

DEFENSE ADVISORY COMMITTEE FOR THE PREVENTION OF SEXUAL MISCONDUCT (DAC-PSM)

Public Meeting Minutes August 22, 2022

The Defense Advisory Committee for the Prevention of Sexual Misconduct (DAC-PSM) convened for its first public meeting at 12:30 PM EST on August 22, 2022. The meeting took place virtually via a Zoom video teleconference.

Committee Members Present

The DAC-PSM Committee Members present at the August 22 meeting included:

- The Honorable Gina M. Grosso, Chair
- Dr. Antonia Abbey, Ph.D.
- Dr. Victoria L. Banyard, Ph.D.
- Dr. Dorothy J. Edwards, Ph.D.
- Dr. Armando X. Estrada, Ph.D.
- Ms. Stephanie Gattas
- Dr. Debra E. Houry, M.D.
- Dr. Lindsay M. Orchowski, Ph.D.
- Dr. John B. Pryor, Ph.D.
- Ms. Lynn Rosenthal
- Dr. Joann Wu Shortt, Ph.D.
- Ms. Jennifer M. Silva
- Dr. Amy M. Smith Slep, Ph.D.
- Ms. Glorina Y. Stallworth

All DAC-PSM Members were in attendance.

Opening Remarks

The DAC-PSM Designated Federal Officer (DFO), Dr. Suzanne M. Holroyd, opened the Committee's first public meeting by reviewing the Committee's establishment and charter. Dr. Holroyd informed those in attendance that this meeting is being held in line with requirements stated in the Federal Advisory Committee Act (FACA). Those in attendance were reminded that any comments made during the meeting by Committee members are their personal opinions and do not reflect the DAC-PSM, Department of Defense (DoD), or Military Services position. Dr. Holroyd then conducted a roll call of DAC-PSM Members. Dr. Holroyd turned the meeting over to the DAC-PSM Chair, the Honorable Ms. Gina Grosso.

Chair Grosso welcomed the Committee Members and public participants to the Committee's first public meeting and thanked the Members, speakers, and public for their participation. Chair Grosso reminded attendees that activities of all DoD federal advisory committees were suspended in early 2021 due to the zero-based review directed by the Secretary of Defense (SecDef). In September 2021, the SecDef approved the DAC-PSM to resume operations as a federal advisory committee once its charter was amended and members were appointed. She emphasized that the occasion of this first public meeting confirms that the DoD and SecDef view this work as

important, and noted that, given the expertise of the Members, the DAC-PSM is well postured to give the DoD effective recommendations. Chair Grosso then thanked the speakers for participating in the public meeting.

Overview of Public Written Comments

Dr. Holroyd opened the portion of the meeting designated for review of the public's written comments. She noted that the Committee did not receive any public comments (by email or phone) prior to the deadline listed in the Public Register Notice, and thus, had no comments for the Committee to address.

Brief: DoD Accession Process

Dr. Sofiya Velgach, Assistant Director, Accession Policy, Office of the Under Secretary of Defense for Personnel and Readiness, briefed the DAC-PSM on (1) the current accession process and the pathways individuals can take to join military service; (2) the work conducted by the Military Compatibility Research Group (MCRG) to enhance current accession process by reviewing methods for assessing compatibility with military core values and in identifying predictors of misconduct; and (3) the recommendations the DoD is now reviewing and strategies to implement those recommendations as appropriate.

Dr. Velgach detailed the enlisted accessions process and the wide range of standards an individual must meet in order to be qualified for military service. These include age, aptitude, citizenship, education, medical, character, conduct, physical fitness, and drug/alcohol abuse. Specific assessments include the following: Medical assessments, personnel security, cognitive aptitude testing, and psychological assessments. Dr. Velgach displayed an enlisted accessions process map, which detailed the recruiting station, the Military Entrance Processing Stations (MEPS) Phase 1, MEPS Phase 2 (Ship Day), and Basic Military Training (BMT).

Dr. Velgach stated that the accession process begins with a recruiter interview where the recruiter provides an overview of what is involved in serving and gauge the interest of a potential prospect. This is followed by a background investigation and a review of a self-disclosed medical history background. After passing this initial screen, the individual's record is submitted to a specific MEPS, which are geographically dispersed, for further processing.

During the MEPS phase, an individual will undergo a more extensive medical evaluation conducted by a physician. Additionally, applicants complete an aptitude assessment and personality assessment, depending on Service requirements. The Services utilize different forms of personality assessments tailored to the Service needs. Following these results, an individual is given the opportunity to meet with a classification specialist or Service liaison to better understand a particular classification track for a technical career. Dr. Velgach outlined the minimum standards and added that the Services are allowed to have more restrictive standards based on the duties of the role. The Services are also able to determine waivers based on the whole-person assessment.

When looking at the active component, the majority of those who qualify will then be placed in the delayed entry program prior to ship day, which allows individuals to participate in preparatory programs, and provides recruiters the opportunity to ensure individuals remain motivated and are physically and psychologically prepared for the requirements of service. Following the MEPS phase, individuals will be shipped to BMT to begin their service.

Dr. Velgach detailed the officer accessions process which includes Reserve Officers' Training Corps (ROTC), Office Candidate School (OCS)/ Officer Training School (OTS), Direct Commissioning, and the Military Service Academies (U.S. Air Force Academy, U.S. Military Academy, and U.S. Naval Academy). The same standards apply to officers as the enlisted population; however, the main difference is who does the medical evaluation and how elements are assessed. This process also includes opportunities for waivers depending on the whole-person assessment conducted by the Services.

Given the comprehensive accessions process, Dr. Velgach stated that the DoD feels comfortable with the elements included in the current process but noted that there is a need to be in-tune with best practices, understand potential gaps, and continue to modernize and enhance accession processes. To help identify any needed improvements, Dr. Velgach discussed the efforts of the Military Compatibility Research Group (MCRG) which is a cross-service and cross-agency collaborative body formed to focus on reviewing, identifying, developing, validating, and implementing (as applicable) processes, policies, and measures to enhance the Services ability to select future officers and enlisted personnel compatible with military core values.

The MCRG participants include representative from the Military Departments, Military Services, Office of General Counsel, and various DoD research agencies. The goal of early MCRG efforts was to understand where the Military Services stand versus the best practices that are used by similar external organizations with similar missions, including the Central Intelligence Agency (CIA), National Security Agency (NSA), Office of Personnel Management, Department of Labor, and law enforcement agencies.

The literature review conducted by the MCRG found that the best predictors of future misconduct included biographical data, as well as positive and negative traits. Examples of biographical data include alcohol use, tobacco use, behavioral history of misconduct or violence, educational history, and psychiatric history. Traits positively correlated with misconduct include authoritarianism, dishonest, disinhibition, and Machiavellianism. Traits negatively correlated with misconduct include grit, hardiness, and resilience. The MCRG and DoD are working to develop a more standard approach to assessing individual traits.

Dr. Velgach explained that the MCRG is currently reviewing the feasibility of adding a psychological screening or a psychological assessment by a licensed clinician to the accession process. These are currently utilized by the CIA, NSA, and law enforcement agencies. The additional considerations to adding a psychological assessment to the accession process include: (1) instruments predicting incidents with low rate of occurrence have high classification error rates, specifically false positives; (2) disqualification for potential to commit act of sexual aggression can lead to stigma and a requirement to share this information with other federal and local agencies; (3) challenges with providing feedback to the applicant in regards to the disqualification decision, potentially triggering legal cases; (4) no due process for these standards; and (5) applicants are likely to provide socially desirable responses, receive coaching, which will ultimately impact test validity.

Dr. Velgach stated that the next steps for the MCRG is to develop a research design and collect data on a compatibility assessment, on a research basis, to evaluate effectiveness using a cross-Service pre-accession sample, which will allow for important research and intervention

development. This is set to begin at the end of 2023. Correction to the data collection start date is end of FY 2024.

Discussion

Chair Grosso opened the question portion by seeking clarification on when the MCRG was initially formed. Dr. Velgach responded that the MCRG was stood up in 2020 and the recommendations were developed in November 2021. Dr. Velgach informed Chair Grosso that the MCRG is also working to ensure it is staying in line with the recommendations made by the Independent Review Commission (IRC) on Sexual Assault in the Military.

Dr. Estrada asked about the literature review conducted by the MCRG and requested a report documenting the literature. Dr. Velgach responded that this report is not publicly available at this time due to the nature and sensitivity of the information. Dr. Estrada also sought clarification on the biographical data collected that may be pertinent to sexual misconduct history and prevention. Dr. Velgach explained that those who have a conviction for violent crime or sexual assault are not qualified to receive a waiver. During the background investigation, a full record of an individual is reviewed using several federal agencies to ensure a comprehensive understanding of an individual's criminal history.

Dr. Pryor stated that research shows climate factors and organizational factors also impact the prevalence of misconduct, and asked whether the MCRG took these factors into consideration when conducting its research. Dr. Velgach responded that the accession process is solely focused on individual elements; however, the second presentation was to focus on the climate and situational factors.

Dr. Shortt asked if an applicant came in with a criminal history of prior sexual assault, would that information be available and be able to take into consideration during the accession process. Dr. Velgach confirmed that information would be taken into consideration and if an individual was convicted of sexual assault, it would disqualify that individual from receiving a waiver. Dr. Velgach further stated that an individual can be denied a waiver without a conviction as well.

Chair Grosso asked Dr. Velgach to clarify why the data collection to be conducted by the MCRG was not set to begin until the end of 2023. Correction to the date is end of FY 2024. Dr. Velgach stated that they are looking at opportunities to expedite that timeline but are aiming to be realistic in setting deadlines.

Dr. Banyard noted that some of the measures Dr. Velgach stated that the MCRG is trying to capture are measures that are not clinical assessments, so there is no threshold for them. Dr. Banyard asked if part of the study will be a thorough psychometric analysis to see if it is possible to establish cut offs. Dr. Velgach stated that this is why there has been a critical emphasis on research throughout this process. The goal is to ensure that the composite is reliable, valid, and fair, with appropriate cut off scores.

Dr. Abbey asked about accuracy and safeguards in place given the impact this has on someone's career and record. Dr. Velgach responded that at this point, no operational decisions are being made. The MCRG is seeking to understand if this is a feasible and realistic direction to move toward. Dr. Velgach emphasized that this is why it is critical to have a good research design.

Dr. Houry asked for clarification on how those who have shown resilience (i.e., recovered from substance abuse) are not screened out, but rather provided with the proper resources. Dr. Velgach stated that the situational and climate context is critical to ensuring a comprehensive program within the DoD. At this point, this research is only looking at the pre-accession and accession step.

Dr. Pryor registered his concern that the assessments proposed rely entirely upon self-reports, which have well-known problems associated with them. Dr. Velgach agreed with the self-report nature and the concerns tied to them. She explained that this is one of the reasons why they have pursued the Tailored Adaptive Personality Assessment System (TAPAS) approach. This instrument is designed to decrease the possibility of faking and a socially desirable response.

Dr. Shortt asked if it is possible to utilize an applicant's references to mitigate the limitations of self-reporting. Dr. Velgach states that utilizing an applicant's reference is something that can be considered. However, Dr. Velgach noted that given the population size, this operation would require a significant use of manpower.

Brief: DoD Integrated Prevention

Dr. Andra Tharp, Highly Qualified Expert, Senior Advisor, Office of Force Resiliency, briefed the Committee on DoD's current efforts in sexual assault prevention and integrated prevention. Dr. Tharp stated that there has been a tremendous amount of momentum in recent years, and that has only been accelerated by the recommendations of the Independent Review Commission on Sexual Assault in the Military (IRC). Since the IRC Roadmap was approved, the DoD has been working to build a foundation that includes policy, strategy, governance, and oversight.

Dr. Tharp emphasized that her presentation is focused on primary prevention, which is where the Department has identified the greatest gaps. She stated that DoD defines prevention as efforts to stop a harmful behavior before it occurs by reducing factors that increase risk for the behavior or increasing factors that protect against the behavior. She emphasized that the Department's prevention approach is data-driven and comprehensive.

Dr. Tharp outlined the four-phase evolution of integrated prevention across the Department. Phase 1 is the recognition that sexual assault is a public health issue and that public health science should be applied. Phase 2 is prioritizing the use of proven, effective prevention activities. Phase 3 is quality implementation, which requires supportive leadership and engaged individuals. Phase 4 is integrated prevention, which recognizes that a range of harmful behaviors (sexual assault, harassment, suicide, domestic abuse, etc.) share some risk and protective factors; and that by addressing those shared risk and protective factors, the Department can address multiple forms of violence in a holistic way. Dr. Tharp stated that DoD policy is currently at Phase 4; however, prevention practice on the ground is at Phase 1. She highlighted how current efforts are intended to close the gap between policy and practice.

Dr. Tharp detailed that the DoD's prevention approach is climate focused, integrated, comprehensive, and data-driven. Climate is a central lever for prevention so fostering healthy climates is a key objective. Integrated prevention is defined as taking action to decrease harmful behaviors and lessen the chances of these behaviors negatively impacting readiness and retention. The audience for this work is the entire military community, including Service members, DoD civilians, and dependents. Dr. Tharp noted that as the DoD moves toward an integrated prevention approach, more tools and skill sets are needed to advance this work.

Dr. Tharp proceeded to explain specific DoD prevention initiatives to provide a sense of the direction the Department is moving. In May 2019, the Department released the Sexual Assault Prevention Plan of Action (PPOA) designed to provide a clear and comprehensive way forward for DoD sexual assault prevention. In February 2020, the Prevention Collaboration Forum (PCF) was formed as the governance body to guide implementation of prevention efforts across a range of harmful behaviors, not just sexual assault. The PCF guided the development of the Department's first integrated prevention policy

The Integrated Violence Prevention Policy (DoDI 6400.09) was issued in September 2020. The Violence Prevention Cell (VPC) was formed in October 2020 to serve as the action arm of the PCF and to conduct the day-to-day work with appropriate offices throughout the services.

Dr. Tharp continued to explain that on February 26, 2021, the SecDef directed three Immediate Actions to accelerate prevention efforts and established a 90-Day Independent Review Commission (IRC) on Sexual Assault in the Military. The Immediate Actions included directives to assess compliance of Military Departments with existing policies on sexual assault and harassment, to conduct evaluations at installations showing risk or promise for climate issues, and to establish a violence prevention workforce. The IRC provided its recommendations to enhance prevention of harmful behaviors in July 2021.

To align with the Department's focus on integrated prevention as emphasized by the IRC, the Department developed the Prevention Plan of Action 2.0 in May 2022 as an update to the 2019 PPOA. The new PPOA established a framework for the development, implementation, and evaluation of integrated primary prevention, and ensured prevention guidance aligns with the IRC recommendations approved by the SecDef.

The PPOA 2.0 outlines a two-part framework that includes a prevention process and a prevention system. The prevention process involves understanding the problem, developing a comprehensive approach, implementing effectively, and continuing evaluation. The prevention system is what DoD considers "organizational blind spots" that may impact the effectiveness of prevention. Organizational blind spots could include leadership, prevention workforce, data, resources, and policy. Dr. Tharp stated that, if not addressed, these blind spots can degrade the quality of prevention efforts and noted that the DoD must ensure it has adequately attended to them in order to support and enhance the prevention process.

Dr. Tharp also provided an overview of the On-Site Installation Evaluations (OSIEs) which was one of the SecDef's Immediate Actions directed in February 2021. The OSIEs are innovative, global, and recurring activities to help leaders up and down the chain of command identify key information to support improvements to command climates; not only to prevent sexual assault and harassment but also to prevent other harmful behaviors such as suicide. The OSIEs provide visibility for leaders on where climate may be worsening so that actions can be taken before it reaches a fever pitch, and also where there are best practices that could be exported to other locations. The OSIEs are intended to enhance violence prevention capabilities and support ongoing efforts to implement the recommendations of the IRC.

The OSIE framework was based on analysis of the *Report from the Fort Hood Independent Review Committee*. The OSIEs involved locations displaying the highest presence of risk factors

and in a separate set, displaying the highest presence of protective factors. Dr. Tharp reported that the OSIE visits found compliance with existing sexual assault and sexual harassment response requirements, but that significant gaps existed in prevention capabilities at the ground level. The OSIEs also identified various issues, including the prioritization of mission at the expense of people, lack of accountability, and challenges for access to resources in remote locations. Overall, Dr. Tharp noted that the OSIE findings underscored the importance of implementing the recommendations of the IRC.

Dr. Tharp then addressed the prevention workforce, which is part of SecDef's Immediate Actions and multiple IRC recommendations. As of today, DoD has made progress establishing the guidance and infrastructure for a dedicated, integrated, competent prevention workforce. These efforts have already resulted in foundational training for more than 800 prevention personnel. Using a phased recruitment strategy, more than 2,000 new prevention personnel will be hired at all echelons in most DoD locations over the next six years. Dr. Tharp further noted that over the coming months, DoD will establish a prevention workforce credential, initiate multiple pilot projects to evaluate prevention outcomes, and utilize the Deputy Secretary's quarterly senior leadership forum to review Service progress, resolve challenges, and share best practices.

Discussion

Following Dr. Tharp's presentation, Dr. Edwards asked if there are evaluation tools and strategies in place as initiatives are underway to help interpret contextual factors and the impact they have on the result. Dr. Tharp responded that the Prevention Evaluation Framework was developed to address each element of the PPOA which will help support an apples-to-apples comparison.

Dr. Estrada asked for further information about education and training that is offered to officers and NCOs. Dr. Tharp responded that leadership competencies have been developed with the Library of Congress that are being moved into policy to be the basis to meet the IRC requirement. For the climate assessment, the responsibility will be shifted from the MEO/EO community to the Prevention Workforce.

Dr. Pryor asked for clarification on the IRC recommendation regarding targeted outreach of at-risk service members and whether that outreach was solely focused on those at risk of being victimized, rather than those at risk of being perpetrators. Dr. Tharp responded that both are being looked at. Resources are being provided regardless of what trajectory that individual may be on.

Dr. Slep asked for further information regarding the credentialing process for the prevention workforce, and whether there are mechanisms in place that will allow DoD to shape the workforce before it gets too calcified. She asked about any feedback loop with the workforce to identify potential future improvement needs. Dr. Tharp responded that those who have been trained can access additional training and that the Department is working to include additional competency tests to help individuals who are not meeting the set benchmarks.

Dr. Shortt asked for details on what emerging risk looks like and how the prevention workforce might address within the military environment. Dr. Tharp responded that the prevention workforce would be looking for increases in stress, decreases in cohesion, increases in service members experiencing sexually harassing behavior or racially harassing behavior. These are early indicators of situations heading in the wrong direction. Dr. Tharp added the prevention workforce allows for more targeted prevention aimed at groups that are higher risk.

Dr. Orchowski asked how the training goals are going to help train prevention personnel on not just content but also delivery style. Dr. Tharp responded that this is an area that is being built out. It was noted that the Military Departments may add training to the DoD training, as they know the specific efforts those individuals may be tasked to implement. Dr. Tharp sees this as the next ridge.

Dr. Estrada asked about education and training across the military service life cycle. Dr. Tharp responded that training and education material is being developed for leaders. The Military Departments are the best to speak on those because Title 10 assigns those authorities to them. The DoD is setting the policy, setting the standard, and conducting the appropriate oversight. Dr. Estrada also asked about the composition of the prevention workforce. Dr. Tharp responded that it is primarily civilian. Studies will be underway soon to better understand what is needed in deployed settings.

Dr. Estrada asked if any insight can be provided on future activities related to dependents or families. Dr. Tharp responded that in terms of integrated prevention, this is an upcoming area of focus. According to DoDI 6400.09, military dependent support is considered an essential element of integrated prevention.

Closing Remarks

DFO Holroyd thanked the Members, speakers, and staff for their commitment to the DAC-PSM. With no further issues or comments, the meeting concluded.

Meeting was adjourned at 2:51 PM EST.

CERTIFICATION

I hereby certify, to the best of my knowledge, the foregoing minutes are accurate and complete.

Report Submitted by:

Report Certified by:

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Suzanne M. Holroyd, PhD
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The Honorable Gina M. Grosso
DAC-PSM Chair