
# Appendix E: Safe Helpline Data

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The Safe Helpline (SHL) is the Department of War's (DoW) sole crisis support service specially designed for members of the Department's community affected by sexual assault. SHL is secure, confidential, anonymous,[1] and available 24/7, worldwide. SHL staff provides live, 1-on-1 support to survivors, their families, and other DoW stakeholders. The availability of an anonymous hotline ensures that all victims have a place to safely disclose their assault, express concerns, and obtain information and support.

SHL may be the first place where victims disclose their sexual assault. Victims who may be reluctant to report an assault can contact SHL anonymously and receive crisis intervention services, safety planning assistance, and information about resources and reporting options. As such, SHL is a key source of support for victims who might not otherwise reach out for help through military channels. SHL is also often a first step in the reporting process, serving as a point-of-entry for those considering filing an official report to a Sexual Assault Response Coordinator (SARC) or Sexual Assault Prevention and Response Victim Advocate (SAPR VA).

This summary provides an overview of users served and services provided by SHL in Fiscal Year 2025 (FY 2025). Given the wide variety of users that contact SHL, this analysis sample did not include users who had no military affiliation. FY 2025 analyses are based on 1,155 user comment cards for feedback and 1,415 in-depth assessment forms completed by staff immediately at the end of online and phone interactions (hereby referred to as "sessions"). In addition, app analytics data and supervisors' ratings of staff skills in session are incorporated in this report. No personal identifying information was collected or used in the aggregate data analyses displayed here. This annual evaluation report focuses primarily on understanding user characteristics and concerns through staff session assessment information in order to inform DoW SAPR program and policy improvements.

## Usage and Outreach

[1] Anonymous means that users can access SHL without needing to share any personal information. SHL staff do not ask users for personal information and politely discourage users from sharing information in order to protect users' privacy. Confidential means that even if SHL users choose to disclose personally identifying information with staff, it won't be documented or shared except where required by law.

In FY 2025, there were 18,999 active users (11,760 online and 7,239 by phone ) utilizing SHL for services (see

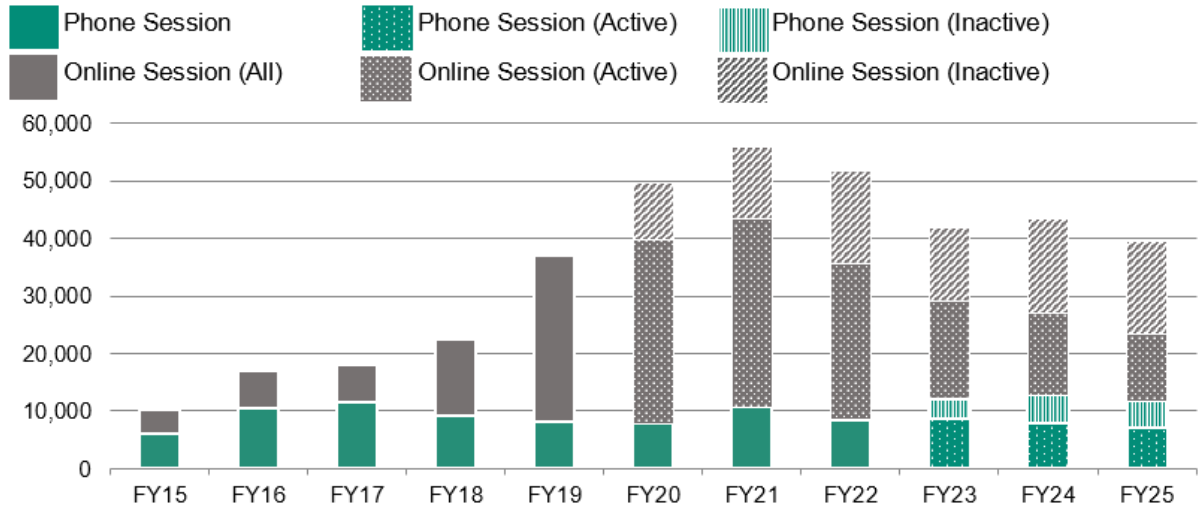


Figure 1 below),[2] representing a 13 percent decrease from the prior year. SHL outreach efforts were temporarily paused from January 24 to March 18, 2025, to facilitate revisions directed by Executive Order (EO) 14168 and 14151 to SHL platforms and materials. This pause in outreach activities may have contributed to the decrease in users contacting SHL during FY 2025.

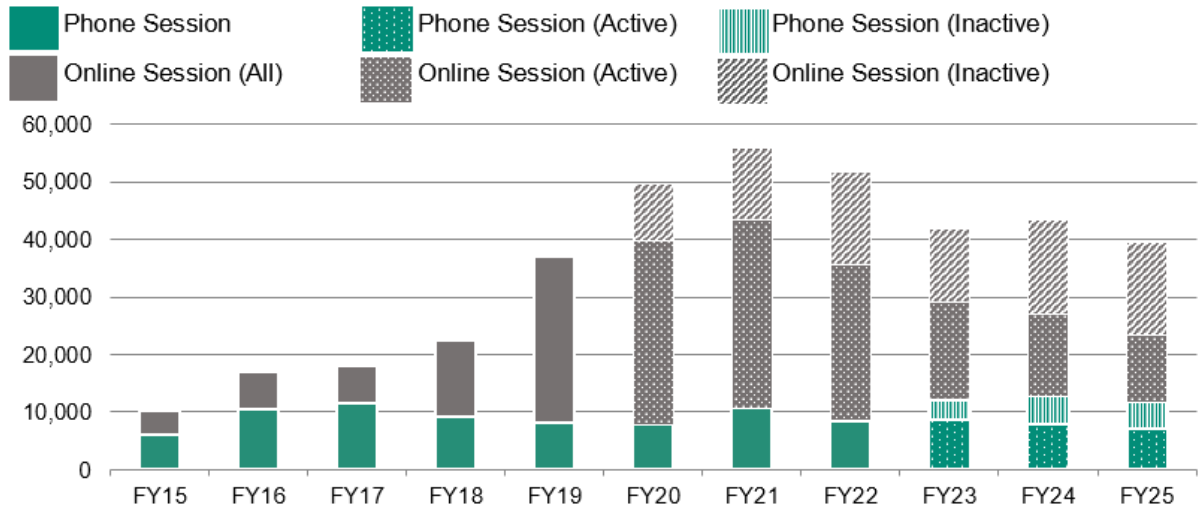


**Figure 1. SHL Online and Telephone User Sessions**

[2] "Active" online sessions refer to chats in which one or more messages were sent by a user, whereas active" phone sessions refers to phone calls in which a caller is connected to the phone Helpline for more than one minute. In contrast, "inactive" online sessions are those in which a user did not send messages after connecting, and "inactive" calls are phone connections disconnected within one minute after the call is answered. Data shown in Figure 1 include only active online sessions beginning in FY 2020 and active phone sessions in FY 2023, whereas years prior include both active and inactive sessions.

Outside of this pause, the SHL team continued to promote awareness of SHL as a unique resource that helps victims, their family and friends, and SAPR programs in the field by conducting outreach activities at individual bases and installations. This year, the SHL team led 35 events, 32 of which were remote and three of which were in person. This was an increase in the number of outreach activities conducted in FY 2024 and was due to additional training support to fulfill Defense Sexual Assault Advocate Certificate Program (D-SAACP) requirements and to the increased availability of live training while the online training underwent EO-directed revisions.

The Department plans to expand its virtual and in-person outreach initiatives. Given the significant growth of the Sexual Assault Response Workforce (SARW), providing comprehensive training on the SHL for new personnel is a strategic priority.

## Phone and Online Sessions

The data in this section include "snapshots" of experiences by SHL users. Since each of these snapshots involves different subsets of SHL users, the Department cautions against drawing broad conclusions about persons using the helpline or about military sexual assault victims in general.

This snapshot analysis is based on anonymous data obtained through phone and online sessions. While some user demographic and experience data are included, SHL does not record personal identifying information nor does SHL report out information that could potentially identify individual users. Information is never solicited; as a result, SHL staff do not always know if callers are currently a Service member, a retired or separated member, or in some other status. Analyses rely on information disclosed during a session and exclude cases with unknown information. Findings are based on 1,415 in-depth session assessments.

### User Characteristics

Users primarily identified themselves as victims contacting SHL to discuss issues related to their own sexual assault: of the 941 sessions in which an event was discussed and user/victim relationship was known, 80 percent identified themselves as victims. In addition to victims, other users identified themselves as friends, family members, and intimate partners of victims. Allied professionals and SARCs seeking information about services also used SHL.

### Events Discussed

- Sessions were primarily focused on incidents of rape and sexual assault (76 percent), while some also involved issues such as physical assault (7 percent), sexual harassment (5 percent), abuse not otherwise specified (6 percent), technology-facilitated abuse (3 percent), and stalking (0.1 percent). The remaining three percent of users discussed some "other" type of event.
- While most events discussed took place when the victim was an adult, nearly 1 out of 6 (14 percent) involved a victim who disclosed he/she was a minor at the time of the incident (e.g., allegations of incest and other forms of child sexual abuse). More than half of these events (57 percent) were discussed retrospectively by adult users. At the time of contact with SHL, 91 percent of users were believed to be adults, as assessed by staff.
- SHL continues to help people dealing with both recent situations and past trauma from many years ago. Of the 463 sessions that referenced the timeframe of the assault, more than half (51 percent) of assaults occurred within the last month prior to the individual contacting SHL, while 26 percent occurred more than five years ago.

- Data suggests that SHL is an important resource for those at risk for re-victimization. Of the 519 sessions that referenced the frequency of assault, 20 percent involved situations that were "repeated and still occurring." The ongoing nature of assault varied by the type of event considered to be of primary importance and emphasis in the session. While 14 percent of sexual assault incidents were considered ongoing, victimization was ongoing for 55 percent of cases in which sexual harassment was the primary event, and for 50 percent of cases in which physical assault was the primary event.
- The victim-alleged offender relationship was discussed in more than half of sessions in which the user discussed an event and identified as the victim (63 percent). Of those who disclosed a relationship, alleged offenders were commonly categorized as a military coworker (22 percent), intimate partner/spouse (22 percent), friend/acquaintance (10 percent), senior Service member (12 percent), family member other than spouse (16 percent), and stranger/person briefly known (five percent). While infrequent, alleged offenders occasionally included friends/partners of a family member (2 percent), medical or service providers (3 percent), and non-military authority figures (1 percent).
- The alleged offender's status as a minor or adult was revealed in more than half of events discussed (55 percent). In these cases, alleged offenders were mostly adults (97 percent), and less often minors (3 percent).

### Disclosure

More than half of victims (60 percent) discussed whether or not they had previously disclosed their assault to another party. Of those that discussed disclosure, more than one-fourth (29 percent) indicated they were disclosing an incident for the first time on SHL, while almost three-fourths (71 percent) had previously disclosed to someone else before contacting SHL. It is important to note that disclosure in this context does not necessarily mean making an official report; it may simply mean that victims told someone about their experience.

Online users were more likely than phone users to disclose for the first time on SHL. As shown in **Figure 2** below, 48 percent of online users, compared to 10 percent of phone users, disclosed for the first time on SHL.

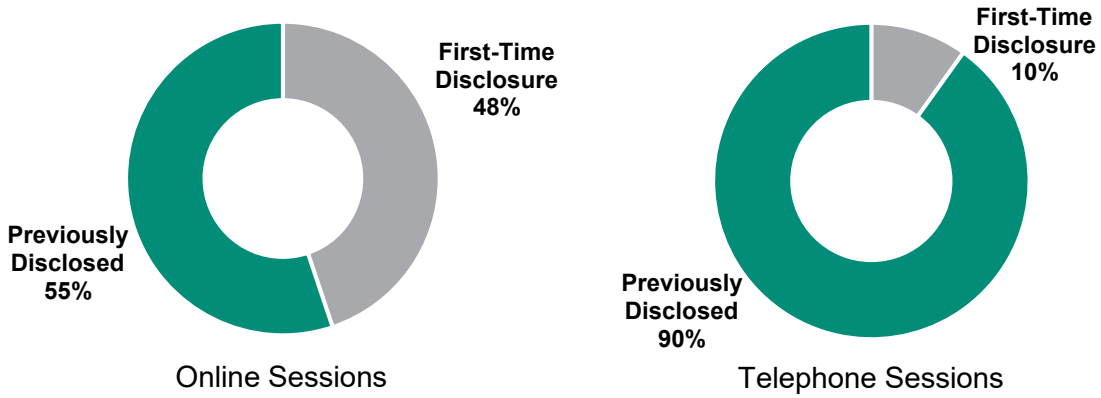


**Figure 2. Disclosure by Type of Interaction**

Analyses of those who had previously disclosed revealed a mix of disclosure recipients (i.e., persons to whom the victim disclosed), indicating both formal and informal support. Of victims who discussed disclosure recipients, more than half (59 percent) disclosed to a formal support

provider such as SAPR personnel or medical or mental health professionals, and nearly half (45 percent) of victims to informal recipients such as family members, friends, and current and former intimate partners .

Additional data explored victims' disclosure experiences. Almost half of victims who previously disclosed (44 percent) discussed the reactions of those to whom they disclosed. Of the 83 sessions in which victims discussed having only 1 disclosure recipient, the majority (72 percent) of users discussed negative reactions, such as instances where they were treated differently, where recipients of the disclosure dismissed their allegation, took control of the allegation away from them, or blamed them for the sexual assault. Other users discussed positive reactions (21 percent), such as being offered emotional support, being believed, and being offered tangible aid or informational support. The remaining users discussed some combination of positive and negative reactions or did not provide enough information to determine whether the reaction was positive or negative.

### Reporting Concerns

Users frequently contact SHL to discuss reporting-related concerns and to connect to resources that might ultimately lead to an official report.

To provide a focused examination of reporting-related concerns, analyses were based on a sample of 505 sessions with users who identified as victims of adult sexual assault. The session assessment captures information about reporting-related concerns (e.g., barriers to reporting, motivations for reporting, and negative experiences in reporting). Key findings are as follows:

- More than half of victims (52 percent) stated they had not yet filed a report. Only 13 percent of users had already made a report to a military authority, while 35 percent did not disclose their reporting status. Of the 13 percent (N=67) of users who had filed a report, 46 percent filed an Unrestricted Report, 12 percent filed a Restricted Report, and the remaining 42 percent did not disclose the type of report that was filed.

- Victims discussed multiple motivations for reporting. Of the 70 sessions discussing their motivations for reporting, those most frequently mentioned were: to stop the alleged offender from hurting the victim again (33 percent), to stop the alleged offender from hurting others (40 percent), to seek mental health assistance (21 percent), and to punish the alleged offender (27 percent).[3]

- Barriers to medical care were also discussed and were often intertwined with reporting-related concerns. Some victims stated they did not seek medical care because they felt afraid, or they did not want anyone to know. Key themes included concerns that the process would not be kept confidential, concerns care would trigger a report, fear of accessing care alone, concerns that it was too late to access care, and complications when the alleged offender was connected to medical services.

### Barriers to Reporting

In about 1 in 8 sessions, victims (13 percent) perceived 1 or more barriers to reporting. Of the 68 sessions discussing barriers to reporting, half (50 percent) discussed 1 or more barriers that reflected a lack of confidence in the military justice system, including concerns about not being

[3] Percentages do not total to 100 percent because SHL staff were able to select more than one reason for reporting as disclosed by the user.

believed (29 percent), thinking nothing would be done (24 percent), and concerns about the report not being kept confidential (21 percent).

Moreover, in the 68 sessions discussing barriers to reporting, 25 percent cited not knowing how to report and 22 percent cited not wanting anyone to know. Additionally, 29 percent of sessions discussed fear of retaliation. Among 20 sessions citing retaliation, fears included ostracism (50 percent), cruelty or maltreatment (40 percent), and reprisal (60 percent).

### Perceived Problems with Reporting

Of the 67 sessions in which victims had filed a report with a military authority, 23 (34 percent) discussed problems encountered during the process or as a consequence of filing a report. Of those discussing problems, retaliation (52 percent), lack of responsiveness to their allegation (48 percent), lack of respect by responders (39 percent), and being rebuked by a member of command (39 percent) were mentioned most frequently.

Of the 23 sessions discussing perceived problems with the reporting process, 52 percent discussed perceptions of retaliation including ostracism (39 percent), reprisal (30 percent), and cruelty or maltreatment (17 percent). Users experienced retaliation from a variety of sources, including a coworker or someone in the user's unit (9 percent), the alleged offender (26 percent), or someone in the chain of command (26 percent).

### Topics Discussed and Services Provided

The assessment captured information about topics discussed and services provided for all sessions where the user identified as a victim of an incident. Key findings were as follows:

- Of the 752 sessions in which users identified as victims, nearly half (49 percent) discussed specific emotions (e.g., anger, worry, sadness/despair) related to an assault. Mental health concerns (28 percent) were also frequently discussed. Other prominent topics included reporting options and legal issues (14 percent), physical health concerns (16 percent), and professional issues (11 percent).

- More than half of sessions in which users brought up mental health topics also discussed mental health services/counseling. Anxiety (35 percent), PTSD (32 percent), flashbacks related to the assault (30 percent), and depression (32 percent) were also frequently discussed. Further, suicide was discussed in four percent of sessions where the user indicated being a victim.

- SHL staff frequently indicated working on problem solving or safety planning with users. SHL staff provided descriptions of problem solving and safety planning in 137 sessions. Common themes included discussing means of self-care to improve mental health, brainstorming ways to avoid interacting with the alleged offender, talking about the potential impact of disclosing the assault to a third party, obtaining medical attention, understanding consent, and empowering the user to define their own experience.

### Referrals to Resources

While in the majority of sessions, users reached out to SHL to disclose their assault and seek emotional support, a substantial percentage were also open to receiving referrals to other service providers.

- In 35 percent of sessions, victims accepted referrals to military resources. In about 1 in 5 sessions (22 percent) victims accepted a referral to a SARC. SHL staff completed warm handoffs to on-base resources in 9 percent of phone sessions, and the majority of such sessions were transferred to SARCs (80 percent). Of the phone sessions in which a warm

handoff was offered or attempted, more than one-fourth did not accept the handoff (27 percent). In nine sessions, a warm handoff was attempted but not successful. In these situations, users were encouraged to call at another time or offered the contact information of another provider.

- Victims in many sessions were interested in civilian resources as an alternative to military resources. Civilian referrals were provided in one-fourth of sessions (27 percent) where the user was the victim, with the most frequent referrals being to RAINN civilian sexual assault service provider affiliates (13 percent), mental health resources (6 percent), legal resources (3 percent), and civilian articles and websites (3 percent).

### User Feedback

FY 2025 user feedback was based on 111 phone and 1,044 online sessions for which users completed a comment card following their interaction with SHL. Satisfaction ratings were obtained on a scale from 1 to 5 on several domains, including ease of use, satisfaction with staffer knowledge and service, likelihood to recommend SHL, and intend to use resources provided. An average rating of 4.00 was achieved for sessions on all domains, indicating consistently positive user experiences and strong overall satisfaction with SHL services.

### Staff Performance and Training

SHL supervisors rated staff on key skills and fidelity to the ENGAGE model used in SHL training. Staff exceeded or met performance expectations of 90 percent or above on all domains, including opening a session, engaging and supporting the user, providing appropriate information and referrals, managing crisis situations, and ending the session.

## Additional Resources

### SafeHelpline.org

In FY 2025, SafeHelpline.org website was visited 2,843,559 times. This was a 25 percent decrease from FY 2024 (3,675,530 website visits). Of the FY 2025 total, 1,615,387 were unique website visitors[4] (a 39 percent decrease from FY 2024). This decrease occurred during two time periods: (1) the site was inaccessible during EO-directed revisions and (2) Google ad functionality was impaired June 23 to October 10 and some ads directing traffic to the Safe Helpline website were unavailable.

### SHL Educational Tools

In FY 2025, SHL continued to attract users to previously launched self-paced courses including, *Suicide 101: Responding to Suicidal Ideation Among Survivors of Sexual Assault*, *Transitioning Service Members*, *Building Hope & Resiliency*, *How to Support a Survivor*, and *Safe Helpline 101*. For FY 2025, there were 2,111 users who visited a course via the website (a 71 percent decrease from FY 2024). Further, 5,617 users completed at least 1 course through JKO (a 31 percent decrease from FY 2024). Most of this decrease occurred while the site or individual trainings were inaccessible in order to complete EO-directed revisions. During this time, SHL hosted 23 virtual briefs with at least 1,005 attendees. More individuals may have been trained since videos were recorded and used by services for all D-SAACP renewals during this period.

### Safe HelpRoom

Safe HelpRoom is an anonymous, moderated online group chat service available 24 hours a day, seven days a week. This resource allows individuals who have experienced sexual assault in the military to connect and support each other, minimizing geographic and other barriers victims may encounter when accessing in-person peer support. In FY 2025, 45 users attended 24 of the 100 scheduled sessions (24 percent); the other 76 scheduled sessions had no users. For sessions that users joined, the number of users ranged from 1 to 5. The amount of time spent in a session ranged from less than 1 minute to 35 minutes (the median session was 5 minutes and 54 seconds).

Local Safe HelpRoom leverages Safe HelpRoom technology and empowers local SARCs and SAPR VAs to operate their own local, online moderated sessions. D-SAACP certified SARCs and SAPR VAs are trained as moderators and can host Safe HelpRoom sessions for their communities. A total of 42 SARCs and SAPR VAs registered for Local Safe HelpRoom, 27 of whom completed their moderator training (a 35 percent increase from FY 2024). During FY 2025, there were a total of 107 Local Safe HelpRoom sessions held (an 88 percent increase from FY 2024). The increase in moderator training and number of sessions completed may be due to an increase in outreach efforts.

### Prison Rape Elimination Act Hotline

SHL serves as a hotline for individuals assaulted in military correctional facilities, playing a key role in the Department's implementation of the requirements of the Prison Rape Elimination Act. In addition to providing crisis intervention, information, and referrals, staff assist callers with Unrestricted, Anonymous, and Third-Party reports. Specifically, staff facilitates Anonymous and Unrestricted Reports via the Department's Sexual Assault Prevention and Response Office and

[4] Unique website visitors are identified through session cookies, preventing repeat counting of the same visitor. If a repeat visitor returns to the website, they will not be counted as a unique visitor, unless they have cleared their cookies and cache.

can provide warm handoffs to SARCs for Unrestricted Reports. In FY 2025, SHL received five calls from users in military correctional facilities. Such calls are forwarded to SARCs identified.