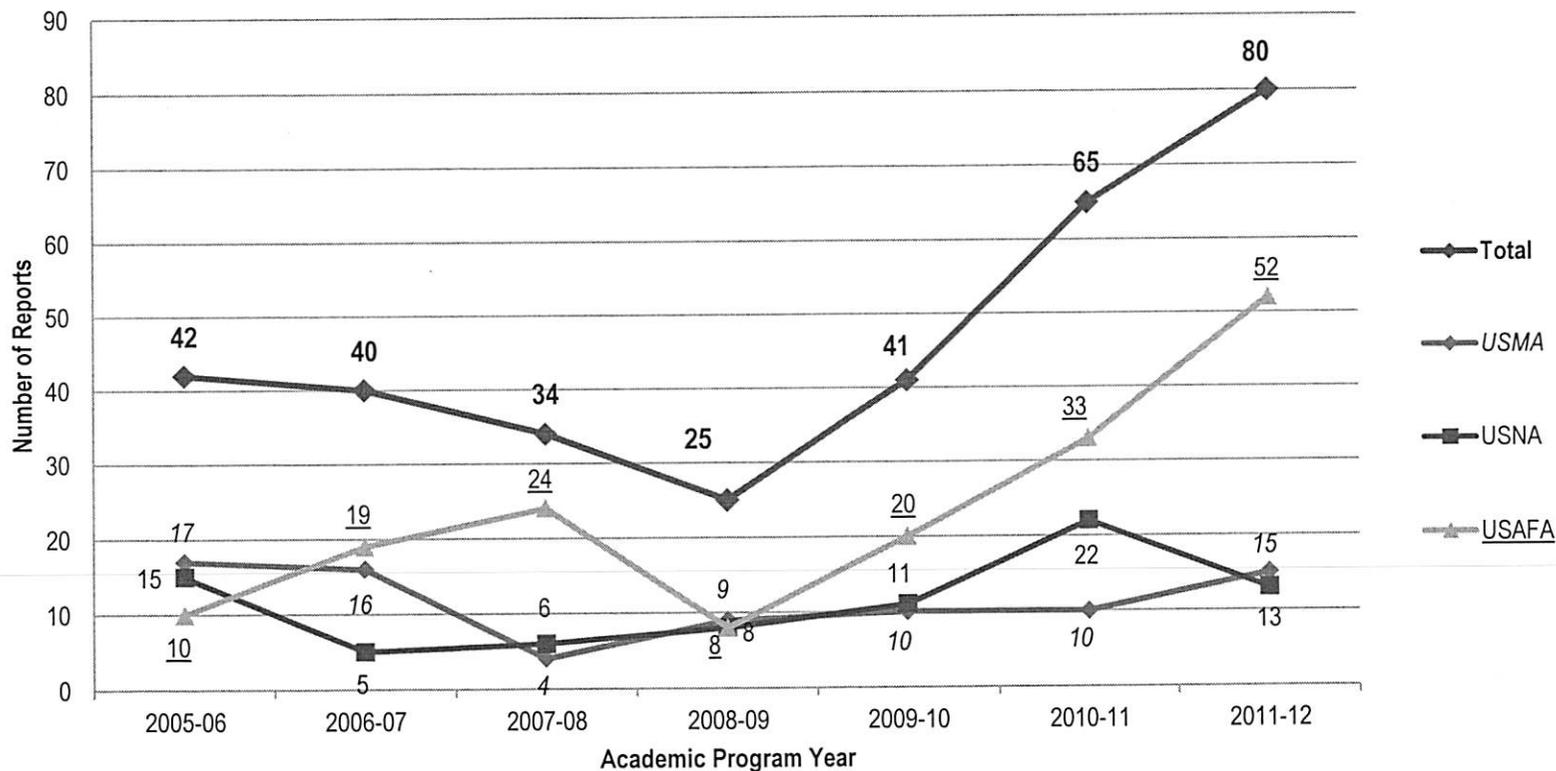
- Compliance with DoD policy is not enough to solve these problems
 - Culture change is the key to eliminating sexual assault and harassment
- Prevalence of sexual assault has not decreased
 - MSA prevalence rates exceed Service prevalence rates by a factor of two to three
- Sexual assault reporting has increased, but due to efforts of one MSA
 - Academy victims in MSA sexual assault reports account for 14% of survey-estimated total victims (on par with DoD)
- Survey: sexual harassment is also experienced by the vast majority of those who experienced sexual assault in year prior to being surveyed
- Pre-service sexual assault indicates increased risk for in-service sexual assault

MSA: Sexual Assault Reports By Report Type



Overall, the number of MSA sexual assault reports have been on an upward trend since APY 2008-09

MSA: Sexual Assault Reports By Academy

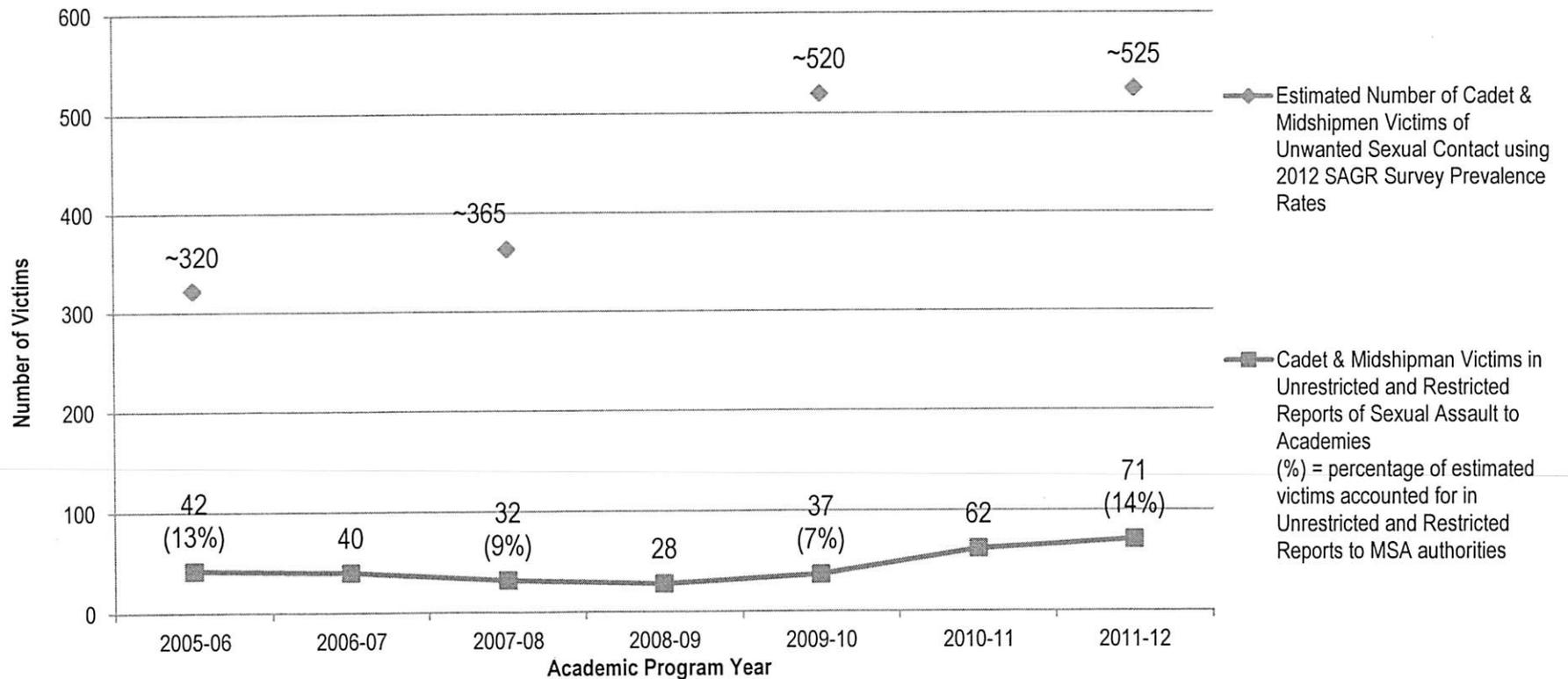


Most of the increase in sexual assault reporting is due to the efforts of USAFA

MSA: Prevalence vs. Reporting

Survey-estimated Victims of Unwanted Sexual Contact* vs.
 Number of Cadet/Midshipman Victims in MSA Reports of Sexual Assault

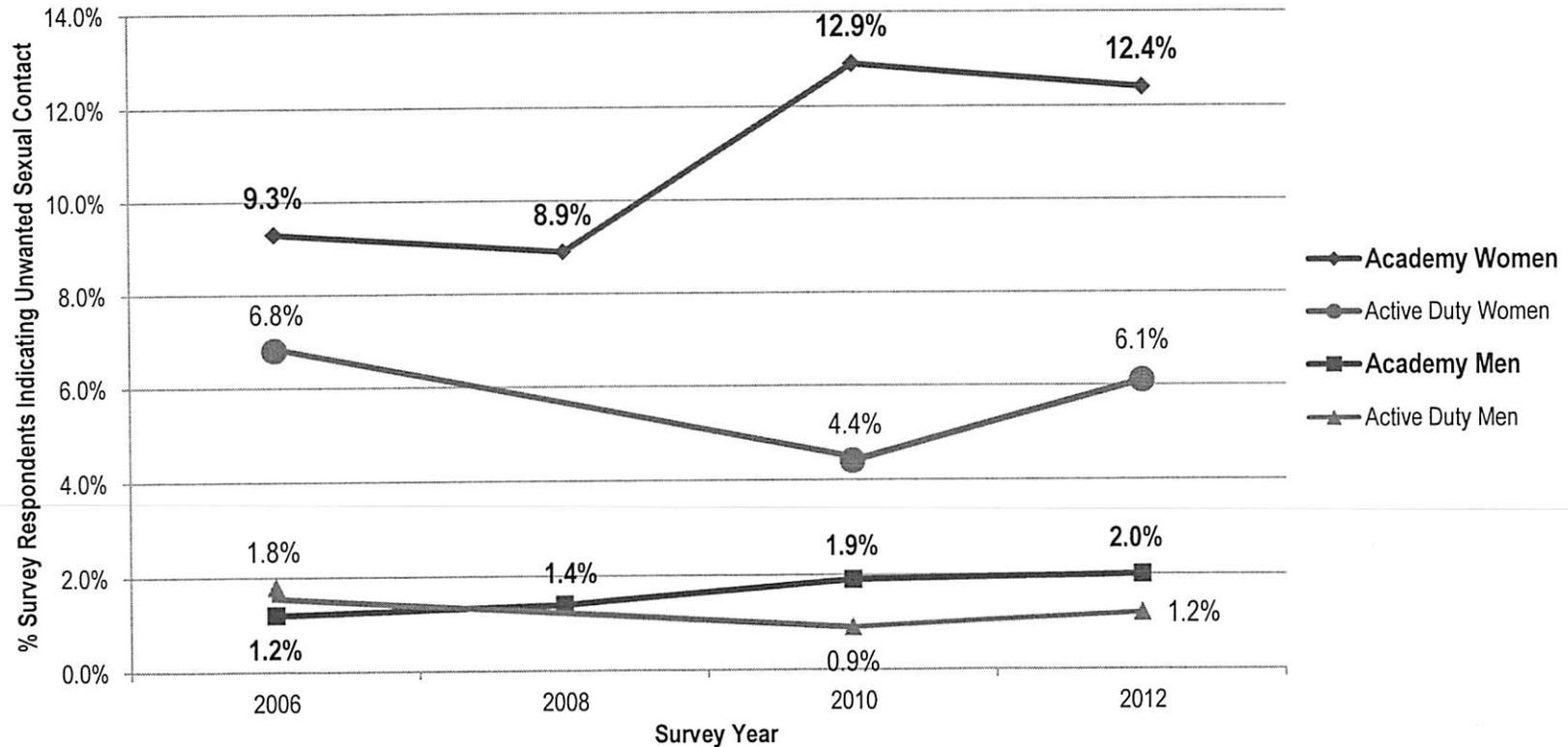
*Survey term capturing UCMJ sexual assault offenses



Cadet and Midshipman victims in reports of sexual assault only account for 14% of the survey-estimated number of victims

Prevalence Comparison

Active Force & Service Academies (2006-2012)
Unwanted Sexual Contact* Measured by Survey Data
*Survey term capturing UCMJ sexual assault offenses



Academy prevalence rates are double Active Duty prevalence rates.

FY12 Annual Report Disciplinary Action Summary

3,288 Total Subjects from Unrestricted Reports (FY12 and rolled over from prior FYs)
- 627 Subject jurisdiction and disposition yet to be determined (rolled to future FYs)

2,661 Subject Dispositions Completed in FY12
- 363 Subjects-Allegations Unfounded by Military Criminal Investigative Organization (Army)

2,298 Potential Perpetrators
- 392 Civilian, Unknown or Deserter Subjects

1,906 Service Member Subjects
- 192 Service Member Under Civilian Jurisdiction

- 31% Court Conviction
- 4% Acquitted
- 12% Case Dismissed
- 57% Pending/No Data

1,714 Service Member Subjects – Command Action Considered

Action Taken:
66%
(1124/1714)

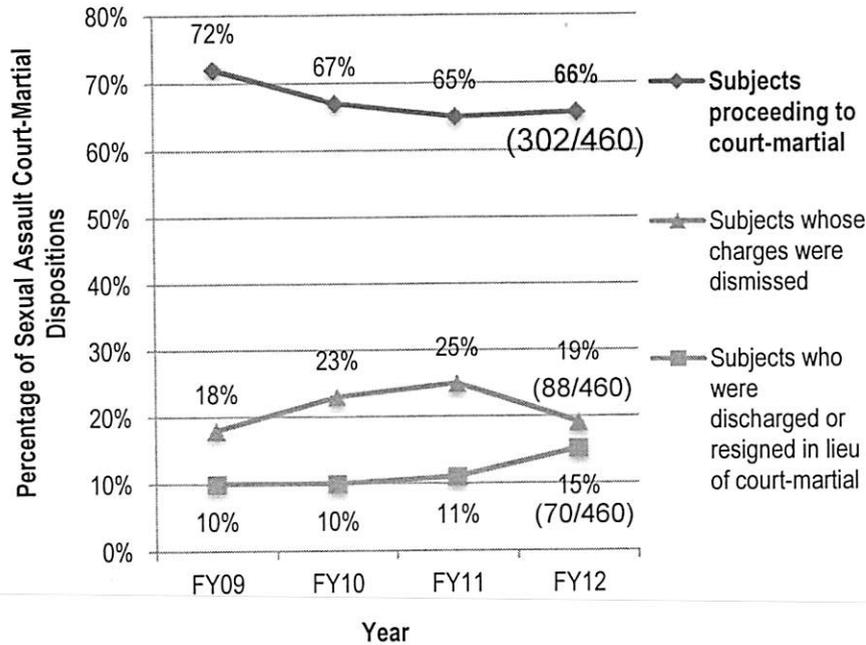
- 594 Court-Martial Charge Preferred
- 158 Nonjudicial Punishments
- 128 Adverse Administrative Actions or Discharges
- 244 Action on Non-Sexual Assault Offenses

- 40% Court Conviction
- 11% Acquitted
- 15% Case Dismissed
- 23% Pending/No Data
- 12% Discharge In Lieu of Court-Martial

- 590 Subjects - Command Action Not Possible or Declined
 - 307 Subjects - Insufficient evidence of a crime to prosecute
 - 196 Subjects - Victims declined to participate in justice system
 - 6 Subjects - Statute of limitations exceeded for crime alleged
 - 81 Subjects - Allegations unfounded by Command (Navy, Marines, Air Force)

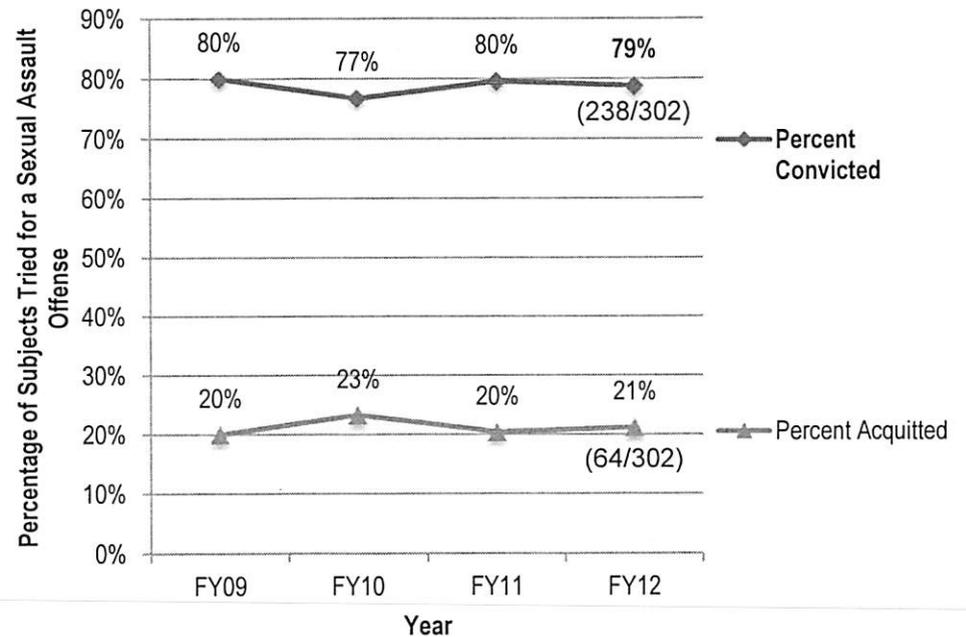
Sexual Assault Court-Martial Outcomes

Pre-Trial Case Dispositions



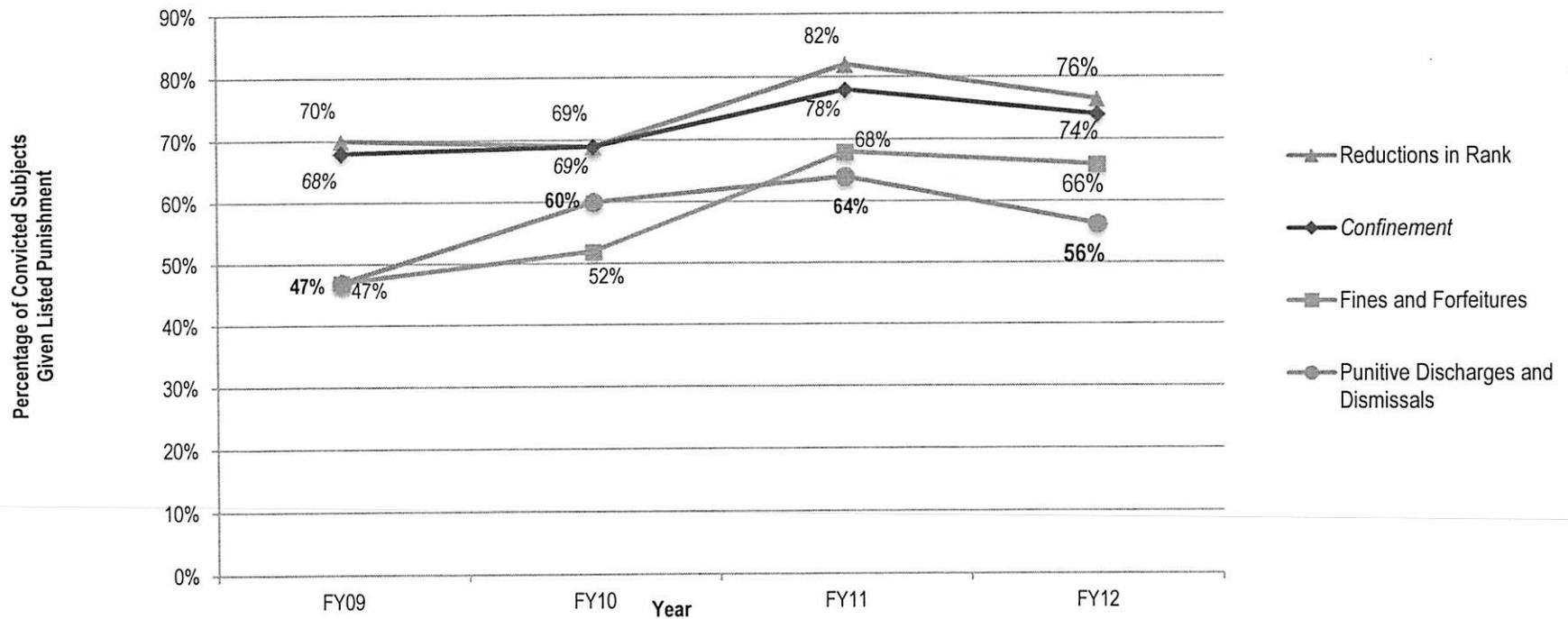
About two-thirds of subjects charged with a sexual assault offense proceed to court-martial

Court-Martial Results



Over the past four years, of the subjects proceeding to court-martial for a sexual assault offense, about 80% are convicted of at least one offense at court-martial.

Court-Martial Punishments* for Cases Proceeding to Trial in FY12



Fewer subjects received the most serious punishments in FY12, as compared with punishments awarded in FY11.

*Convicted members may be awarded one or more punishments.

Why Survey?

- National civilian statistics indicate that sexual assault is “under reported”
 - Determined through surveys of civilian population
 - Most persons indicating they experienced sexual assault also indicate they did not report it to law enforcement
 - Crime reports to police only account for 15 to 20% of what would be expected based on national surveys
- Population surveys help estimate the extent of a problem
 - Centers for Disease Control and Prevention and the Department of Justice conduct periodic, national surveys on sexual assault for this purpose
- SAPRO uses the *Workplace and Gender Relations Survey* to estimate the past-year prevalence of sexual assault and sexual harassment in the military
 - “Unwanted sexual contact” is the survey term for the crimes that constitute sexual assault under military law
 - Survey research shows that terms like “rape” and “sexual assault” have different meanings to people
 - Unwanted sexual contact uses specific behaviors, instead of offenses, to improve consistency in item response

Unwanted Sexual Contact (USC)

- Definition and measure of USC in the WGRA:
 - USC is measured by asking members to refer to experiences in the past 12 months in which they experienced any of the following intentional sexual contacts that were against their will or which occurred when they did not or could not consent:
 - Sexually touched them (e.g., intentional touching of genitalia, breasts, or buttocks) or made them sexually touch someone;
 - Attempted to make them have sexual intercourse, but was not successful;
 - Made them have sexual intercourse;
 - Attempted to make them perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful; or
 - Made them perform or receive oral sex, anal sex, or penetration by a finger or object.
 - A member is counted in the USC prevalence rate if he or she replied “yes” to any of the behaviors listed.
- USC one situation:
 - On the survey, members who had indicated they experienced USC were asked to consider the “one situation” occurring the past 12 months that had the greatest effect on them. With that one situation in mind, members then reported on the circumstances surrounding that experience (e.g., who were the offenders, where did the behaviors occur, were drugs/alcohol involved, was the experience reported, were there any repercussions because of reporting the incident).

SAPR Mission, Lines of Efforts and Objectives

Mission: The Department of Defense prevents and responds to the crime of sexual assault in order to enable military readiness and reduce—with a goal to eliminate—sexual assault from the military.

Lines of Effort

Objectives

Communication – Communicate DoD's efforts to support victim recovery, enable military readiness, and reduce—with a goal to eliminate—sexual assault from the military.

Prevention - Deliver consistent and effective prevention methods and programs.

Investigation - Achieve high competence in the investigation of sexual assault.

Accountability - Achieve high competence in holding offenders appropriately accountable.

Advocacy – Deliver consistent and effective victim support, response, and reporting options.

Assessment – Effectively standardize, measure, analyze, and assess program progress.

Cultural imperatives of mutual respect and trust, professional values, and team commitment are reinforced to create an environment where sexual assault is not tolerated.

Investigative resources yield timely and accurate results.

Perpetrators are held appropriately accountable.

DoD provides high quality services and support to instill confidence, inspire victims to report, and restore resilience.

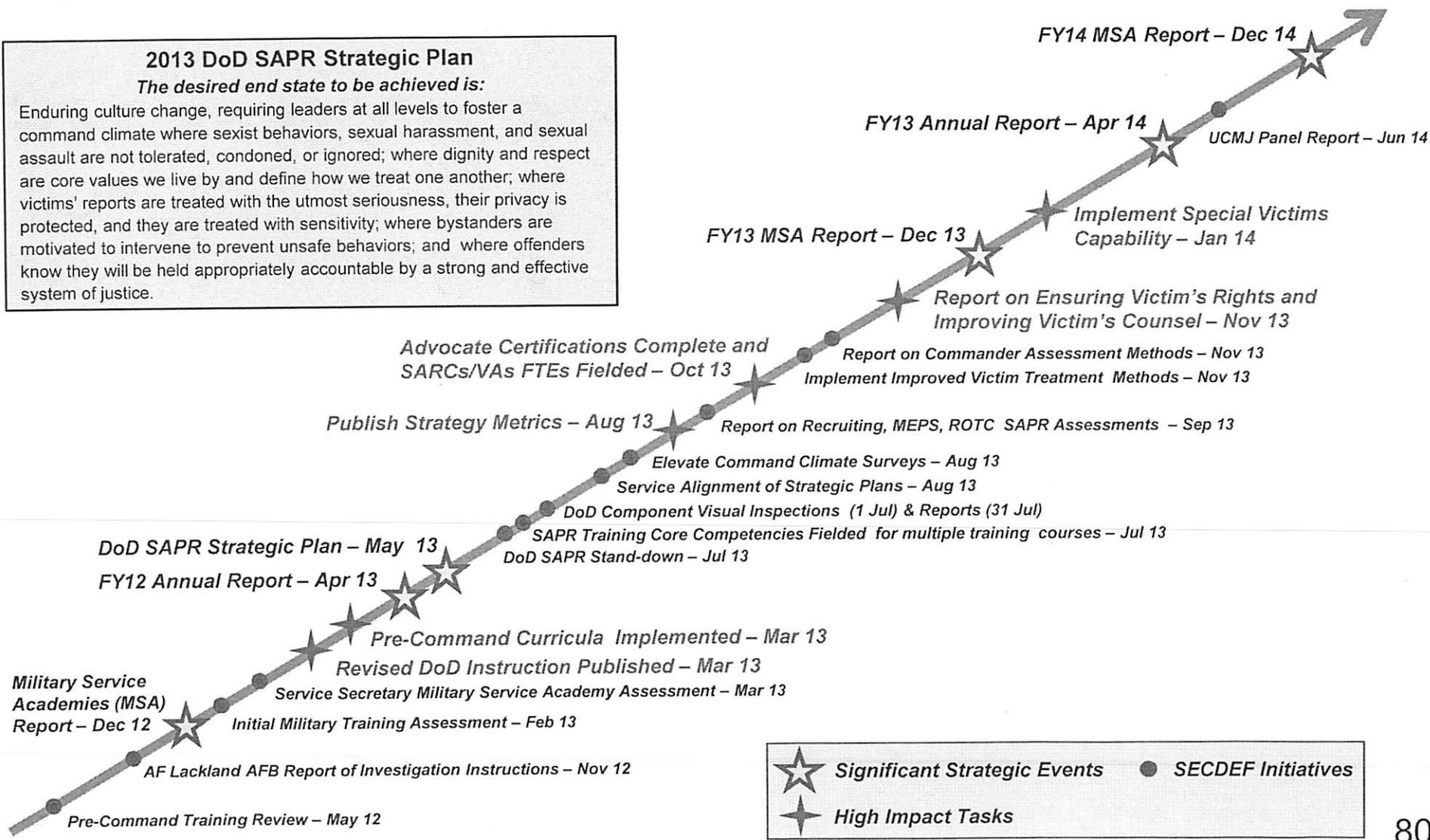
DoD incorporates responsive, meaningful, and accurate systems of measurement and evaluation into every aspect of SAPR.

DoD SAPR Next Steps

2013 DoD SAPR Strategic Plan

The desired end state to be achieved is:

Enduring culture change, requiring leaders at all levels to foster a command climate where sexist behaviors, sexual harassment, and sexual assault are not tolerated, condoned, or ignored; where dignity and respect are core values we live by and define how we treat one another; where victims' reports are treated with the utmost seriousness, their privacy is protected, and they are treated with sensitivity; where bystanders are motivated to intervene to prevent unsafe behaviors; and where offenders know they will be held appropriately accountable by a strong and effective system of justice.



Prevention

Major Initiatives Completed

- Services launched a wide range of enhanced training programs using interactive and adult learning methods and emphasizing bystander intervention
- Published revised DoD Sexual Assault Program policy, enhancing procedures and standardizing DoD SAPR efforts
- Standardized SAPR core competencies and learning objectives are being taught in DoD-wide pre-command and senior Non Commissioned Officer (NCO) training courses
- In May 2013, SecDef ordered a DoD-wide visual inspection of workplaces, along with a SAPR stand-down to re-train and review the qualifications of current-serving recruiters and responders

Ongoing and Future Actions

- Services conducted SecDef-directed evaluations of their respective initial military training environments and Military Academy SAPR programs; the results are under senior leader review.
- Standardized SAPR core competencies and learning objectives are under development for SAPR training courses for basic training, victim advocates, and continuing professional military education
- Expanding research on effective support services and preventive programs for male sexual assault victims
- Conducted formal review and revision of the SAPR Prevention Strategy
- Conducting outreach with targeted universities, communities, and experts in advocacy groups on prevention program best practices

Investigation

Major Initiatives Completed

- Revised Sexual Assault Forensic Exam kit to improve victim care and align evidence collection with national standards
- Implemented DoD policy to retain investigative documentation for 50 years for Unrestricted Reports
- Published new DoD policy on sexual assault investigation standards, requiring that all sexual assault investigations are conducted by independent and professional Military Criminal Investigative Organizations (MCIO)
- DoD IG conducted a review of sexual assault investigations for investigative sufficiency and compliance, which included a review of over 500 closed cases from 2010

Ongoing and Future Actions

- Developing policy for Special Victim Capability, in accordance with FY13 NDAA, which will include standardized selection, training, and certification standards for Special Victim investigators
- DoD IG conducting a review of Sex Offender Registry Programs and compliance with the Sex Offender Registration and Notification Act (SORNA)
- DoD IG will conduct a review of sexual assault investigations from 2012 closed cases for investigative sufficiency and compliance

Accountability

Major Initiatives Completed

- Services and NGB fielded specialized personnel and/or teams such as Complex Trial Teams, Special Victim Prosecutors and Trial Counsel Assistance programs to deliver enhanced capability in the prosecution of sexual assault cases
- Elevated initial disposition decisions to O-6 level (Colonel or Navy Captain) for cases of rape, sexual assault, forcible sodomy and attempts
- Air Force launched a pilot Special Victim Counsel program to provide victims of sexual assault legal representation during all phases of investigation, prosecution, and victim recovery
- DoD General Counsel conducted a review of UCMJ Article 60; this review will inform SecDef decisions on post-trial powers of court martial convening authorities

Ongoing and Future Actions

- Developing policy for Special Victim Capability, in accordance with FY13 NDAA, which will include standardized selection, training, and certification standards for Special Victim prosecutors and paralegals
- Establishing and supporting the FY13 NDAA-mandated independent Response Systems and Judicial Proceedings Panels

Advocacy - Victim Assistance

Major Initiatives Completed

- Launched DoD Safe Helpline to give victims 24/7 global access to crisis support staff
- Implemented expedited transfer policy for victims making that request
- Enacted Military Rule of Evidence 514 improving protection of communications between victims and advocates
- Conduct recurring Survivor Summits to ensure policy making is informed by the voices of victims
- Expanded the DoD Safe Helpline to include a moderated Safe HelpRoom to advance victim support services

Ongoing and Future Actions

- Implementing DoD SARC/VA certification program with National Organization for Victim Assistance
- Expanding Service manning of full-time equivalent SARC and VA positions to all brigade or equivalent units, as directed in NDAA FY12
- Standardizing core competencies and learning objectives for DoD-wide training of SARCs and VAs
- Developing means for retaining documentation associated with Restricted Reporting for 50 years, while maintaining victim confidentiality

Assessment

Major Initiatives Completed

- Established SAPR Integrated Process Team, comprised of senior OSD and Service SAPR program managers, as a standing body that meets regularly to review and advise on SAPR matters
- Added sexual assault questions to DoD Command Climate Surveys and implemented policy to conduct assessments within 120 days for new commanders and annually thereafter
- Fielded Defense Sexual Assault Incident Database as record system for sexual assault case management and data collection
- Conducted inaugural Joint Chiefs of Staff quarterly SAPR Joint Executive Council (Nov 2012) as DoD's senior standing military oversight body for SAPR matters
- Conducted the inaugural General Officer/Flag Officer Tri-Service Council on Recruit Basic Training in April 2013, which was informed by findings and recommendations from Service initial military training environmental assessments.

Ongoing and Future Actions

- Conducting weekly SecDef-chaired SAPR accountability and assessment meetings with senior DoD leaders
- Continue to prepare two NDAA-mandated annual SAPR reports to Congress
- SAPRO and Services are assessing delivery of SAPR Services in joint base environments.
- SAPRO and NGB intend to assess the National Guard Bureau SAPR program.

National Guard Reports

- Active duty Army and Air Force data include National Guard incidents that occurred while the victim was on active duty orders, and reported when the victim was in either Title 10 or Title 32 status.
- Sexual assault reports received by National Guard SARCs and SAPR VAs
 - Report made when victims are in Title 32, State, and other statuses
 - Incident may have occurred when victim was in any status
 - Means for standardizing sexual assault reporting by the National Guard and collecting subject disposition data are under development
- In FY12, 201 sexual assaults not captured by Active Component data
 - Army National Guard: 153 Reports
 - Air National Guard: 48 Reports

National Guard victim demographics align closely with Active Component victim demographics

DoD's Commitment is Clear

“Sexual assault is a despicable crime and one of the most serious challenges facing this department. It's a threat to the safety and the welfare of our people and the health, reputation and trust of this institution.”

“We need cultural change where every service member is treated with dignity and respect, where all allegations of inappropriate behavior are treated with seriousness, where victims' privacy is protected, where bystanders are motivated to intervene, and where offenders know that they will be held accountable by strong and effective systems of justice.”

“All of our leaders at every level in this institution will be held accountable for preventing and responding to sexual assault in their ranks and under their commands.”

- Secretary of Defense Chuck Hagel

Reviews of Sexual Assault in the Military, 2003-2008

- September 2003: **Fowler Commission**
 - Reviewed sexual harassment and violence at US Air Force Academy
 - <http://www.defense.gov/news/Sep2003/d20030922usafareport.pdf>
- April 2004: **Care for Victims Task Force**
 - Recommendations for fundamentally changing how DoD prevents and responds to sexual assault
 - <http://www.defense.gov/news/may2004/d20040513satfreport.pdf>
- 2004: **Joint Task Force – Sexual Assault Prevention and Response**
 - Implemented DoD policies based on recommendations of Care for Victims Task Force
 - DoD Instruction 6495.01, Sexual Assault Prevention and Response Program
 - DoD Instruction 6495.02, Sexual Assault Prevention and Response Program Procedures
 - <http://www.sapr.mil/index.php/law-and-dod-policies/directives-and-instructions>
- June 2005: **Defense Task Force on Sexual Harassment and Violence at the Military Service Academies**
 - Reviewed sexual harassment and violence at US Military Academy and US Naval Academy
 - http://www.defense.gov/home/pdf/High_GPO_RRC_tx.pdf

Reviews of Sexual Assault in the Military, 2008-2010

- 2008: **Government Accountability Office**
 - Engagement 08-296: *The DOD and Coast Guard Academies Have Taken Steps to Address Incidents of Sexual Harassment and Assault, but Greater Federal Oversight Is Needed*
 - <http://www.gao.gov/assets/280/271245.pdf>
 - Engagement 08-924: *DOD's and the Coast Guard's Sexual Assault Prevention and Response Programs Face Implementation and Oversight Challenges*
 - <http://www.gao.gov/new.items/d08924.pdf>
 - Engagement 08-1013T: *Preliminary Observations on DoD's and the Coast Guard's Sexual Assault Prevention and Response Programs*
 - <http://www.gao.gov/assets/130/120945.pdf>
- 2009: **Defense Task Force on Sexual Assault in the Military Services**
 - Reviewed implementation of DoD SAPR policy across the Services
 - http://www.sapr.mil/public/docs/research/DTFsAMS-Rept_Dec09.pdf
- 2010: **Government Accountability Office**
 - Engagement 10-405T: *DOD's and the Coast Guard's Sexual Assault Prevention and Response Programs Need to Be Further Strengthened*
 - <http://www.gao.gov/assets/130/124050.pdf>

Reviews of Sexual Assault in the Military, 2010-2013

- 2010: **Government Accountability Office**
 - Engagement 11-579: *Oversight and Better Collaboration Needed for Sexual Assault Investigations and Adjudications*
 - <http://www.gao.gov/assets/320/319962.pdf>
- 2011: **Government Accountability Office**
 - Engagement 12-571R: *Prior GAO Work on DOD's Actions to Prevent and Respond to Sexual Assault in the Military*
 - <http://www.gao.gov/assets/590/589780.pdf>
- 2013: **US Commission On Civil Rights**
 - Briefing: *Sexual Assault in the Military*
 - http://www.usccr.gov/calendar/trnscrpt/Transcript_01-11-13.pdf
- 2013: **Government Accountability Office**
 - Engagement 13-182: *DOD Has Taken Steps to Meet the Health Needs of Deployed Servicewomen, but Actions Are Needed to Enhance Care for Sexual Assault Victims*
 - <http://www.gao.gov/assets/660/651624.pdf>