

## **APPENDIX C: Response to the U.S. Government Accountability Office's Report on Male Victims**



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## INTRODUCTION

In March 2015, the U.S. Government Accountability Office (GAO) released a report titled “Military Personnel: Actions Needed to Address Sexual Assaults of Male Servicemembers.”<sup>1</sup> The report presents six recommendations for improving the Department of Defense’s (DoD) sexual assault prevention and response (SAPR) services with respect to male Service members. The following document outlines GAO’s recommendations and responds to each with the progress DoD has already made in addressing GAO’s concerns. This document also discusses plans for future DoD action to address male sexual assault victimization.

## GAO RECOMMENDATION 1: DATA-DRIVEN DECISION MAKING

*“To help DOD’s sexual assault prevention and response program realize the full benefit of the data it collects on sexual assault incidents, we recommend that the Secretary of Defense direct the Under Secretary of Defense for Personnel and Readiness, in collaboration with the Secretaries of the military services, to develop a plan for data-driven decision making to prioritize program efforts.”*

DoD integrates responsive, comprehensive, and rigorous systems of measurement and analysis into every aspect of the SAPR program. Over the past few years, DoD has built a foundation of data sources to address male victimization. In the forthcoming years, we will use these information streams to better shape policy and programs for male victims. The following sections summarize current data sources that inform SAPR policy and programs.

### DEFENSE SEXUAL ASSAULT INCIDENT DATABASE

In accordance with the fiscal year (FY) 2009 National Defense Authorization Act (NDAA), DoD created the Defense Sexual Assault Incident Database (DSAID), a secure internet database designed for reporting and case management of sexual assaults committed by or against Service members. Using DSAID, DoD can analyze sexual assault incident data with greater depth and precision than ever before. For instance, DSAID has given DoD greater visibility over the type of sexual assault reports made by male and female victims (Table 1).

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<sup>1</sup> Available at: <http://www.gao.gov/products/GAO-15-284>

**Table 1: Sexual Assault Reporting by Victim Gender and Status**

	Male	Female	Gender Data Not Available	Total
<b>All Reports</b>	1208	4852	71	6131
Service Member Victims	1180	4104	0	5284
<i>Incidents Occurring Prior to Service</i>	98	418	0	516
Non-Service Member Victims	14	731	0	745
Data on Victim Service Status Unavailable	14	17	71	102
<b>Unrestricted Reports</b>	965	3628	67	4660
Service Member Victims	937	2914	0	3851
<i>Incidents Occurring Prior to Service</i>	41	94	0	135
Non-Service Member Victims	14	698	0	712
Data on Victim Service Status Unavailable	14	16	67	97
<b>Reports Remaining Restricted</b>	243	1224	4	1471
Service Member Victims	243	1190	0	1433
<i>Incidents Occurring Prior to Service</i>	57	324	0	381
Non-Service Member Victims	0	33	0	33
Data on Victim Service Status Unavailable	0	1	4	5
<b>Restricted Reports Converted to Unrestricted (Included in Unrestricted Total)</b>	45	288	36	369
Service Member Victims	45	279	0	324
Non-Service Member Victims	0	9	0	9
Data on Victim Service Status Unavailable	0	0	36	36

DoD is exploring analytic options to better understand and summarize the vast amount of information stored in DSAID. Analyses focused on gender differences can inform DoD about the unique needs of male and female victims who report their sexual assault. These analyses can investigate whether significant demographic differences exist between male and female victims and their alleged perpetrators, whether the characteristics of sexual assault incidents vary by victim gender, and whether SAPR response efforts (e.g., referrals and services offered) differ by victim gender. Furthermore, these analyses allow DoD to compare survey data on sexual assault prevalence estimates to reporting statistics.

It is important to note that DSAID only tracks the subset of victims who made a report of sexual assault. The data on male victims may be particularly sparse because male Service members are less likely to report sexual assault than female Service members. As such, DoD relies on scientific population surveys to determine sexual assault prevalence and assess the experience of sexual assault victims.

## WORKPLACE AND GENDER RELATIONS SURVEY/RAND MILITARY WORKPLACE STUDY

From Calendar Year (CY) 2006 to FY 2012, the Defense Manpower Data Center (DMDC) assessed the prevalence of unwanted sexual contact (USC) using the

*Workplace and Gender Relations Survey of Active Duty Members (WGRA)*. USC is the DMDC survey term for the range of sexual crimes between adults, prohibited by military law, ranging from abusive sexual contact to rape. In its earliest iterations, some WGRA estimates were unreportable due to small sample sizes. More recently, DMDC sampled a greater proportion of Service members to allow for detailed analyses on small subsamples of interest, such as men who indicated they had experienced USC.

DoD contracted the RAND Corporation (RAND) to administer the *RAND Military Workplace Study (RMWS)* to determine the prevalence of sexual assault in FY 2014. At the request of DoD, RAND sampled the entire population of active duty women and 25% of active duty men. The unprecedentedly large number of male Service member respondents gave RAND the ability to perform more detailed and reliable demographic analyses compared to past surveys. When describing the new RAND prevalence survey below, we refer to sexual assault, rather than USC, because the RAND survey measure was designed to more closely align with the language used to describe sexual assault crimes under the Uniform Code of Military Justice (UCMJ).

The FY 2014 *RMWS* identified important differences between the sexual assault experiences of male and female Service members. Overall, men are more likely than women to indicate that the sexual assault was perpetrated by multiple offenders and to describe the incident as “hazing.” Male sexual assault victims also indicated that the sexual assault occurred in the workplace and without the use of alcohol. Some male victims who experience such hazing/bullying incidents may not consider making a report because they may not identify the incident as a sexual assault. In addition, men are more likely than women to experience violent or abusive sexual assaults when that assault is penetrative.

Lastly, among both male and female victims, an experience of past-year sexual assault was highly correlated with an experience of past-year sexual harassment; however, the relationship between sexual assault and sexual harassment was stronger for male victims. For more details about gender differences in sexual assault experiences, see RAND’s report in Annex 1.

## SERVICE ACADEMY GENDER RELATIONS SURVEY

DoD assesses the prevalence of USC at the Military Service Academies (MSAs) through the *Service Academy Gender Relations Survey (SAGR)*, administered by DMDC. For the first time in 2014, SAGR sampled the entire population of male and female cadets/midshipmen, generating a much higher number of male respondents than past surveys. The large sample of male SAGR respondents enabled DMDC to conduct more thorough and complete analyses of the experiences of male victims than in past survey iterations. Across the MSA population, estimated past-year prevalence of USC was down significantly for both male and female cadets/midshipmen.

Compared to female cadets/midshipmen victims, a higher percentage of male cadets/midshipmen victims indicated that their sexual assault was a hazing incident and/or that it involved some form of “horseplay,” locker room behavior, or other similar behaviors. Furthermore, compared to female cadets/midshipmen victims, fewer male



cadets/midshipmen victims at each Academy indicated that they or their alleged offender(s) had been drinking alcohol at the time of the incident that had the greatest impact on them. Finally, similar to the *RMWS*, a strong relationship between experiences of sexual harassment/sexist behavior and sexual assault was observed in the 2014 SAGR. For more details about the 2014 SAGR, see DMDC's "2014 Service Academy Gender Relations Survey Report."<sup>2</sup>

## **SURVIVOR EXPERIENCE SURVEY AND MILITARY JUSTICE EXPERIENCE SURVEY**

In 2014, DoD administered the *Survivor Experience Survey (SES)* to examine the experiences of Service members who made a Restricted or Unrestricted Report of sexual assault. The *SES* is the first survey of its kind, providing DoD with greater visibility over male and female sexual assault survivors' experiences with DoD's response process on a continual basis.<sup>3</sup> Furthermore, DoD developed the *Military Justice Experience Survey (MJES)* to learn about survivors' experiences with the justice system. Participant recruitment for the *MJES* will begin in Spring or Summer of 2015 and will proceed on a continual, long-term basis.

## **DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE ORGANIZATIONAL CLIMATE SURVEY**

*The Defense Equal Opportunity Management Institute Organizational Climate Survey (DEOCS)* provides commanders with a unique opportunity to receive anonymous feedback from their unit on a wide variety of topics related to equal opportunity and organizational effectiveness, including the unit's perceptions of command support of the SAPR program. Although between 100,000 and 200,000 personnel take the *DEOCS* each month, respondents may not be completely representative of the force as a whole. Nonetheless, the *DEOCS* is a useful tool, particularly for individual unit commanders, to assess SAPR program progress.

Analyses of *DEOCS* data are presented by gender, which often demonstrate small but important differences between men and women's perceptions of command climate. Overall, Service members perceive a favorable command climate with respect to SAPR; however, male Service members tend to have a more positive view than their female counterparts. To a greater extent than female Service members, male Service members indicated that their chain of command promoted a climate based on "respect and trust" free of sexist behaviors, believed that retaliation against victims of sexual assault was unlikely in their unit, and thought that their command supported sexual assault prevention and response.

## **HEALTH RELATED BEHAVIORS SURVEY OF ACTIVE DUTY MILITARY PERSONNEL**

The *Health Related Behaviors Survey of Active Duty Military Personnel (HRB)* examines health issues relevant to the wellbeing and readiness of the Services. Recent

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<sup>2</sup> Available at: <http://sapr.mil/index.php/research>

<sup>3</sup> Available at: <http://sapr.mil/index.php/research>

analyses of the 2011 survey, sponsored by DoD's Sexual Assault Prevention and Response Office (SAPRO), the Defense Suicide Prevention Office, and the United States Coast Guard, focused on sexual assault victimization and health behavior in the Services. According to the *HRB*, both male and female Service members who experienced sexual assault, both before and after joining the military, were more likely to report suicidal ideation, suicide attempts, and post-traumatic stress than those with no history of sexual assault. Furthermore, those with a history of sexual assault victimization were more likely to indicate that they needed and/or received mental health services than those with no history of sexual assault. However, of those victims who received mental health services, a significant minority (33% among men and 27% among women) perceived that seeking mental health services negatively affected their military careers.<sup>4</sup>

An experience of sexual assault had important implications for the career attitudes of sexual assault victims, particularly among men. Men who experienced sexual assault after joining the military exhibited lower career commitment (as measured by self-reported intent to remain in the military) compared to men who were not assaulted. The difference in career commitment between women who had been sexually assaulted and those who had not been assaulted was not statistically significant.

## SECTION SUMMARY

The breadth of data sources summarized above demonstrates DoD's strong commitment to data-driven decision making. With this solid foundation, DoD's analytic capabilities will continue to grow and become more robust as annual data are collected and trend analyses are conducted.

## GAO RECOMMENDATIONS 2 AND 3: GENDER-SPECIFIC TREATMENTS FOR SEXUAL ASSAULT VICTIMS

*"To help ensure that all of DOD's medical and mental health providers are generally aware of any gender-specific needs of sexual assault victims, and that victims are provided the care that most effectively meets those needs, we are recommending that the Assistant Secretary of Defense for Health Affairs, in collaboration with the services' Surgeons General,*

- Systematically evaluate the extent to which differences exist in the medical and mental health care needs of male and female sexual assault victims, and the care regimen, if any, that will best meet those needs; and*

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<sup>4</sup> While these follow-up analyses did not have sufficient information to determine how respondents' military careers were affected by seeking mental health services, sexual assault produces more trauma symptoms than many other events, even high combat exposure (Kang, et al., 2005). Role of Sexual Assault on Risk of Post-Traumatic Stress Disorder among Gulf War Veterans, *Annals of Epidemiology*, 15, 191-195).

- *Develop and issue guidance for the department's medical and mental health providers—and other personnel, as appropriate—based on the results of this evaluation that delineates these gender-specific distinctions and the care regimen that is recommended to most effectively meet those needs.”*

DoD is committed to fully understanding the needs of both male and female victims to further improve its response services and treatment programs. A review of the research literature, DoD-sponsored research, and extant treatment approaches within the Veterans Administration provides important insights about the different needs of male and female victims. DoD will continue to explore different approaches to best treat sexual assault victims and will issue guidance to expand its current approach.

## REVIEW OF RESEARCH ON TREATMENT APPROACHES FOR MALE VICTIMS

Although men and women experience many of the same psychological difficulties due to sexual assault victimization, they also face distinct challenges.<sup>5</sup> Male victims of sexual assault may have difficulty reconciling their masculine identity—normatively associated with strength and control—with the experience of being a victim.<sup>6,7</sup> Furthermore, male victims may struggle with their sexual identity, and treatment needs may vary depending on victims' sexual orientation and the gender of their perpetrators.<sup>8</sup> As summarized in the prior section, DoD-sponsored research (*RMWS* and *SAGR*) suggests that the nature of sexual assault experienced by men versus women varies in important ways. Overall, men are more likely than women to experience sexual assault allegedly perpetrated by multiple offenders and described as “hazing.”

Widely endorsed myths suggesting that men cannot be raped or should be able to defend themselves against rape likely deter male victims from reporting their sexual assault.<sup>9,10</sup> Male victims may fear that they will face disbelief, blame, and scorn if they choose to report.<sup>11</sup> Additionally, male victims who experience sexual assault during incidents of hazing or bullying may not consider reporting the experience because of the misperception that the incident is not a “sexual” assault. When men do seek medical attention after a sexual assault, they often seek assistance for secondary injuries without revealing the sexual assault that led to those injuries.<sup>12</sup> Research on the civilian

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<sup>5</sup> Peterson, Z. D., Voller, E. K., Polusny, M. A., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review*, 31, 1-24.

<sup>6</sup> Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behavior*, 7, 203-214.

<sup>7</sup> *Ibid.* 5

<sup>8</sup> *Ibid.* 6

<sup>9</sup> Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity*, 13, 211-226.

<sup>10</sup> Morris, E. E., Smith, J. C., Farooqui, S. Y., & Suris, A. M. (2013). Unseen battles: The recognition, assessment, and treatment issues of men with military sexual trauma (MST). *Trauma, Violence, & Abuse*, 15, 94-101.

<sup>11</sup> *Ibid.* 6

<sup>12</sup> Isley, P. J., & Gehrenbeck-Shim, D. (1997). Sexual assault of men in the community. *Journal of Community Psychology*, 25, 159-166.



population suggests that societally-endorsed myths about rape even persist among service providers, including counselors, crisis workers, medical personnel and law enforcement officials.<sup>13,14,15</sup>

Collectively, the research described above suggests the need for improved outreach to male victims and enhanced training for service providers.<sup>16</sup> Expanded training for professionals who work with sexual assault victims can increase awareness and dispel widely endorsed myths about male rape. For example, medical personnel may require specific education on how to examine male victims and collect evidence.<sup>17</sup> Given that male victims may seek medical attention for injuries resulting from a sexual assault without referencing the sexual assault, more subtle ways to ask about and detect medical conditions associated with sexual assault victimization could be incorporated into general medical visits.

Additionally, treatment approaches for male victims may need to address gender and sexual identity issues and externalizing behaviors (e.g., alcohol and drug abuse, angry outbursts, self-harm, etc.) that male victims may exhibit more frequently than female victims.<sup>18, 19</sup> Finally, tailoring treatments may better address the needs of individuals regardless of gender. For example, the circumstances of the assault, the gender of the alleged perpetrator, and the sexual orientation of the victim may be important factors to consider when developing treatment approaches for both male and female victims.<sup>20</sup>

## DEPARTMENT OF VETERANS AFFAIRS' APPROACH TO MALE VICTIMS

In addition to considering empirical research on treating sexual assault, DoD also examines existing treatment programs for sexual assault victims to inform its policies. The Department of Veterans Affairs has a well-known program to treat male and female victims of sexual assault. Along with residential facilities that specialize in sexual assault and male victim care<sup>21</sup>, practitioners at outpatient Veterans Affairs centers across the country treat male victims where they reside. Specialists at the Department of Veterans Affairs emphasize that there is no "one size fits all" treatment approach to treating sexual assault victims. Since each victim has specific needs, the tailoring of

<sup>13</sup> Anderson, I., & Quinn, A. (2009). Gender differences in medical students' attitudes towards male and female rape victims. *Psychology, Health & Medicine*, 14, 105-110.

<sup>14</sup> Donnelly, D. A., & Kenyon, S. (1996). "Honey, we don't do men": Gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence*, 11, 441-448.

<sup>15</sup> Dye, E., & Roth, S. (1990). Psychotherapists' knowledge about and attitudes toward sexual assault victim clients. *Psychology of Women Quarterly*, 14, 191-212.

<sup>16</sup> *Ibid.* 10, p. 6

<sup>17</sup> *Ibid.* 6, p. 6

<sup>18</sup> Cucciare, M. A., Ghaus, S., Weingardt, K. R., & Frayne, S. M. (2011). Sexual assault and substance use in male veterans receiving a brief alcohol intervention. *Journal of Studies on Alcohol and Drugs*, 72, 693-700.

<sup>19</sup> Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomology, and sex differences in the general population. *Journal of Traumatic Stress*, 17, 203-211

<sup>20</sup> *Ibid.* 6, p. 6

<sup>21</sup> Bay Pines Veterans Affairs Healthcare System, located in Bay Pines, Florida at the C.W. Young Veterans Affairs Medical Center is one such center.

treatment approaches should primarily depend on the individual's symptoms and needs. The Department of Veterans Affairs trains providers to recognize the unique experiences of male sexual assault victims, while at the same time appreciating the wide variability in responses to sexual assault.<sup>22</sup>

In recent years, the Department of Veterans Affairs has found it beneficial to offer mixed-gender group therapy in residential facilities while also providing the time and space for same-gender process groups. This approach, however, may not suit the needs of all victims and requires highly skilled providers to manage and deliver patient care in this setting. Some victims may prefer a mixed-gender approach, while others may want to meet with men only or women only. Still others may prefer to solely address the *symptoms* of their sexual assault, and may join groups that focus on general trauma, Posttraumatic Stress Disorder (PTSD), or depression.

## SECTION SUMMARY

Support services for and research on male victims of sexual assault has yet to reach the level of services for and research on female victims. As such, DoD is considering various approaches to close this gap in knowledge and provide specific guidance on treating male victims.

## GAO RECOMMENDATIONS 4, 5, AND 6: ADDRESS MALE SEXUAL ASSAULT VICTIMIZATION IN SAPR TRAINING, COMMUNICATION, AND STRATEGY

*"To address challenges faced by male servicemembers as DOD continues to seek to transform its culture to address sexual assault, we are recommending that the Secretary of Defense direct the Under Secretary of Defense for Personnel and Readiness, in collaboration with the Secretaries of the military services, to:*

- Develop clear goals with associated metrics to drive the changes needed to address sexual assaults of males and articulate these goals, for example in the department's next sexual assault prevention strategy;*
- Include information about the sexual victimization of males in communications to servicemembers that are used to raise awareness of sexual assault and the department's efforts to prevent and respond to it; and*
- Revise sexual assault prevention and response training to more comprehensively and directly address the incidence of male servicemembers being sexually assaulted and how certain behavior and activities—like hazing—can lead to a sexual assault."*

As discussed in the previous sections, DoD sponsors a variety of research initiatives to understand gender differences in sexual victimization. These research initiatives will

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<sup>22</sup> This information was provided by the National Center for PTSD, U.S. Department of Veterans Affairs.

inform prevention strategy and help DoD convey a more realistic picture of male sexual assault victimization in training programs and communications to Service members. Additionally, the Department directed several initiatives to increase outreach to male victims and to evaluate prevention programming.

## DEPARTMENT RESEARCH EFFORTS

DoD has a solid foundation of data sources to inform policy, training, and communication on male victims. The *SES* and the *MJES*, which are administered on a rolling basis, will provide information on the effectiveness of DoD's response process for male and female victims.

Both the *RMWS* and *SAGR* provide important insights about the different experiences of male and female sexual assault victims. Compared to female victims, male victims are more likely to associate their assault with abuse and humiliation, often in connection with hazing incidents. Furthermore, sexual victimization of male Service members is less likely to involve alcohol and more likely to occur in the workplace, compared to sexual victimization of female Service members. In addition, male Service members are more likely than female Service members to experience violent or abusive sexual assaults when that assault is penetrative. For male and female victims alike, those who experience sexual harassment are more likely to experience sexual assault than those with no history of sexual harassment. This correlation is particularly strong for male victims of sexual assault.

One of the primary conclusions coming from the *RMWS* is that many men may perceive and experience sexual assault differently than most women. Men's experiences with sexual assault were not fully understood until the *RMWS* asked about them using specific language and behaviors derived from military law. The results of the *RMWS* indicated that although many men experienced oral and anal penetration, they do not necessarily perceive these acts as "sexual." Instead, many of these acts are consistent with hazing and meant to humiliate the victim rather than to stimulate the alleged offender. Men in these circumstances may see little need for help from a "sexual assault" program or a "victim advocate," because they may perceive these behaviors as non-sexual misconduct. This understanding may require DoD to examine its sexual assault prevention and response system to determine if corresponding program and policy modifications lead to greater reporting by men.

The results of Department-sponsored survey efforts suggest several avenues for improvement of SAPR strategies. DoD can expand awareness of male sexual assault victimization by communicating that hazing and bullying experiences can constitute a sexual assault crime under the UCMJ. Although male Service members account for the majority of the survey-estimated victims of sexual assault, a greater proportion of female victims report their assault (about 43% of women versus about 10% of men in FY 2014). By broadening Service members' understanding of sexual assault and emphasizing that sexual assaults do not necessarily center on sexual gratification of the alleged perpetrator(s), male Service members will be better equipped to recognize and report sexual assault crimes when they occur. Furthermore, greater awareness about male

victimization among leadership and SAPR first responders may help to improve the response process for male victims who do report.

This new knowledge about gender differences in sexual assault experiences can inform prevention strategy and training. Hazing and bullying may be a key area of focus with respect to prevention. Additionally, given that sexual assault victimization is often associated with sexual harassment and gender discrimination, prevention efforts should center on eliminating a broad range of gender-based sexual maltreatment.

## SECRETARY OF DEFENSE INITIATIVES

In May 2014, the Secretary of Defense at the time directed the Secretaries of the Military Departments to take steps to improve reporting and encourage male victims to seek assistance, to include a request that the Secretaries solicit male victim input in the development of these methods. The Services have since acted on this directive and in January 2015, each of the Services provided their implementation plans to DoD. DoD is currently consolidating the submitted plans for review by Secretary Carter. Overall, all four Services resolved to increase the extent to which their prevention, education, and victim outreach efforts include information about male victims of sexual assault.

In December 2014, the Secretaries of the Military Departments were directed to implement the Installation Prevention Project (IPP) to advance DoD's understanding of successful intervention policies. The IPP will track prevention programming across select installations. This effort will help to identify promising practices for sexual assault prevention and allow the DoD to evaluate its prevention efforts.<sup>23</sup>

## CONCLUSION

DoD is committed to a SAPR program that addresses the needs of *all* victims of sexual assault. New DoD research this year revealed the commonalities, as well as the differences, between the experiences of male and female victims. As the GAO recommends, DoD will continue to use data to inform policy, provide treatments that address specific victim needs, and develop new and innovative strategies to prevent and communicate the full range of sexual assault experiences.

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<sup>23</sup> The Public Health Model uses four-steps to address problems like sexual violence. Step 3 involves developing and testing prevention strategies. This approach is known as "evidence-based program planning," and ensures that prevention strategies are rigorously evaluated to determine effectiveness. See Dahlberg LL, Krug EG. "Violence-a global public health problem," In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002:1-56.