



# THE SAPR SOURCE

THE DEFENSE RESOURCE ON SEXUAL ASSAULT  
PREVENTION AND RESPONSE

## SAPRO

Sexual Assault Prevention & Response Office

**“STAND UP AGAINST SEXUAL  
ASSAULT...MAKE A DIFFERENCE”**

### INSIDE THE SAPR LINK:

SAAM	1
What does SAPRO Do?	2
2006 Annual Report	2
Restricted Reporting	2
Director's Corner	3
Past/Current Quarter Events	3

The month of April is recognized nationally as Sexual Assault Awareness Month (SAAM), created to raise awareness and promote the prevention of sexual violence in America. Accordingly, in observation of SAAM, the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) is conducting an annual campaign. SAPRO developed the 2007 campaign in order to highlight DoD and Military Service programs developed to prevent sexual assault in the military and reinforce DoD commitment to ending sexual violence in the military.

The 2007 DoD SAAM theme, **“Stand Up Against Sexual Assault...**

**Make a Difference,**” promotes a climate of respect intolerant of sexual assault and encourages every Service member to join in a cooperative effort to end sexual violence. This year’s theme builds upon last year’s message, *“Sexual Assault Prevention Begins With You.”* SAAM provides a golden opportunity for all commanders to address DoD and Service policies regarding sexual assault prevention and response. These policies establish a climate where victims of

sexual assault can receive care and support and offenders are held accountable for their actions. By conducting a sexual assault awareness campaign, DoD hopes to reinforce our commitment to this issue.

On April 3, 2007, the Honorable David S.C. Chu, Under Secretary of Defense for Personnel and Readiness, will host SAPRO’s annual SAAM event at the Women in the Military for America Memorial located at Arlington National Cemetery. Special guests include keynote speaker Katherine H. Koester, one of the first survivors of acquaintance rape to speak out nationally against sexual assault.

SAPRO encourages each military installation to participate in local SAAM activities. To further support the needs of each Service, SAPRO has designed Service-specific materials in order to garner increased awareness from your command/installation. These materials are available from your local Sexual Assault Response Coordinator or through our website (<http://www.sapr.mil>).

For additional information, visit the National Sexual Violence Resource center at [www.nsvrc.org/saam](http://www.nsvrc.org/saam).

This site will provide you with unique ideas from other communities and tools for your local SAAM events.

- Lori Gavaghan, Senior Analyst

**April is Sexual Assault Awareness Month (SAAM). The 2007 campaign theme “Stand Up Against Sexual Assault...Make a Difference” focuses on creating a climate of respect in which sexual assault is not tolerated.**

### CONTRIBUTORS:

Dr. Bonita Soley, Senior Research Analyst

Teresa Scalzo, Senior Policy Advisor

Carolyn Gavares, Project Manager

Nicole Gallo, Management Analyst

Lori Gavaghan, Senior Analyst

Marci Hodge, Program Analyst



## WHAT DOES SAPRO DO?

The military Services and civilians alike may be inquiring why the Department of Defense created the Sexual Assault Prevention and Response Office (SAPRO). DoD was responding to the Task Force Report on Care for Victims of Sexual Assault (*See [www.sapr.mil](http://www.sapr.mil)*), which recommended that a single point of accountability for sexual assault be established. In response to the recommendation, the Joint Task Force on Sexual Assault Prevention and Response (JTF-SAPR) was stood up to serve as the temporary single point of accountability. Under the leadership of Brigadier General K.C. McClain, JTF-SAPR began an aggressive campaign that led to the release of a series of Directive Type Memoranda which es-

tablished our groundbreaking sexual assault prevention and response policy. The policy created Restricted Reporting, which allows Service member victims to receive medical care and counseling without immediately triggering a criminal investigation or notification of the commander. Other milestones include the publication of DoD Directive 6495.01 in October 2005 and DoD Instruction 6495.02 in June 2006. Finally, the JTF-SAPR transitioned into a permanent office in October of 2005 and Dr. Kaye H. Whitley was selected to be the first Director on January 21, 2007.

SAPRO's primary mission is to serve as the single point of accountability for sexual assault in the military and pro-

vide guidance to the DoD components (including the Military Services), and facilitate the resolution of issues common to all Services and joint commands. Additionally, SAPRO oversees mechanisms to evaluate the effectiveness of the SAPR program throughout the force. SAPRO's vision is to become the benchmark for the nation in creating an organization free from sexual assault by ensuring care and support for victims, increasing prevention efforts through training, and improving system accountability.

SAPRO has developed several initiatives and outreach efforts in order to attain its goals. These initiatives are a part of a three-year plan which

- Cont'd Page 4

## RESTRICTED REPORTING AND CIVILIAN RAPE REPORTING LAWS

Department of Defense Directive (DoDD) 6495.01 and Department of Defense Instruction (DoDI) 6495.02 allow a military member to make a Restricted Report if he or she has been raped. When a victim makes a Restricted Report, any details provided to a healthcare provider, Sexual Assault Response Coordinator (SARC) or victim advocate

will not be reported to law enforcement without the victim's consent. In a number of areas, civilian rape reporting laws have provided a barrier to the implementation of Restricted Reporting. This article is intended as a resource for those attempting to work with civilian communities in implementing Restricted Reporting.

Please note that this document is intended for informational purposes only and does not constitute legal advice.

Although most states do not per se require medical personnel to make a report to law enforcement when they have treated a rape or sexual assault victim who is a competent adult, other state statutes may have the impact of requiring

- Cont'd Page 4



## 2006 ANNUAL REPORT TO CONGRESS

On March 15, 2007, the Department of Defense announced the release of the third annual report on the Sexual Assault Prevention and Response (SAPR) program. The annual report provides a summary of all reported allegations of sexual assault in the military. It includes a compilation and analysis of data from cases in which mem-

bers of the Armed Forces are victims or offenders.

The data indicates that the Department continues to make great progress in establishing a robust and effective sexual assault prevention program. All of the Military Services implemented aggressive education and training programs designed to build an in-

creased climate of trust. This integrated program resulted in 2,947 reported allegations of sexual assault involving a Service member as either a victim or subject. This was a 24% (573) increase from 2005. There were 2,277 Unrestricted Reports in CY 2006. In addition, there were 756 Restricted Reports.

***Restricted Reporting allows a Service member victim to receive medical care and counseling without notifying their commander or law enforcement.***

-Cont'd Page 5



## DIRECTOR'S CORNER

Welcome to the inaugural Sexual Assault Prevention and Response Office (SAPRO) Newsletter. With this quarterly newsletter, we hope to reach out to our partners in the fight against sexual assault and share news and information about the efforts of SAPRO and the Military Services in sexual assault prevention and response.

As the Director of SAPRO, I am proud of the progress made in increasing awareness of sexual assault, improving the delivery of services to victims, and creating a climate of confidence that encour-

ages victims of sexual assault to report. After implementing our new policy on sexual assault prevention and response, the Department of Defense witnessed an increase in reporting which is allowing us to hold more offenders accountable.

I would like to thank the many people who support the efforts of SAPRO and the Armed Services in improving our sexual assault prevention and response efforts.

As we move forward, I hope that you will continue to support us in our fight against sexual assault!

- Dr. Kaye H. Whitley, SAPRO Director (Picture below)



## PAST / CURRENT QUARTER EVENTS

### Past Quarter:

December 2006—Military Service Academy Surveys

February 2007—1st Meeting in the Strengthening Military-Civilian Community Partnerships to Respond to Sexual Assault Project, hosted by the Pennsylvania Coalition against Rape (PCAR) and the Office on Victims of Crime (OVC) in Harrisburg, PA

05-09 March 07—US Air Force Sexual Assault Prevention Symposium

15 March 2007—Annual Report to Congress

### Current Quarter:

03 April 2007—Sexual Assault Awareness Month Observance, "Stand Up Against Sexual Assault... Make a Difference," at the Women's Memorial, Arlington Cemetery

12 April 2007—1st Annual Meeting of the Sexual Assault Advisory Council

April 2007— Military Service Academy Focus Groups or Assessments with Equal Opportunity

### Director's Speaking Engagements:

January 2007—Medical Health System Conference, Washington, DC

27-29 March 2007—2nd Annual Joint Service Victim Advocate Conference at Naval National Medical Center, Bethesda, MD

05 April 2007—DLIFLC SAAM Observance Monterey, CA

### Quote of the Quarter:

*"As we institutionalize and refine each facet of our prevention and response program, we continue to create a climate of confidence and trust where all Service members are afforded respect and dignity and every service member will have the courage to make a difference..."*

*-Dr. David S. C. Chu, Under Secretary of Defense (Personnel and Readiness)*



**What does SAPRO do?, Cont'd from Page 2**

addresses victim care, prevention, and system accountability. Last year, SAPRO focused on victim care and response. The Services also focused on victim care and response as well and appointed Sexual Assault Response Coordinators (SARCs) at all installations, including deployed areas and victim advocates in all units. In addition, the Services trained over one million Service members in the new policy.

This year, SAPRO is focusing on prevention. In July, SAPRO will host the Sexual Assault Prevention Summit: A Collaborative Strategy for the Military. In collaboration with the Services, SAPRO will convene military and civilian experts at the Summit to develop a strategic prevention plan for the military. Next year, SAPRO will focus on system accountability.

SAPRO's outreach efforts include reaching out to the civilian community. SAPRO is currently working with the Pennsylvania Coalition Against Rape (PCAR) on a grant project sponsored by the Office on Victims of Crime (OVC). The project is called "Strengthening Military-Civilian Community Partnerships to Respond to Sexual Assault." The goal of the project is to produce a curriculum that educates civilian advocates on how to work on sexual assault cases involving the military.

Over the last year, SAPRO accomplished many goals and remains committed to advancing its initiatives in the coming year. SAPRO's accomplishments are just the beginning of a cultural change in the military and this country. SAPRO remains committed to eliminating sexual assault in the Armed Forces and maintaining the integrity of this great organization.

-Marci Hodge, DoD Program Analyst

**Restricted Reporting and Civilian Rape Reporting Laws, Cont'd from Page 2**

that a report be made. Laws requiring medical personnel to make a report to law enforcement when they have treated a competent adult rape victim can be broken down into four primary categories: (1) laws that specifically require medical professionals to report the treatment of a rape victim to law enforcement; (2) laws that require the reporting of non-accidental or intentional injuries; (3) laws that require the reporting of injuries caused by criminal conduct; (4) laws relating to other crimes or injuries that may impact rape victims. To see the law in a specific state, please go to the resource section of the Department of Defense Sexual Assault Prevention and Response Office (SAPRO) website at the following link: <http://www.sapr.mil/Homepage.aspx?Topic=Resources&Pagename=reportinglaws.htm>.

**LAWS THAT MANDATE RAPE REPORTING**

California is the only state that explicitly requires medical personnel to report their treatment of a competent adult rape victim. A report must be made to the local law enforcement agency. In Kentucky, spousal rape must be reported to the Kentucky Cabinet for Health and Family Services. Massachusetts requires medical personnel to report to the Criminal History Systems Board and to the police that they have treated a rape victim; however, the report cannot include the victim's name, address or any other identifying information.

**LAWS THAT MANDATE THE REPORTING OF NON-ACCIDENTAL OR INTENTIONAL INJURIES**

In certain states, medical personnel are required to report non-accidental or intentional injuries. If a patient has suffered a non-accidental or intentional injury in addition to the rape, the injury will generally have to be reported. The question which arises in these states is whether a rape must be reported when the patient has suffered no injury other than the rape itself.

**LAWS THAT REQUIRE THE REPORTING OF INJURIES CAUSED BY CRIMINAL CONDUCT**

In certain states, medical personnel are required to report injuries caused by criminal conduct. If a patient has suffered an injury in addition to the rape as a result of the criminal conduct, the injury will generally have to be reported. Again, the question which arises in these states is whether a rape must be reported when the patient has suffered no injury other than the rape itself.

**LAWS RELATING TO OTHER CRIMES OR INJURIES WHICH MAY IMPACT RAPE VICTIMS**

Some states require certain types of injuries to be reported by medical personnel to law enforcement. If a rape victim presents with any of these injuries, medical personnel will be required to report the injury to law enforcement. These injuries may include injuries caused by firearms, stab wounds or non-accidental wounds caused by a knife or sharp pointed instrument, injuries caused with a deadly weapon and burns, among others.

- Cont'd on Page 5



## ***Restricted Reporting and Civilian Rape Reporting Laws, Cont'd from Page 4***

### **DISCUSSION**

In addition to the laws discussed above, many states have enacted statutes that impose requirements in order for the cost of a sexual assault forensic examination to be covered. For example, a number of states have statutes that require that rape be reported to law enforcement before a victim may receive a forensic sexual assault examination without cost to the victim. Some have additional requirements such as time limits for the performance of the examination or cooperation with law enforcement. These statutes should only impact victims when payment is an issue; therefore, they should not be an issue for military members. However, a hospital primarily accustomed to dealing with civilian victims may have a protocol in place that automatically results in a report being made to law enforcement. Therefore, this issue should be addressed when drafting Memoranda of Understanding (MOUs) and / or creating Sexual Assault Response Teams (SARTs).

Rape reporting statutes may be interpreted differently by hospitals, medical providers or courts. When working with victims, remember that the possibility always exists that the rape could be reported due to these varying interpretations. Ideally, questions about reporting requirements should be resolved by MOUs or SART protocols before a rape victim is sitting in an emergency room.

-Teresa Scalzo, Esq., DoD Senior Policy Advisor

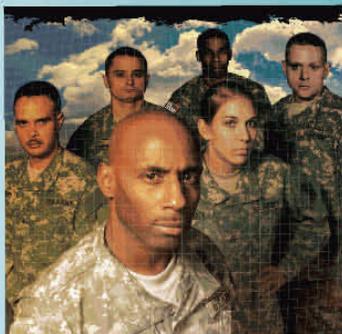
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1. The terms *rape* and *sexual assault* are used interchangeably in this article. For specific definitions of *rape* and *sexual assault*, please refer to state law.
  2. *Competent adult* is used to represent those adults who are viewed by the legal system as competent. Please refer to state law for definitions or interpretations of what constitutes a *competent adult* in a given state.
  3. Note that some medical personnel may interpret statutes differently than this article. For example, some providers in Oklahoma interpret 10 Okl. St. § 7104 as requiring a report to be made when the victim is a competent adult. However, the statute appears in Chapter 71 of Title 10, which is Oklahoma's Child Abuse Reporting and Prevention Act; therefore, an argument can be made that it does not mandate that a report be made when the victim is a competent adult.
  4. Cal Pen Code § 11160.
  5. KRS § 209A.030.
  6. ALM GL ch. 112, § 12A1/2.

## ***2006 Annual Report Cont'd from Page 2***

Of the 2,277 unrestricted reports, the Military Criminal Investigative Organizations (MCIOs) completed 1,402 investigations (62%) by December 31, 2006. The 2007 report will detail the status of the 875 investigations pending completion. Criminal investigations resulted in cases involving 143 unidentified alleged offenders and 54 alleged offenders where either civilian or foreign authorities had jurisdiction. Another 556 alleged offenders had cases that were either unfounded or there was insufficient evidence to prosecute. When the reporting period closed, 780 actions were taken by Commanders in CY06; 289 were from CY06 reports. Cumulatively, in CY06, there were 292 courts-martial (72 were from CY06 reported cases). We thank the Services for their efforts and continuing support in Sexual Assault Prevention and Response Programs.

This third annual report demonstrates the Department's continued commitment to eliminating sexual assault from its ranks by our willingness to confront this issue directly. We thank the Services for their efforts and continuing support.

- Dr. Bonita Soley, DoD Senior Operations Research Analyst



# Stand Up Against Sexual Assault...

## Make a Difference.

1401 Wilson Blvd, Ste. 402  
Arlington, VA 22209

Phone: 703-696-9422  
Fax: 703-696-9437  
E-mail: [SAPRO@wso.whs.mil](mailto:SAPRO@wso.whs.mil)



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Sexual Assault Prevention & Response Office  
[www.sapr.mil](http://www.sapr.mil)