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2015 QuickCompass of Sexual Assault Prevention and Response- Related Responders

Overview Report

2015 QUICKCOMPASS OF SEXUAL ASSAULT PREVENTION AND RESPONSE-RELATED RESPONDERS

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Acknowledgments

Executive Summary

Study Background and Methods

Study Background. In response to allegations of sexual assaults in the military, on February 4, 2004, the Secretary of Defense directed the Under Secretary of Defense for Personnel and Readiness (USD [P&R]) to undertake a review of all sexual assault policies and programs across the Services and the Department of Defense (DoD) and recommend changes (DoD 2004). As a result, the DoD Care for Victims of Sexual Assaults Task Force (hereafter, Task Force) was established on February 13, 2004. The Task Force performed a comprehensive review of the issues using a multi-pronged approach. The Task Force also conducted focus groups with Service members across the spectrum of paygrades, service providers, and survivors; consulted with subject matter experts from within and outside the DoD; and analyzed data from the Task Force's Sexual Assault Hotline. Based on their findings, the Task Force proposed several recommendations for corrective action including the establishment of a DoD-wide policy requiring victims' advocates to be provided to survivors of sexual assault. In response to this recommendation, a number of specialized positions were established to support survivors of sexual assault in accessing the broad range of services to which they are entitled. Current policy as reflected in DoD Instruction (DoDI) 6495.02 (DoD, 2015c) names and defines specialized positions dedicated to the support of survivors to include Sexual Assault Response Coordinators (SARCs) and Sexual Assault Prevention and Response Victims' Advocates (SAPR VAs).

In this survey, the use of the title "Sexual Assault Response Coordinator (SARC)" includes individuals who are certified SARCs and certified Sexual Harassment and Assault Response Prevention (SHARP) Specialists. The use of the title "Victims' Advocates (VAs)" includes individuals who are certified VAs and certified Uniformed Victims' Advocates (UVAs). Throughout the rest of the report, reference to a victims' advocate is shortened to "VA" for ease of reading and consistency. The use of "VA" is inclusive of the position in each Service and incumbents, including "Unit Victims' Advocates," whether they are active duty military, National Guard or Reserve component members, or DoD civilian employees. Similarly, the use of "SARC" is used to include SHARP specialists.

SARCs and VAs are the key responders within the Sexual Assault Prevention and Response (SAPR) Program. The overall functioning of SARC and VA positions is to provide guidance to and advocacy for survivors of sexual assault in gaining the medical, psychological, and legal services to which they are entitled. They are the responders tasked with the responsibility of providing support and guidance for sexual assault survivors from initial response throughout the care and recovery process. Additionally, SARCs have certain duties and responsibilities toward sexual assault prevention.[1] SAPRO is mandated by Congress to gather certain data on incidents of, and programs related to, sexual assault (DoDI 6495.02; DoD 2015c). SAPRO regularly collects from the Services both this mandated data, as well as auxiliary data to evaluate the effectiveness of SAPR programs and policies for continuous improvement.

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[1] Refer to DoDI 6495.02 (DoD, 2015c).

As part of its ongoing evaluation effort, SAPRO requested survey support from the Defense Research, Surveys, and Statistics Center (RSSC) within the Defense Manpower Data Center (DMDC) to gather data from SARCs and VAs. The *2015 QuickCompass of Sexual Assault Prevention and Response-Related Responders* (*2015 QSAPR*) is designed to provide insights about SAPR responders at military installations worldwide. Responders are the focal point for SAPR programs at each military location. It is critical for SAPRO and Service SAPR officials to understand how effectively responders are trained for their positions and their perceptions of how well their program is supported and executed.

The *2015 QSAPR* is the third survey of this population following the *2012 QuickCompass of Sexual Assault Response Coordinators* (*2012 QSARC*; DMDC, 2013) and the *2009 QuickCompass of Sexual Assault Responders* (*2009 QSAR*; DMDC 2009), performed at the request of the Defense Task Force on Sexual Assault in the Military Services (Task Force on SAMS). However, due to major changes to the questions and substantial differences in the survey populations, the results of *2015 QSAPR* are not directly comparable to the previous two surveys. The *2009 QSAR* surveyed SARCs, SARC supervisors, and VAs. The *2012 QSARC* surveyed only SARCs. Both SARCs and VAs are surveyed in *2015 QSAPR*. Additional information on this can be found in Chapter 1 of the main report.

Survey Methodology. The *2015 QSAPR* was administered via the web between September 8 and October 15, 2015. This survey was a census of all DoD SARCs and VAs who were certified as of June 22, 2015. Potential participants were identified through the Department of Defense Sexual Assault Advocate Certification Program (D-SAACP; DoDI 6495.02). The target survey frame consisted of 32,106 certified SARCs and VAs drawn from the D-SAACP list (1,887 SARCs and 30,219 VAs).

Surveys were completed by 5,322 eligible responders, yielding an overall weighted response rate of 20%. Responders were considered ineligible if they indicated in the survey or by other contact (e.g., telephone calls or e-mails to the data collection contractor) they were not serving in the appropriate position as of the first day of the survey fielding, September 8, 2015. Survey completion is defined as answering 50% or more of the survey questions asked of all participants.

Data were weighted, using an industry standard process, to reflect the known population of D-SAACP certified personnel as of June 2015. Weighting produces survey estimates of population totals, proportions, and means (as well as other statistics) that are representative of their respective populations. Unweighted survey data, in contrast, are likely to produce biased estimates of population statistics. Additional information about the weighting procedures are detailed in Chapter 1 of the main report.

Results of the *2015 QSAPR* are presented by several reporting categories within the report. Results are typically presented first by SAPR responders overall followed by results for SARCs and VAs separately. SARCs were asked all questions in the *2015 QSAPR*, but in some cases questions did not apply to VAs. Results are indicated for SARCs and VAs accordingly.[2] The

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[2] Also, in two questions (36 l, m, and n; and 42 g and h) the choices did not apply to National Guard/Reserve Component members. Results are annotated accordingly.

population of SAPR responders is not equally split between SARCs and VAs. Specifically, while there are fewer than 2,000 SARCs in the population, there are over 30,000 VAs. Therefore, while estimates for responders overall are presented in the report, these findings are heavily skewed by the estimates for VAs. To provide a more accurate reflection of results, estimates are provided for SARCs and VAs separately within each subsection of the report.

Population Characteristics

The *2015 QSAPR* reflects the attitudes and opinions of SARCs and VAs across the military Services. Table 1 details the typical characteristics of each group of responders.

Table 1.
Typical Characteristics of SARCs and VAs

Typical Characteristics of SARCs	Typical Characteristics of VAs
71% Army 15% Air Force 5% Navy 3% Agencies 6% Marine Corps	41% Army 14% Air Force 35% Navy 1% Agencies 9% Marine Corps
56% Active Duty 20% National Guard/Reserve 24% Civilian	79% Active Duty 16% National Guard/Reserve 5% Civilian
74% E5-E9 (Military) 68% GS 9-12 (Civilian)	82% E5-E9 (Military) 71% GS 9-12 (Civilian)
41% served as a SARC for two years or more	44% served as a VA for two years or more
83% never deployed as a SARC	77% never deployed as a VA
81% located CONUS	80% located CONUS
52% provide service to fewer than 1,000 military members	78% provide service to fewer than 1,000 military members
47% collateral duty	89% collateral duty

Note. Table reflects weighted estimates of characteristics.

Overall, for SARCs, the majority are military (active duty or Reserve component) and located within the Continental United States (CONUS). A little less than half (47%) indicated their SARC duties are collateral duties. Forty-one percent of SARCs have served as a SARC for two or more years.

For VAs, the majority are also military and located CONUS. As opposed to SARCs, the large majority (89%) provide VA services as a collateral duty. Forty-four percent of VAs have served as a VA for two or more years.

2015 QSAPR Areas to Maintain and Enhance

The results of the *2015 QSAPR* showed a number of positive indications including effectiveness and response of Case Management Groups (CMGs), perceptions about the Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC) program, and helpfulness of expedited transfers. This section details these top-level findings.

Case Management Groups (CMGs). The *2015 QSAPR* asked SARCs to provide feedback on the CMGs.[3] CMGs are defined in DoDI 6495.02 (DoD, 2015c) as:

> A multi-disciplinary group that meets monthly to review individual cases of Unrestricted Reports of sexual assault. The group facilitates monthly victim updates and directs system coordination, accountability, and victim access to quality services. At a minimum, each group shall consist of the following additional military or civilian professionals who are involved and working on a specific case: SARC, SAPR VA, military criminal investigator, DoD law enforcement, healthcare provider and mental health and counseling services, chaplain, command legal representative or SJA, and victim's commander (p. 117).

The roles and responsibilities of the CMG are detailed in Enclosure 9 of DoDI 6495.02. Included in those responsibilities is ongoing active monitoring for "incidents of retaliation, reprisal, ostracism, or maltreatment" (DoD, 2015c, p. 79).

By and large, SARCs felt the CMGs were effective in resolving issues. They indicated the majority of CMGs (57%) are chaired by the installation commander. Otherwise, they are chaired by the deputy installation commander (33%) or some other person (29%). The majority of SARCs indicated the chair of the CMG routinely asks about retaliation against the survivor (82%) while 77% of SARCs indicated the chair asks about retaliation against them and/or VAs, 69% ask about retaliation against bystanders, and 67% indicated they ask about retaliation against other responders (e.g., SVCs/VLCs and Victim Witness Assistance Program [VWAP] specialists). These findings indicate a growing engagement within leadership to identify retaliation when it occurs and to address it; whether against a survivor of sexual assault or those attempting to assist these individuals.

Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC). Results from other surveys and research efforts have shown an increasing benefit of the SVC/VLC program. The Army, Air Force, and National Guard use SVCs, while the Navy and Marine Corps use VLCs. Whether an SVC or VLC, these lawyers have experience trying cases in both military and civilian courts. They understand the legal process and are able to guide survivors through the military justice process and act as the survivor's legal advocate.

In the *2015 Military Investigation and Justice Experience Survey* (*2015 MIJES*), conducted by DMDC to gauge the experiences of survivors of sexual assault who have gone through the military justice process, rates of satisfaction with the SVC/VLC program were the highest of any

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[3] VAs have limited interactions with CMGs and were therefore not included in their assessment.

resource with whom survivors interacted.[4] On the *2015 QSAPR*, SARCs and VAs indicated similar satisfaction with this program. Specifically, 71% of SARCs and 63% of VAs indicated the SVC/VLC program was a valuable resource for survivors. In addition, about two-thirds of SARCs (66%) and VAs (62%) indicated SVCs/VLCs were readily available for survivors.

Expedited Transfers. Service members who make an unrestricted report of sexual assault have the option to request an expedited transfer to another unit/installation. Per policy, survivors should be informed of this option by their SARC or VA at the time they make their report. This request may extend to either a temporary or permanent expedited transfer from their assigned command or installation to a different command or installation, or a temporary or permanent expedited transfer to a different location within their assigned command or installation.

While only 19% of responders (39% of SARCs and 13% of VAs) were involved in an expedited transfer, those who were felt they were very helpful for survivors. Specifically, the majority of SARCs (80%) and VAs (76%) indicated the expedited transfer seemed helpful for the survivor. These findings, from those who are most intimately involved in the process, provide support for this offered option.

2015 QSAPR Areas for Consideration

The results of the *2015 QSAPR* also highlighted areas for continued consideration particularly with services for male survivors, SARC/VA familiarity with SAPRO resources, and with general awareness of the SVC/VLC program. This section details these top-level findings.

Support for Male Victims. The majority of SARCs (66%) and VAs (74%) indicated the SAPR policies and programs available provide sufficient guidance to support male victims. In addition, the majority of SARCs (68%) and VAs (73%) also felt that programs meet the needs of male survivors. Despite these high endorsements for male victim support, about half of SARCs and nearly two-thirds of VAs were not familiar with www.malesurvivor.org or www.1in6.org, which are specific resources developed to support male victims. These findings may highlight the need for additional education so SARCs and VAs can maximize the tools they have for supporting male survivors of sexual assault.

Familiarity with SAPRO Resources. SAPRO provides survivors and responders with a number of resources, including a number of online websites which target the needs of survivors of sexual assault. Results from the *2015 QSAPR* highlighted that not all SARCs and VAs were familiar with these resources. The concern is that, without this awareness, they may not know to encourage survivors to use these resources when needed. Specifically, less than half of SARCs (48%) and VAs (40%) were aware of *SAPR Connect*. While 63% of SARCs were aware of the *DoD SafeHelpline*, less than half of VAs (48%) were familiar with this site. Less than half of SARCs (46%) and less than one-third of VAs (32%) were familiar with the *Safe HelpRoom*. This may be another area where continued education of SAPR responders may assist in guiding survivors to these valuable online resources.

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[4] Namrow, Van Winkle & Hurley, 2016.

Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC). As previously mentioned, results from prior survey and research efforts–including the *2015 MIJES*–indicated survivors had high levels of satisfaction with the SVC/VLC program throughout the military justice process. Despite this, only 19% of respondents to the *2015 MIJES* were aware of this program prior to their assault. Considering the high rates of satisfaction with this resource and yet relatively low rates of awareness, SARCs and VAs were asked the extent to which they understood the role of the SVC/VLC and whether they interacted with them. Understanding how valuable this resource is, the expectation is that SAPR responders should understand the role of this program at least to a large or very large extent. However, about 25% of SARCs and 37% of VAs indicated they did not understand the role of these individuals to a large/very large extent. Further, 56% of SARCs and only 26% of VAs indicated they had interacted with a SVC/VLC in the past 12 months. This again may highlight an area where ongoing education about the value of the SVC/VLC program may ultimately bolster support options for survivors of sexual assault, particularly those considering whether or not to report.

The *2015 QSAPR* represents the attitudes and opinions of a specific subpopulation of the SAPR program: the SAPR responders. Considering the importance of these resources for survivors, their feedback is valuable to the Department. This executive summary provides top-line results from the survey. The remaining report provides additional data and breakdowns for consideration. Results of this survey will help to inform current and future resources and policies around these individuals and ensure they have the tools and resources to assist and support survivors of sexual assault.

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Chapter 1:
Introduction

Background

In response to allegations of sexual assaults in the military, on February 4, 2004, the Secretary of Defense directed the Under Secretary of Defense for Personnel and Readiness (USD [P&R]) to undertake a review of all sexual assault policies and programs across the Services and the Department of Defense (DoD) and recommend changes (DoD 2004). As a result, the DoD Care for Victims of Sexual Assaults Task Force (hereafter, Task Force) was established on February 13, 2004. The Task Force performed a comprehensive review of the issues using a multi-pronged approach. The Task Force reviewed Service-specific data on policies, programs, and prevalence of sexual assault; civilian literature on sexual assault; and studies and reports on DoD sexual assault and related programs. The Task Force also conducted focus groups with Service members across the spectrum of paygrades, service providers, and survivors; consulted with subject matter experts from within and outside the DoD; and analyzed data from the Task Force's Sexual Assault Hotline. Based on their findings, the Task Force proposed several recommendations for corrective action.

One recommendation of the Task Force was to establish a single point of accountability for all sexual assault policy matters within the DoD (DoD, 2004). This recommendation was made to address a number of the Task Force's key findings, including the finding that while services were being provided to survivors under the Victims Witness Assistance Program (VWAP), the scope and quality of the support services were inconsistent across Services and installations. Moreover, while the Services had policies and procedures in place regarding each of the separate support services available for survivors, many of these policies were outdated and inconsistently applied or not designed to ensure integrated support.

This recommendation led to the establishment of the Joint Task Force for Sexual Assault Prevention and Response, the predecessor of today's DoD Sexual Assault Prevention and Response Office (SAPRO). A further recommendation of the Task Force was to establish a DoD-wide policy requiring victims' advocates to be provided to survivors of sexual assault. In response to this recommendation, a number of specialized positions were established to support survivors of sexual assault in accessing the broad range of services to which they are entitled. Specific names of the positions and their duties have varied across the Services and evolved over time as a result of efforts to improve delivery of services. Importantly, a second DoD-wide task force (Defense Task Force on Sexual Assault in the Military Services), recommended consistency in prevention and response terminology across the Services, standardized duty descriptions, and credentialing requirements for personnel (DoD, 2009). Current policy as reflected in DoD Instruction (DoDI) 6495.02 (DoD, 2015c) names and defines specialized positions dedicated to the support of survivors to include Sexual Assault Response Coordinators (SARCs) and Sexual Assault Prevention and Response Victims' Advocates (SAPR VAs).

SARCs and SAPR VAs are the key responders within the Sexual Assault Prevention and Response (SAPR) Program. The overall functioning of SARC and SAPR VA positions is to

provide guidance to and advocacy for survivors of sexual assault in gaining the medical, psychological, and legal services to which they are entitled. They are the responders tasked with the responsibility of providing support and guidance for sexual assault survivors from initial response throughout the care and recovery process. Additionally, SARCs have certain duties and responsibilities toward sexual assault prevention.[5]

DoD SAPRO is committed to ongoing evaluation of efforts with SAPR programs towards sexual assault prevention and survivor support. SAPRO is mandated by Congress to gather certain data on incidents of, and programs related to, sexual assault (DoDI 6495.02; DoD 2015c). SAPRO regularly collects from the Services both this mandated data, as well as auxiliary data to evaluate the effectiveness of SAPR programs and policies for continuous improvement.

As part of its ongoing evaluation effort, SAPRO requested survey support from the Defense Research, Surveys, and Statistics Center (RSSC) within the Defense Manpower Data Center (DMDC) to gather data from SARCs and SAPR VAs. The *2015 QuickCompass of Sexual Assault Prevention and Response-Related Responders* (*2015 QSAPR*) is designed to provide insights about SAPR responders at military installations worldwide. Responders are the focal point for SAPR programs at each military location. It is critical for SAPRO and Service SAPR officials to understand how effectively responders are trained for their positions and their perceptions of how well their program is supported and executed.

The *2015 QSAPR* is the third survey of this population following the *2012 QuickCompass of Sexual Assault Response Coordinators* (*2012 QSARC*; DMDC, 2013) and the *2009 QuickCompass of Sexual Assault Responders* (*2009 QSAR*; DMDC 2009), performed at the request of the Defense Task Force on Sexual Assault in the Military Services (Task Force on SAMS). However, due to major changes to the questions and substantial differences in the survey populations, the results of *2015 QSAPR* are not directly comparable to the previous two surveys. The *2009 QSAR* surveyed SARCs, SARC supervisors, and SAPR VAs.[6] The *2012 QSARC* surveyed only SARCs. Both SARCs and SAPR VAs are surveyed in *2015 QSAPR*.

Even where the populations and questions overlap across survey iterations, comparisons across time are not advised. Important characteristics of the populations have changed across the survey iterations, rendering those populations comparable in name only. For example, the Task Force on SAMS made a number of key recommendations affecting the position qualifications and duties of responders. Those recommendations are reflected in current DoD policy: DoD Directive (DoDD) 6495.01 (DoD, 2015b) and DoDI 6495.02 (DoD, 2015c). The Task Force on SAMS recommended terminating use of contractor personnel as responders with SARCs and SAPR VAs now required to be military or DoD civilian personnel. Consistent with this Task Force's recommendation, SARCs and SAPR VAs are now required to be credentialed by the Department of Defense Sexual Assault Advocate Certification Program (D-SAACP; DoDI 6495.02). The Task Force further recommended standardized duty descriptions be created to ensure selection of qualified personnel and to clarify roles and responsibilities; DoDI 6495.02

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[5] Refer to DoDI 6495.02 (DoD, 2015c).
[6] The exact title for victim advocates has changed over time and has varied across the Services. Per DoDI 6495.02 (DoD, 2015c) all services are now instructed to use the title "SAPR VA" with its associated positional requirements.

lists the duties of each responder position. In sum, the nature of the SARC and SAPR VA position has changed substantially and the populations are not comparable across time.

Methodology

For over 25 years, DMDC has been DoD's lead organization for conducting impartial and unbiased scientific survey and focus group research on a number of topics of interest to the Department. RSSC within DMDC conducts cross-component surveys that provide leadership with accurate assessments of attitudes, opinions, and experiences of the entire population of interest using scientific methods widely used in the survey industry for data collections across a variety of populations. RSSC's survey methodology meets industry standards used by government statistical agencies (e.g., Census Bureau and Bureau of Labor Statistics), private survey organizations, and well-known polling organizations. RSSC adheres to the survey methodology best practices promoted by the American Association for Public Opinion Research (AAPOR).[7]

The *2015 QSAPR* was administered via the web between September 8 and October 15, 2015. An announcement e-mail was sent to sample members beginning September 8, 2015 to explain why the survey was being conducted, how the survey information would be used, and why participation was important. Throughout the administration period, seven additional e-mail reminders were sent to encourage survey participation.

This survey was a census of all DoD SARCs and SAPR VAs who were certified as of June 22, 2015. Potential participants were identified through the D-SAACP. The target survey frame consisted of 32,106 certified SARCs and VAs drawn from the D-SAACP list (1,887 SARCs and 30,219 VAs). Surveys were completed by 5,322 eligible responders, yielding an overall weighted response rate of 20%. Responders were considered ineligible if they indicated in the survey or by other contact (e.g., telephone calls or e-mails to the data collection contractor) they were not serving in the appropriate position as of the first day of the survey fielding, September 8, 2015. Survey completion is defined as answering 50% or more of the survey questions asked of all participants.

Data were weighted, using an industry standard process, to reflect the known population of D-SAACP certified personnel as of June 2015. Weighting produces survey estimates of population totals, proportions, and means (as well as other statistics) that are representative of their respective populations. Unweighted survey data, in contrast, are likely to produce biased estimates of population statistics. The process of weighting consists of the following steps:

- Adjustment for selection probability—DMDC adjusts the responders initially based on their selection probability within scientific sampling procedures. In the case of *2015 QSAPR*, all certified SARCs and VAs as identified by SAPRO were selected to

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[7] AAPOR's "Best Practices" state, "virtually all surveys taken seriously by social scientists, policy makers, and the informed media use some form of random or probability sampling, the methods of which are well grounded in statistical theory and the theory of probability" (http://aapor.org/Best_Practices1/ 4081.htm#best3). DMDC has conducted surveys of the military DoD community using these "Best Practices" for over 25 years, tailored as appropriate for the unique design needs of specific surveys, such as the census study employed in *2015 QSAPR*.

participate in the survey. Therefore, in this instance the selection probability is 100% and the base weights are calculated to be 1.

- Adjustments for nonresponse—Although the *2015 QSAPR* was a census of all certified SARCs and VAs as identified by SAPRO, some did not respond to the survey and others responded or started the survey but did not complete it (i.e., did not provide the minimum number of responses required for the survey to be considered complete). DMDC adjusts for this nonresponse in creating population estimates by adjusting the base weights for those who did not respond to the survey in two stages. The first stage of adjustment for nonresponse is based on whether the eligibility of the survey respondent can be determined. The second stage of adjustment for nonresponse is based on whether the respondent completed the survey. More details can be found in the *2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders: Statistical Methodology Report* (DMDC, 2016b).

- Adjustment to known population values—DMDC adjusts the weights in the previous step to known population values to likely reduce nonresponse bias for estimates that are correlated with these variables. In the case of the *2015 QSAPR*, the weights in the previous step were adjusted to known population values using the three known demographic variables (SARC or VA position, active duty, National Guard/Reserve, or civilian status, and Service). The poststratification adjustments are small because the poststratification variables as well as auxiliary demographic variables were already accounted for in the previous step.

Statistical Analyses

Results of the *2015 QSAPR* are presented by several reporting categories within the report. Results are typically presented first by SAPR responders overall followed by results for SARCs and SAPR VAs separately. SARCs were asked all questions in the *2015 QSAPR*, but in some cases questions did not apply to SAPR VAs. Results are indicated for SARCs and SAPR VAs accordingly.[8] In most cases results are also broken down by Service. Responders overall were categorized by Army, Navy, Marine Corps, Air Force, or DoD agencies. There were very few responders in the "DoD agencies" category, so separate results for SARCs and SAPR VAs are typically only presented for Army, Navy, Marine Corps, and Air Force. Results are also presented in the *2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders: Tabulations of Responses* (DMDC, 2016a) for responders overall and separately for SARCs and SAPR VAs by their employment status as active duty, National Guard/Reserve, or DoD civilian. To form the reporting categories, responders were classified primarily by survey self-report data. If the self-reported data were missing, then D-SAACP data, at the time of sampling, were used to impute the subgroup classification.

Only statistically significant group comparisons are discussed in this report. Thus, where specific breakouts are provided, the reader should understand these to be the comparisons that were statistically significant. Comparisons are generally made along a single dimension (e.g.,

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[8] Also, in two questions (36 l, m and n; and 42 g and h) the choices did not apply to National Guard/Reserve Component members. Results are annotated accordingly.

Service) at a time. In this type of comparison, the responses for one group are compared to the weighted average of the responses of all other groups in that dimension.[9] For all statistical tests, DMDC uses two-independent sample t-tests and then adjusts for multiple comparisons using the False Discovery Rate (FDR) method (see DMDC, 2016b for additional information).

The tables and figures in the report are numbered sequentially. Unless otherwise specified, the numbers presented are percentages. Ranges of margins of error are shown when more than one estimate is displayed in a table or figure. Each finding in *2015 QSAPR* is presented in graphical or tabular form along with its associated margin of error. The margin of error represents the precision of the estimate and the confidence interval coincides with how confident one is that the interval contains the true population value being estimated. For example, if it is estimated that 55% of SARCs selected an answer and the margin of error was ±3, we are 95% confident that the "true" value being estimated in the population of SARCs is between 52% and 58%. Because the results of comparisons are based on weighted results, the reader can assume the results generalize to all SAPR responders, SARCs, or SAPR VAs within an acceptable margin of error.

The annotation "NR" within figures and tables indicates a specific result is not reportable due to low reliability. Estimates of low reliability are not presented based on criteria defined in terms of nominal number of respondents (less than 5), effective number of respondents (less than 15), or relative standard error (greater than 0.3). Effective number of respondents takes into account the finite population correction and variability in weights. An "NR" presentation protects the Department, and the reader, from presenting potentially inaccurate findings due to instability of the specific estimate.

Elongated bar charts in this report may not extend to the 100% end of the scale. This may be due to a few factors including rounding and NR estimates. As seen in the example Figure 1 below, there is a small space between the bar chart and the end of the chart for SARCs. This is due to rounding.

The population of SAPR responders is not equally split between SARCs and SAPR VAs. Specifically, while there are fewer than 2,000 SARCs in the population, there are over 30,000 SAPR VAs. Therefore, while estimates for responders overall are presented in the report, these findings are heavily skewed by the estimates for SAPR VAs. To provide a more accurate reflection of results, estimates are subsequently provided for SARCs and VAs separately within each subsection of the report. Therefore, caution should be taken when interpreting overall findings.

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[9] When comparing results within the current survey, the percentage of each subgroup is compared to its respective "all other" group (i.e., the total population minus the group being assessed). For example, responses of SARCs in the Army are compared to the weighted average of the responses from SARCs in the Navy, Marine Corps, and Air Force.

Figure 1.
Example Figure
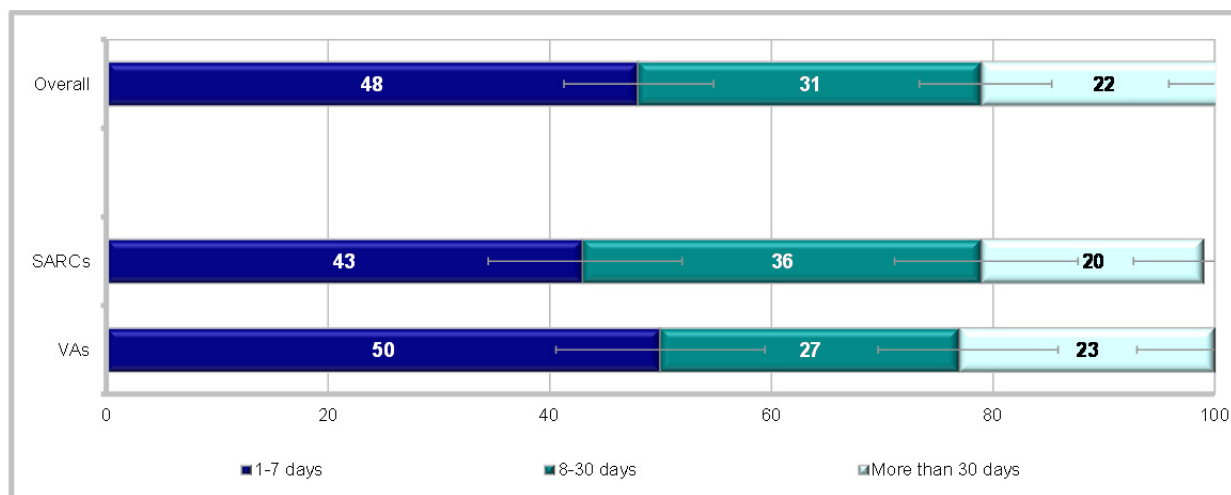
Percent of certified SARCs and VAs who have been involved in a high-risk response team in past 12 months

Qualitative Analyses

Within *2015 QSAPR*, 18 questions either asked responders to provide additional details or to make suggestions for improvement in various areas. For example, Question 17 asked SARCs and SAPR VAs to rate the extent to which other duties interfered with their SARC or SAPR VA duties. Those responders who indicated "Large extent" or "Very large extent" were asked to explain how other duties interfered. Question 19 asked who conducts safety assessments at the responder's installation. Several choices were presented, but if someone indicated "Other," they were asked to indicate who else performed the safety assessments. Other questions asked for suggestions. For example, Question 60 asked for any suggestions to improve D-SAACP. The survey ended with Question 72 that asked for any other comments or concerns responders cared to make.

Each open-ended question was content-analyzed to identify the major themes or concerns expressed. Because not every survey respondent left comments, no attempt was made to quantify comments or make general assertions about the population of SARCs or SAPR VAs based on the comments. However, the summaries provide insights for consideration by SAPR program managers. The summaries, where applicable, follow the statistical results in each section of the report.

Organization of the Report

The principal purpose of the *2015 QSAPR* was to provide information to DoD SAPRO and the Service SAPR offices on the effectiveness of programs from the perspective of primary responders—the SARCs and SAPR VAs performing daily duties. Throughout the report, estimates are provided for overall responders, SARCs, and SAPR VAs. Where data lends itself to a bar chart presentation (e.g., dichotomous presentation of yes/no variables), these are

provided as applicable. Where responders were presented with multiple subitems within one question, tables are provided to illustrate the breakdown across subitems by comparison groups. In topical areas/questions where there are many results, as in questions with many subitems, highlights are discussed in the report and the reader can refer to full results in the tabulation volume in DMDC, 2016a. Topics covered in this report are organized into the following chapters:

- Chapter 2 describes the populations of SARCs and SAPR VAs surveyed and describes the population regarding variables such as Service supported, employment status, paygrade, number of personnel supported, and the performance of various aspects of assigned duties.

- Chapter 3 discusses preparation for and the conducting of safety assessments, the establishing and conducting of a High-Risk Response Team (HRRT). Included are reasons for establishing an HRRT, compositions, frequency, and duration of HRRTs.

- Chapter 4 provides details on the frequency with which SARCs and SAPR VAs are involved in expedited transfers, notifications to the receiving SARC and commander, and the helpfulness of the process to the well-being of survivors.

- Chapter 5 covers aspects of Case Management Groups (CMGs) including the chairing of the CMG, the effectiveness in dealing with sexual assault issues, and the monitoring of retaliation for reporting sexual assault.

- Chapter 6 describes assistance provided to survivors of sexual assault including evaluation of guidance available for survivor assistance activities, support for assistance programs from leadership, and sources of updates to SAPR policy.

- Chapter 7 addresses implementation of the 2014-2016 Sexual Assault Prevention Strategy including awareness of the May 2014 policy updates, the performing of various elements of the Strategy, time spent in delivering various types of training to local personnel, and the strength of leadership support.

- Chapter 8 continues the evaluation of activities associated with implementing the 2014-2016 Sexual Assault Prevention Strategy. Included is a discussion of collaboration with community service providers and resources, use of SAPR Connect, and barriers to implementation of the strategic elements.

- Chapter 9 addresses the balance between survivor support and sexual assault prevention duties for SARCs and SAPR VAs. SARCs and SAPR VAs were asked about their ability to balance their time between prevention activities and victim support and the percentage of time spent on six categories of activities including survivor assistance, training and outreach, prevention, entering data in the Defense Sexual Assault Incident Database (DSAID), other SAPR duties, and other duties not related to the SAPR program.

- Chapter 10 addresses a number of topics related to survivor assistance such as crisis support resources, including DoD Safe Helpline (SHL), counseling resources, and Safe

HelpRoom. Also discussed are perceptions of the impact of the D-SAACP on delivery of certification services, leadership support, and the D-SAACP certification process. This chapter also addresses familiarity with and extent of usage of the Special Victims Counsels/Victims' Legal Counsels (SVCs/VLCs), perceptions of the effectiveness of SAPR policies and programs for male survivors of sexual assault, performing duties across Services, and using DSAID.

- Chapter 11 provides a wrap-up of the findings with a summary of the current level of effectiveness of the SAPR program and performance by SARCs and SAPR VAs.

Appendix A to this report contains the survey instrument and Appendix B contains Frequently Asked Questions.

Terminology

DoD Instruction (DoDI) 6495.02 (DoD, 2015c) names and defines specialized positions dedicated to the support of survivors to include SARC and SAPR VA. In this survey, the use of the title "Sexual Assault Response Coordinator (SARC)" includes individuals who are certified SARCs and certified Sexual Harassment and Assault Response Prevention (SHARP) Specialists. The use of the title "Victims' Advocates (VAs)" includes individuals who are certified VAs and certified Uniformed Victims' Advocates (UVAs). Throughout the rest of the report, reference to a victims' advocate is shortened to "VA" for ease of reading and consistency. The use of "VA" is inclusive of the position in each Service and incumbents, including "Unit Victims' Advocates," whether they are active duty military, National Guard or Reserve component members, or DoD civilian employees.

Use of the terms "SARCs" and "VAs" throughout this report refer only to SARCs and VAs who have been certified through the D-SAACP certification process.

When referencing the full population of SAPR responders covered in the *2015 QSAPR* (i.e., SARCS and SAPR VAs), the term "responders" is used.

Chapter 2:
Serving as SARC or Victims' Advocate

Introduction

The *2015 QSAPR* surveyed both Sexual Assault Response Coordinators (SARCs) and Sexual Assault Prevention and Response Victims' Advocates (SAPR VAs or VAs). Formal definitions of these positions are provided in DoDD 6495.01 (DoD, 2015b):

> **SARC**. The single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention, and response training; coordinates medical treatment, including emergency care, for victims of sexual assault; and tracks the services provided to a victim of sexual assault from the initial report through final disposition and resolution. (p. 21)

> **VA**. A person who, as a victim advocate, shall provide non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims. Support will include providing information on available options and resources to victims. The SAPR VA, on behalf of the sexual assault victim, provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the SARC when performing victim advocacy duties. Personnel who are interested in serving as a SAPR VA are encouraged to volunteer for this duty assignment. (pp. 20-21)

Characteristics of Population

Employment Status

A key finding in the 2009 report of the Defense Task Force on Sexual Assault in the Military Services (Task Force on SAMS) was related to the impact of full-time versus collateral duty status of responders on quality of victim assistance. As a result, the Task Force recommended all SARCs be full-time, and each installation have at least one full-time VA. DoDI 6495.02 requires each installation have at least one full-time SARC and VA (DoD, 2015c); meaning there remains a mix of responders relative to full-time and not full-time status. Given the Task Force's findings of quality related to collateral duty vs. full-time duty status, an issue of interest for *2015 QSAPR* was understanding whether perceptions of responders varied as a function of whether their duties as SARC or VA was their sole duty, primary duty among multiple responsibilities, or collateral duty.

Based on the weighted survey respondents, eleven percent were *SARCs* and 89% were *VAs*. Seventy-six percent of the weighted responders were *active duty military*, 17% *National Guard/Reserve members*, and 7% *DoD or Service civilian employees.*[10]

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[10] All results shown in this section are weighted estimates of the population.

Among SARCs, more than half (56%) were *active duty military*, one-fifth (20%) were *National Guard/Reserve*, and a little less than one-quarter (24%) were *DoD or Service civilian employees*. Among VAs, the majority (79%) were *active duty military*, while 16% were *National Guard/Reserve members*, and 5% were *DoD or Service civilian employees*. The majority of military responders were *E5-E9* (74% of SARCS and 82% of VAs).[11] Forty-one percent of SARCs and less than half (44%) of VAs have *served in this capacity for two or more years.*

Further details on Service affiliation for all responders (whether active duty, National Guard/Reserve component, or civilian) are provided in DMDC, 2016a that reports data for each survey question at the overall level, as well as a breakdown for each of the demographic subgroups.

Deployment Status

Overall, the majority (77%) of responders indicated they *had not been deployed* as a SARC or VA. Sixteen percent indicated they had been *previously deployed*, while 6% of responders indicated they were *currently deployed* as a SARC or VA. Table 2 shows deployment status separately for SARCs and VAs.

SARCs

The majority (83%) of SARCs indicated they *had not been deployed* as a SARC. A little more than one-tenth (11%) indicated they had been *previously deployed*, while 6% of SARCs indicated they were *currently deployed* as a SARC.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (8%) were more likely to indicate they were *currently deployed*, whereas SARCs in the Marine Corps (<1%) and Air Force (2%) were less likely.

- SARCs in the Army (14%) were more likely to indicate they had *previously been deployed*, whereas SARCs in the Navy (2%), Marine Corps (1%), and Air Force (6%) were less likely.

- SARCs in the Navy (98%), Marine Corps (99%), and Air Force (91%) were more likely to indicate they had *never been deployed*, whereas SARCs in the Army (78%) were less likely.

Specific breakouts for SARCs, by employment status, are as follows:

- Active duty SARCs (10%) were more likely to indicate they were *currently deployed*, whereas National Guard/Reserve SARCs (3%) and civilian SARCs (1%) were less likely.

- Active duty SARCs (13%) were more likely to indicate they had *previously been deployed*, whereas civilian SARCs (7%) were less likely.

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[11] This measure includes active duty military and National Guard/Reserve component members only.

- National Guard/Reserve SARCs (90%) and civilian SARCs (91%) were more likely to indicate they had *never been deployed*, whereas active duty SARCs (77%) were less likely.

VAs

The majority of VAs (77%) indicated they *had not been deployed* as a VA. A little less than one-fifth (17%) indicated they had been *previously deployed*, while 6% of VAs indicated they were *currently deployed* as VA.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (11%) were more likely to indicate they were *currently deployed*, whereas VAs in the Army (5%) and Air Force (1%) were less likely.

- VAs in the Navy (19%) were more likely to indicate they had *previously been deployed*, whereas VAs in the Air Force (12%) were less likely.

- VAs in the Air Force (87%) were more likely to indicate they had *never been deployed*, whereas VAs in the Navy (70%) were less likely.

Specific breakouts for VAs, by employment status, are as follows:

- Active duty VAs (7%) were more likely to indicate they were *currently deployed*, whereas National Guard/Reserve VAs (4%) and civilian VAs (2%) were less likely.

- Active duty VAs (18%) were more likely to indicate they had *previously been deployed*, whereas civilian VAs (5%) were less likely.

- National Guard/Reserve VAs (81%) and civilian VAs (93%) were more likely to indicate they had *never been deployed*, whereas active duty VAs (75%) were less likely.

Table 2.
Deployment Status by Service and Status, by SARCs and VAs

Deployment Status by Service and Status								
Comparisons ■ Higher Response ■ Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Active Duty**	**NG/R**	**Civilian**
SARCs								
Currently deployed	6	8	NR	<1	2	10	3	1
Previously deployed	11	14	2	1	6	13	8	7
Never been deployed	83	78	98	99	91	77	90	91
Margins of Error	±2-3	±3-4	±6	±6	±4-5	±4-5	±5-6	±3-4
VAs								
Currently deployed	6	5	11	4	1	7	4	2
Previously deployed	17	17	19	16	12	18	16	5
Never been deployed	77	78	70	80	87	75	81	93
Margins of Error	±1-2	±2	±3	±3-5	±1-3	±1-2	±2-3	±2-4

Note. 2015 QSAPR Q10.

Training Prior to Deployment

Responders who indicated they were or had been deployed were asked if they were trained, and given the opportunity to work on issues relating to sexual assault prevention and response to gain experience.

Overall, the majority of responders (83%) indicated they were *trained and given the opportunity to work on issues* relating to sexual assault prevention and response to gain experience.

Figure 2.
Percentage Trained Prior to Deployment, by SARCs and VAs
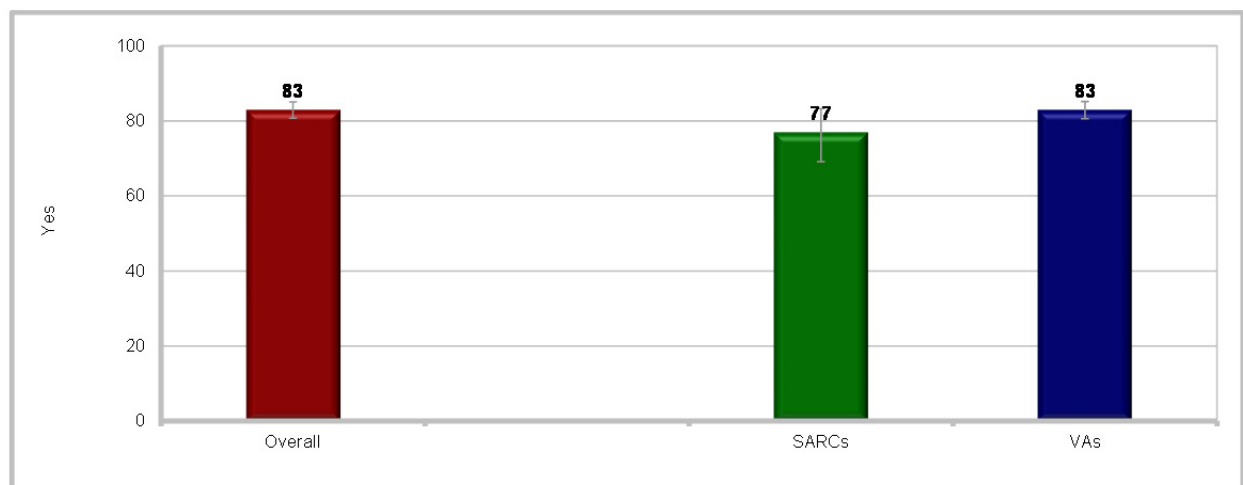
2015 QSAPR Q11   *Margins of error range from ±3% to ±8%*

SARCs

The majority of SARCs (77%) indicated they were *trained and given the opportunity to work on issues* relating to sexual assault prevention and response to gain experience prior to deploying as a SARC.

There were no statistically significant differences between Services or employment status for SARCs in 2015.

VAs

The majority of VAs (83%) indicated they were *trained and given the opportunity to work on issues* relating to sexual assault prevention and response to gain experience prior to deploying as a VA.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (91%) were more likely to indicate they were *trained and given the opportunity to work on issues*, whereas VAs in the Army (74%) were less likely.

Specific breakouts for VAs, by employment status, are as follows:

- Active duty VAs (85%) were more likely to indicate they were *trained and given the opportunity to work on these issues*, whereas National Guard/Reserve (70%) VAs were less likely.

Supervisors

As shown in Figure 3, overall, a little less than half (46%) of responders indicated the person who supervised their duties as a SARC or VA was *active duty military*. Forty percent indicated

this person was a *DoD or Service civilian employee*, while 14% indicated this person was a member of the *National Guard/Reserve*.

Figure 3.
Supervisors, by SARCs and VAs
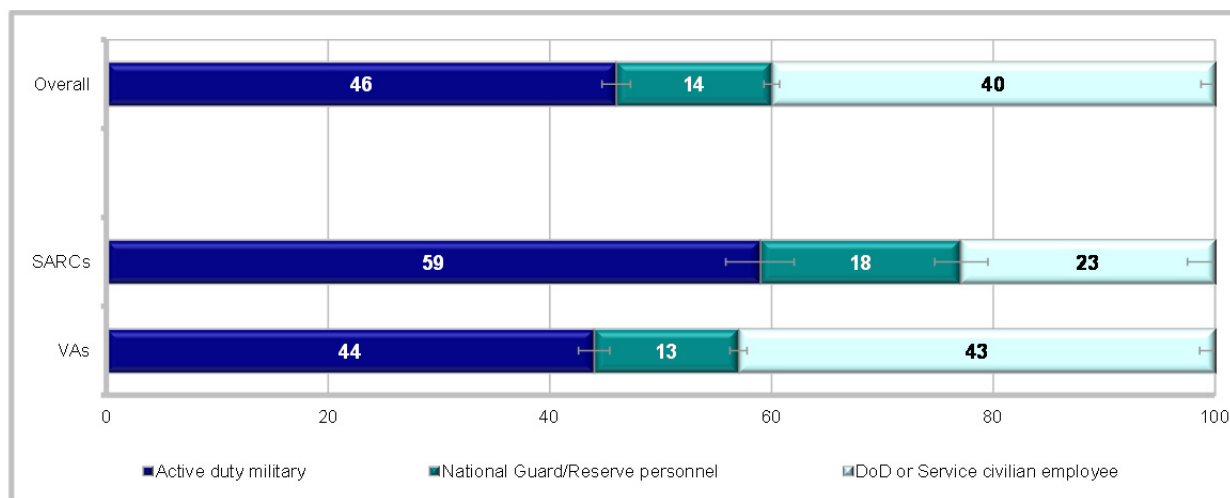
2015 QSAPR Q12   *Margins of error range from ±1% to ±4%*

Percent of all certified SARCs and VAs

SARCs

More than half of SARCs (59%) indicated the person who supervised their duties was *active duty military*. A little less than one-quarter (23%) indicated this person was a *DoD or Service civilian employee*, while a little less than one-fifth (18%) indicated this person was a member of the *National Guard/Reserve*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (67%) were more likely to indicate the person who supervised their duties as a SARC was *active duty military*, whereas SARCs in the Navy (16%) and Air Force (43%) were less likely.

- SARCs in the Air Force (40%) were more likely to indicate the person who supervised their duties as a SARC was a member of the *National Guard/Reserve*, whereas SARCs in the Army (15%) were less likely.

- SARCs in the Navy (84%) and Marine Corps (37%) were more likely to indicate the person who supervised their duties as a SARC was a *DoD or Service civilian employee*, whereas SARCs in the Army (18%) were less likely.

Specific breakouts for SARCs, by employment status, are as follows:

- Active duty SARCs (84%) were more likely to indicate the person who supervised their duties as a SARC was *active duty military*, whereas National Guard/Reserve SARCs (14%) and civilian SARCs (41%) were less likely.

- National Guard/Reserve SARCs (72%) were more likely to indicate the person who supervised their duties as a SARC was a member of the *National Guard/Reserve*, whereas active duty SARCs (2%) and civilian SARCs (9%) were less likely.

- Civilian SARCs (50%) were more likely to indicate the person who supervised their duties as a SARC was a *DoD or Service civilian employee*, whereas active duty SARCs (14%) and National Guard/Reserve SARCs (15%) were less likely.

VAs

Less than half of VAs (44%) indicated the person who supervised their duties was *active duty military* or this person was a *DoD or Service civilian employee* (43%). Thirteen percent indicated this person was a member of the *National Guard/Reserve*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (57%) were more likely to indicate the person who supervised their duties as a VA was *active duty military*, whereas VAs in the Marine Corps (32%) and Air Force (21%) were less likely.

- VAs in the Army (26%) were more likely to indicate the person who supervised their duties as a VA was a member of the *National Guard/Reserve*, whereas VAs in the Navy (1%) were less likely.

- VAs in the Navy (57%), Marine Corps (68%), and Air Force (65%) were more likely to indicate the person who supervised their duties as a VA was a *DoD or Service civilian employee*, whereas VAs in the Army (16%) were less likely.

Specific breakouts for VAs, by employment status, are as follows:

- Active duty VAs (53%) were more likely to indicate the person who supervised their duties as a VA was *active duty military*, whereas National Guard/Reserve VAs (8%) and civilian VAs (25%) were less likely.

- National Guard/Reserve VAs (75%) were more likely to indicate the person who supervised their duties as a VA was a member of the *National Guard/Reserve*, whereas active duty VAs (1%) and civilian VAs (4%) were less likely.

- Civilian VAs (71%) and active duty VAs (46%) were more likely to indicate the person who supervised their duties as a VA was a *DoD or Service civilian employee*, whereas National Guard/Reserve VAs (17%) were less likely.

Duty Location

As shown in Figure 4, the majority of responders (80%) indicated they perform their SARC/VA duties in the *contiguous United States*, while 17% perform their duties *outside the contiguous United States* and 3% perform their duties *at sea*.

Figure 4.
Duty Location, by SARCs and VAs
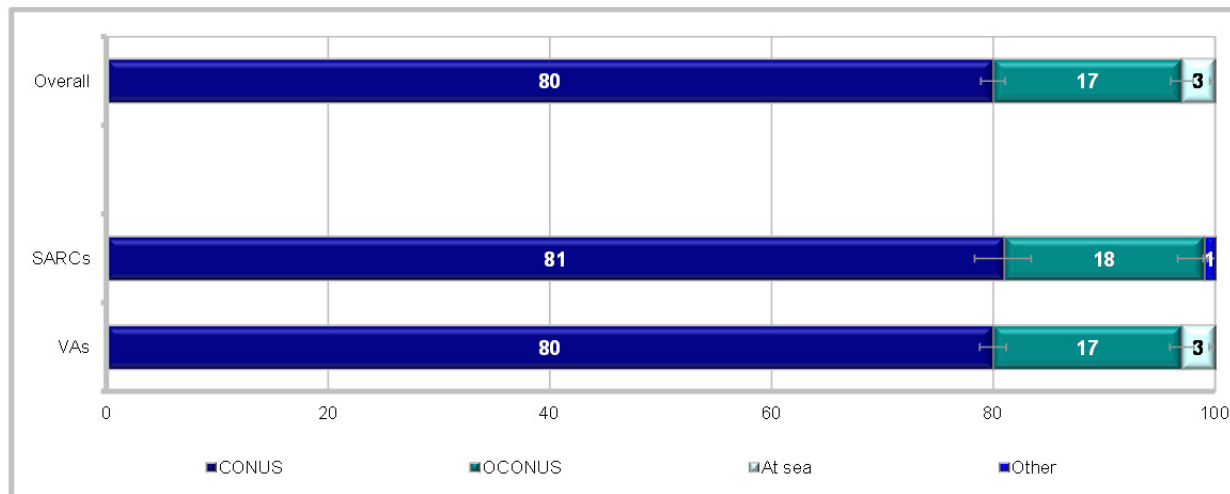
2015 QSAPR Q13   *Margins of error range from ±1% to ±3%*
Percent of all certified SARCs and VAs

SARCs

The majority of SARCs (81%) indicated they perform their SARC duties in the *contiguous United States*, while a little less than one-fifth (18%) perform their duties *outside the contiguous United States* and 1% perform their duties *at sea*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (1%) were more likely to indicate they perform their duties in an *other location* than SARCs in the other Services.

VAs

The majority of VAs (80%) indicated they perform their VA duties in the *contiguous United States*, while a little less than one-fifth (17%) perform their duties *outside the contiguous United States* and 3% perform their duties *at sea*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (82%) and Marine Corps (84%) were more likely to indicate they perform their duties in the *contiguous United States*, whereas VAs in the Navy (75%) were less likely.

- VAs in the Navy (8%) were more likely to indicate they perform their duties *at sea* than VAs in the other Services.

Populations Served

Average Number of Military Personnel Served

SARCs and VAs were asked about the number of military personnel they serve. Averages are presented below. Due to the wide range of responses, DMDC also provides medians and standard deviations to reflect the diversity of responses.

SARCs. The average number of *military personnel served* by SARCs is 4,109 (median is 900, standard deviation is 317).

Specific breakouts for SARCs, by Service, are as follows:

- The average numbers of *military personnel served* by Navy SARCs (8,308) and Air Force SARCs (6,378) are higher than the average of the other Services, whereas the average number of *military personnel served* by Army SARCs (3,107) is lower.

Specific breakouts for SARCs, by employment status, are as follows:

- The average number of *military personnel served* by civilian SARCs (7,576) is higher than the average of the other categories, whereas the average numbers of *military personnel served* by active duty SARCs (3,194) and National Guard/Reserve SARCs (2,596) are lower.

VAs. The average number of *military personnel served* by VAs is 1,409 (median is 224, standard deviation is 65).

Specific breakouts for VAs, by Service, are as follows:

- The average number of *military personnel served* by Air Force VAs (3,489) is higher than the average of the other Services, whereas the average numbers of *military personnel served* by Army VAs (936) and Marine Corps VAs (759) are lower.

Specific breakouts for VAs, by employment status, are as follows:

- The average number of *military personnel served* by civilian VAs (4,496) is higher than the average of the other categories, whereas the average number of *military personnel served* by National Guard/Reserve VAs (695) is lower.

Average Number of Civilian Personnel Served

SARCs and VAs were asked about the number of civilians they serve. Averages, medians, and standard deviations are presented below.

SARCs. The average number of *civilians (including DoD or Service civilians, contractors, spouses, and dependents) served* by SARCs is 2,646 (median is 120, standard deviation is 249).

Specific breakouts for SARCs, by Service, are as follows:

- The average numbers of *civilian personnel served* by Navy SARCs (6,566) and Air Force SARCs (4,462) are higher than the average of the other Services, whereas the average number of *civilian personnel served* by Army SARCs (1,893) is lower.

Specific breakouts for SARCs, by employment status, are as follows:

- The average number of *civilian personnel served* by civilian SARCs (5,863) is higher than the other categories, whereas the average numbers of *civilian personnel served* by active duty SARCs (2,057) and National Guard/Reserve SARCs (399) are lower.

VAs. The average number of *civilians served* by VAs is 907 (median is 5, standard deviation is 62).

Specific breakouts for VAs, by Service, are as follows:

- The average number of *civilian personnel served* by Air Force VAs (2,827) is higher than the average of the other Services, whereas the average numbers of *civilian personnel served* by Army VAs (519) and Marine Corps VAs (201) are lower.

Specific breakouts for VAs, by employment status, are as follows:

- The average number of *civilian personnel served* by civilian VAs (3,698) is higher than the other categories, whereas the average number of *civilian personnel served* by National Guard/Reserve VAs (201) is lower.

Types of Civilian Personnel Served

SARCs and VAs were asked about specific civilian personnel they currently serve. Overall, a little less than one-fifth of responders who serve civilians indicated they serve *family members* (*e.g., spouses, dependents*; 17%) and *adult sexual assault survivors victimized by someone they were dating (excluding those not living together or had a child together*; 17%), 15% of responders indicated they serve *DoD or Service civilians*, and fewer indicated they serve *DoD or Service contractors* (6%) and/or *military dependents under 18 years of age who were sexually assaulted by someone other than a parent or caregiver* (*e.g., another child, neighbor, coach, etc.*; 5%).

SARCs. As shown in Table 3, in the past 12 months, less than half of SARCs (42%) have had *family members (e.g., spouses, dependents)* on their caseloads while more than one-third (39%) have had a client who is an *adult sexual assault survivor victimized by someone they were dating (excluding those not living together or had a child together)*. One-third (33%) of SARCs have had *DoD or Service civilians* on their caseloads, while 16% have had *DoD or Service*

contractors and 13% have had *military dependents under 18 years of age who were sexually assaulted by someone other than a parent or caregiver (e.g., another child, neighbor, coach, etc.).*

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (69%) and Air Force (55%) were more likely to indicate their caseload included *family members*, whereas SARCs in the Army (36%) were less likely.

- SARCs in the Air Force (54%) were more likely to indicate their caseload included *adult survivors*, whereas SARCs in the Army (34%) were less likely.

- SARCs in the Air Force (41%) were more likely to indicate their caseload included *DoD or Service civilians* than SARCs in the other Services.

Specific breakouts for SARCs, by employment status, are as follows:

- Civilian SARCs (59%) were more likely to indicate their caseload included *family members*, whereas National Guard/Reserve SARCs (22%) were less likely.

- Civilian SARCs (53%) were more likely to indicate their caseload included *adult survivors*, whereas active duty (35%) and National Guard/Reserve SARCs (27%) were less likely.

- Civilian SARCs (48%) were more likely to indicate their caseload included *DoD or Service civilians*, whereas National Guard/Reserve SARCs (18%) were less likely.

- Civilian SARCs (23%) were more likely to indicate their caseload included *DoD or Service contractors*, whereas National Guard/Reserve SARCs (8%) were less likely.

VAs. As shown in Table 3, in the past 12 months, 13% of VAs have had a client who is an *adult sexual assault survivor victimized by someone they were dating (excluding those not living together or had a child together).* A little more than one-tenth (12%) of VAs have had *family members (e.g., spouses, dependents)* or have had *DoD or Service civilians* on their caseloads. Fewer VAs have had *DoD or Service contractors* (4%) or *military dependents under 18 years of age who were sexually assaulted by someone other than a parent or caregiver (e.g., another child, neighbor, coach, etc.*; 3%) on their caseload.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (16%) were more likely to indicate their caseload included *adult survivors*, whereas VAs in the Marine Corps (6%) were less likely.

- VAs in the Marine Corps (5%) were less likely to indicate their caseload included *DoD or Service civilians* than VAs in the other Services.

- VAs in the Air Force (18%) were more likely to indicate their caseload included *family members*, whereas VAs in the Navy (9%) and Marine Corps (7%) were less likely.

- VAs in the Army (7%) were more likely to indicate their caseload included *DoD or Service contractors*, whereas VAs in the Navy (3%) and Marine Corps (1%) were less likely.[12]

- VAs in the Army (4%) were more likely to indicate their caseload included *military dependents*, whereas VAs in the Marine Corps (1%) were less likely.[13]

Specific breakouts for VAs, by employment status, are as follows:

- Civilian VAs (33%) were more likely to indicate their caseload included *adult survivors*, whereas active duty VAs (11%) were less likely.[14]

- Civilian VAs (31%) were more likely to indicate their caseload included *DoD or Service civilians*, whereas active duty VAs (11%) and National Guard/Reserve VAs (7%) were less likely.

- Civilian VAs (42%) were more likely to indicate their caseload included *family members*, whereas active duty VAs (9%) were less likely.[15]

- Civilian VAs (13%) were more likely to indicate their caseload included *DoD or Service contractors*, whereas active duty VAs (4%) were less likely.[16]

- Civilian VAs (13%) were more likely to indicate their caseload included *military dependents*, whereas active duty VAs (3%) were less likely.[17]

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[12] Three percent of VAs in the Air Force also indicated their caseload included *DoD or Service contractors*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Air Force.

[13] Four percent of VAs in the Air Force also indicated their caseload included *military dependents*. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for Air Force.

[14] Ten percent of National Guard/Reserve VAs indicated their caseload included *adult survivors*. This percentage is not statistically lower than the percentages in the other employment status groups due to a higher margin of error for National Guard/Reserve VAs.

[15] Nine percent of National Guard/Reserve VAs also indicated their caseload included *family members*. This percentage is not statistically lower than the percentages in the other employment status groups due to a higher margin of error for National Guard/Reserve VAs.

[16] Four percent of National Guard/Reserve VAs also indicated their caseload included *DoD or Service contractors*. This percentage is not statistically lower than the percentages in the other employment status groups due to a higher margin of error for National Guard/Reserve VAs.

[17] Two percent of National Guard/Reserve VAs indicated their caseload included *military dependents*. This percentage is not statistically lower than the percentages in the other employment status groups due to a higher margin of error for National Guard/Reserve VAs.

Table 3.
Types of Civilian Personnel Served, SARCs and VAs by Service and Duty Status

Types of Civilian Personnel Served by Service and Status								
Comparisons ■ Higher Response ■ Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Active Duty**	**NG/R**	**Civilian**
SARCs								
Family members	42	36	69	44	55	38	22	59
Adult survivors victimized by someone they are dating	39	34	44	41	54	35	27	53
DoD or Service civilians	33	31	42	30	41	30	18	48
DoD or Service contractors	16	17	17	10	16	16	8	23
Military dependents	13	13	13	7	18	13	10	16
Margins of Error	*±3-4*	*±4-5*	*±11-14*	*±11-15*	*±8-9*	*±5-6*	*±7-9*	*±5-6*
VAs								
Adult survivors victimized by someone they are dating	13	14	11	6	16	11	10	33
DoD or Service civilians	12	14	11	5	13	11	7	31
Family members	12	13	9	7	18	9	9	42
DoD or Service contractors	4	7	3	1	3	4	4	13
Military dependents	3	4	3	1	4	3	2	13
Margins of Error	*±1-2*	*±2-3*	*±2-3*	*±2-4*	*±2-4*	*±1-2*	*±3-4*	*±4-6*

Note. 2015 QSAPR Q15.

Performing Duties Full or Part Time

Full Time or Part Time Duties

SARCs and VAs were asked whether their SARC or VA duties were their sole duty, their primary duty among many duties, or a collateral duty. Overall, the majority of responders (84%) indicated their duties are a *collateral duty*, while one-tenth (10%) indicated it is their *primary* duty, and 7% indicated it is their *sole* duty.

SARCs. As shown in Table 4, a little less than half (47%) indicated it is a *collateral duty*, while more than one-third of SARCs (36%) indicated their *sole duty* is as a SARC. Seventeen percent indicated it is their *primary* duty.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (59%) were more likely to indicate their role as SARC is their *sole duty* than SARCs in the other Services.

- SARCs in the Marine Corps (3%) were less likely to indicate their role as SARC is a *primary duty* than SARCs in the other Services.

- SARCs in the Army (49%) were more likely to indicate their role as SARC is a *collateral duty*, whereas SARCs in the Navy (27%) were less likely.

Specific breakouts for SARCs, by employment status, are as follows:

- Civilian SARCs (61%) were more likely to indicate their role as SARC is their *sole duty*, whereas National Guard/Reserve SARCs (9%) were less likely.

- Active duty SARCs (50%) and National Guard/Reserve SARCs (72%) were more likely to indicate their role as SARC is a *collateral duty*, whereas civilian SARCs (19%) were less likely.

VAs. The majority of VAs (89%) indicated their role as a VA is a *collateral duty.* Fewer VAs indicated it is their *primary duty* (9%) or their *sole duty* (3%).

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (5%) were more likely to indicate their role as VA is their *sole duty*, whereas VAs in the Navy and Marine Corps (both 1%) were less likely.

- VAs in the Army (14%) were more likely to indicate their role as VA is a *primary duty*, whereas VAs in the Navy (4%) and Marine Corps (3%) were less likely.

- VAs in the Navy (95%) and Marine Corps (96%) were more likely to indicate their role as VA is a *collateral duty*, whereas VAs in the Army (81%) were less likely.

Specific breakouts for VAs, by employment status, are as follows:

- Civilian VAs (24%) were more likely to indicate their role as VA is their *sole duty*, whereas active duty and National Guard/Reserve VAs (both 2%) were less likely.

- National Guard/Reserve VAs (12%) and civilian VAs (21%) were more likely to indicate their role as VA is a *primary duty*, whereas active duty VAs (7%) were less likely.

- Active duty VAs (91%) were more likely to indicate their role as VA is a *collateral duty*, whereas civilian VAs (54%) were less likely.

Table 4.
Full Time or Part Time Duties, SARCs and VAs by Service and Duty Status

Full Time or Part Time Duties by Service and Status								
Comparisons ■ Higher Response ■ Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Active Duty**	**NG/R**	**Civilian**
SARCs								
Sole duty	36	34	59	49	34	35	9	61
Primary duty	17	17	14	3	20	15	19	20
Collateral duty	47	49	27	49	46	50	72	19
Margins of Error	*±3-4*	*±4*	*±10-15*	*±6-13*	*±7-8*	*±4-5*	*±5-8*	*±5-6*
VAs								
Sole duty	3	5	1	1	2	2	2	24
Primary duty	9	14	4	3	9	7	12	21
Collateral duty	89	81	95	96	89	91	87	54
Margins of Error	*±1*	*±1-2*	*±1-2*	*±1-2*	*±2-3*	*±1*	*±2-3*	*±4-5*

Note. 2015 QSAPR Q16.

Other Duties Interfere with SARC and VAs Duties

SARCs and VAs who indicated their SARC or VA duties were primary or collateral (not those who indicated this was their sole duty) were asked whether other duties interfere with their SARC or VA duties. As shown in Figure 5, a little more than half (52%) of responders indicated other duties *do not interfere at all* with their SARC or VA duties. Conversely, a little less than half (48%) of responders indicated other duties interfere to some extent with their SARC or VA duties. Some extent includes "Small extent," "Moderate extent," "Large extent," and "Very large extent."

SARCs. As shown in Figure 5, a little less than two-thirds (65%) of SARCs indicated other duties interfere to some extent with their SARC or VA duties, while more than one-third (35%) indicated other duties *do not interfere at all* with their SARC duties.

Specific breakouts for SARCs, by Service, are as follows:

• SARCs in the Air Force (90%) were more likely to indicate other duties *interfere to some extent* with their SARC duties, whereas SARCs in the Army (61%) and Marine Corps (40%) were less likely.

VAs. As shown in Figure 5, a little more than half of VAs (54%) indicated other duties *do not interfere at all* with their SARC or VA duties, while a little less than half (46%) indicated other duties interfere to some extent with their VA duties.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (53%) were more likely to indicate other duties *interfere to some extent* with their VA duties, whereas VAs in the Navy (41%) were less likely.

Figure 5.
Other Duties Interfere with SARC and VA Duties, SARCs and VAs by Service
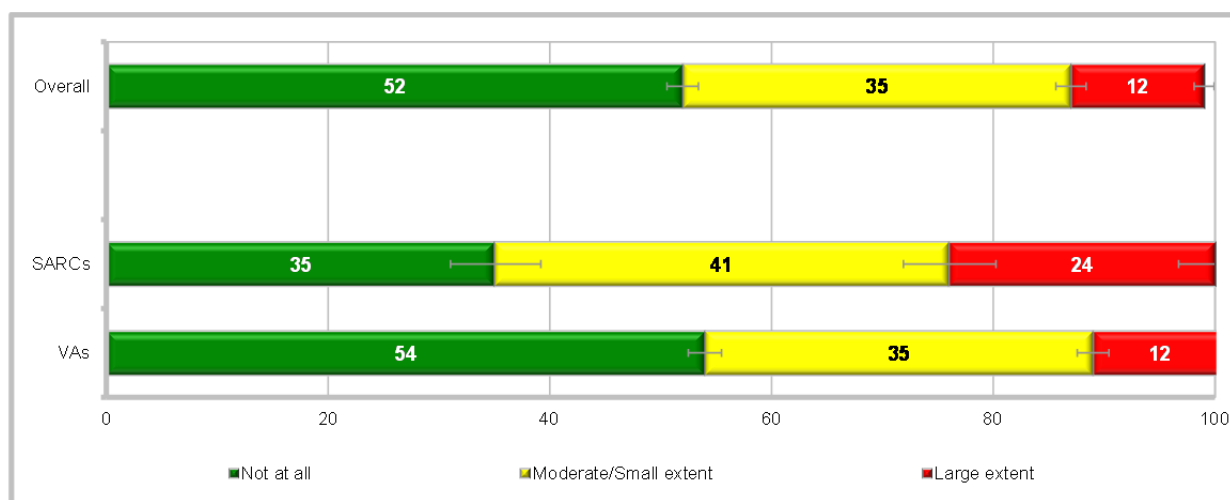
2015 QSAPR Q17   Margins of error range from ±1% to ±5%
Percent of certified SARCs and VAs whose duties were either primary or collateral

Supporting Qualitative Data. Of those 65% of SARCs and 46% of VAs who indicated their other duties interfere to some extent with their SARC or VA duties, DMDC asked for information on how those duties interfered.

In summary, SARCs indicated:

- Primary duties take precedence. Many shared a concern that their SARC duties could affect their performance evaluations because they are based on primary duties being completed to satisfaction, which SARC duties detract from in some cases.

  – *"Supervisors of SARCs may never see or hear of a victim who feels he/she received basic, minimal, or negligible care, but supervisors of SARCs and inspectors will see administrative failures of SARCs because those are tangible."* (Marine Corps Civilian)

- Many SARCs indicated while they make survivors a priority when cases arise, they are unable to keep up with the trainings and meetings required of their SARC position.

– *"My other duties take the majority of the time I have dedicated to assist victims if needed. I am able to conduct training, but not able to dedicate extended periods of time without falling behind on my primary duties."* (Army Active Duty)

– *"The issue is time. My primary duty is a full time job. When a SAPR incident comes up, I set aside my primary duty to attend to the higher priority SAPR issues."* (Marine Corps Active Duty)

- Especially at smaller installations, many people have multiple collateral duties resulting in SARC duties competing for priority.

    – *"As a small office, we are required to take on tons of additional duties and jobs that we are not trained in and it's very time consuming to manage and stay current just to comply for an office of two."* (Air Force Active Duty)

- Many SARCs commented on the emotional toll SARC duties take, as well as the difficulty of performing SARC duties while also performing non-SARC duties.

    – *"The most disconcerting part of the SARC additional duty is constantly having to reset my emotions and demeanor as I instantly need to switch back and forth between handling the fast-paced demands and rhythm of the Command Office and gently and slowly handling a human being who is reaching out for help and assistance after a traumatic incident."* (Air Force National Guard/Reserve)

- Many SARCs indicated they believe the SARC position should not be a collateral duty.

    – *"It takes more time than there is in the day. Keeping up with the training for the battalion and ensuring the company reps are doing what they are supposed to be doing. And this is without dealing with a case. It is my opinion that the Battalion level SARC needs to be a full time position in order to bring a better understanding and better training to the soldiers rather than a collateral duty where you are trying to juggle too many things at once."* (Army Active Duty)

In summary, VAs indicated:

- Primary duties take precedence.

    – *"The VA position falls into 'other duties as assigned' and not my primary position. I could not 'drop everything' to focus on a VA case."* (Army Active Duty)

- Some VAs require significant travel to perform their primary duties, which hinders their ability to be available to perform VA duties. Conversely, many also have to travel significant distances to perform their VA duties, which hinders their ability to perform their primary duties.

    – *"I am in a widely spread area and may have to drive anywhere from 5-8 hours before I reach a client."* (Marine Corps Active Duty)

- *"It is hard to be an active VA able to support/get assigned a victim when you are not able to be there for them 100% of the time under a highly deployable High Ops tempo unit."* (Air Force National Guard/Reserve)

- Additionally, those working in secure environments have limited or no access to cell-phones which interferes with communication with survivors.

  - *"Due to current duty location, I am unable to carry a cell phone during working hours."* (Navy Active Duty)

- Additionally, some of the requirements of being a VA, such as confidentiality, can lead to the impression of poor job performance to superiors.

  - *"Even though VA duties supersede your primary duties, you cannot use your VA duties alone [for] your evaluations. VA duties are time consuming and that may take you out from your primary duties which will hurt you on your evaluation."* (Navy Active Duty)

- Because VA duties are "other duties assigned" or collateral, they are often not given top priority. Especially at smaller installations, many people may have multiple collateral duties so VA duties compete for priority.

  - *"I would prefer a way for SAPR VAs to be allowed time set aside in some way to continue education so the program stays alive and people made aware of it during working hours. As of right now in my experience it is treated as either a collateral duty to only be addressed for yearly training or when someone becomes a victim."* (Navy Active Duty)

- While active cases always take priority, administrative work on the program, training, and meetings are often missed because of conflict with primary duties and/or additional collateral duties. Some people have support from their coworkers to perform primary duties when VA duties come up and can delegate. Those who do not have support from coworkers or cannot delegate find it takes a significant amount of extra work time to perform both duties.

  - *"If I am out of the loop without significant prep time and pre-briefing, my responsibilities are not accomplished and the mission fails. I need to be present for meetings, to serve as administrator for medical training, and pick up medical supplies. Most of my responsibilities cannot be delegated."* (Army Active Duty)

- Many VAs pointed out they believe the VA position should not be a primary duty among other duties.

  - *"I believe battalion level VA should be full time because of the work load that is demanded for not only keeping your paperwork in order but also taking care of victims. I am in constant need for everything from working a case to giving advice to*

[leadership] and teaching classes/going to classes to maintain certification." (Army
Active Duty)

– *"I am active duty so my primary AFSC [Air Force Specialty Code] takes precedence
which kind of stinks because I think this job could be a full time position."* (Air Force
Active Duty)

Aspects of Duties Performed

SARCs and VAs were asked the extent to which they perform various aspects of their duties. To
a large extent includes "Very large extent" and "Large extent." Results are shown in order of
descending frequency for SARCs and VAs. Overall, the most frequently performed duty of
responders, to a large extent, was *demonstrating awareness of the impact of sexual assault on
survivors* (79%). The majority of responders indicated they *apply the SAPR program to aid
survivors of sexual assault* (75%), *respond to survivors' reports and manage crises effectively*
(74%), *facilitate education and training* (73%), and *coordinate services and advocate for
survivors* (71%). A little more than two-thirds of responders (69%) indicated they *prepare
communications about the program*, a little less than two-thirds (63%) *conduct prevention
activities*, more than half (58%) *manage or help manage the SAPR program*, and more than one-
third (37%) *experience ethical dilemmas in conducting the program*.

SARCs

As shown in Table 5, the most frequently performed duty of SARCs, to a large extent, was
demonstrating awareness of the impact of sexual assault on survivors (85% of SARCs).

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (91%) were more likely to indicate they *demonstrate awareness
  of the impact of sexual assault on survivors* than SARCs in the other Services.

- SARCs in the Air Force (89%) were more likely to indicate they *facilitate education and
  training*, whereas SARCs in the Marine Corps (67%) were less likely.

- SARCs in the Air Force (93%) were more likely to indicate they *manage or help manage
  the SAPR program*, whereas SARCs in the Army (76%) were less likely.

- SARCs in the Air Force (88%) were more likely to indicate they *respond to survivors'
  reports and manage crises effectively*, whereas SARCs in the Army (78%) were less
  likely.

- SARCs in the Air Force (89%) were more likely to indicate they *coordinate services and
  advocate for survivors*, whereas SARCs in the Army (78%) were less likely.

- SARCs in the Air Force (88%) were more likely to indicate they *apply the SAPR
  program to aid survivors of sexual assault*, whereas SARCs in the Army (76%) were less
  likely.

- SARCs in the Army (73%) were more likely to indicate they *conduct prevention activities*, whereas SARCs in the Navy (52%), Marine Corps (49%), and Air Force (59%) were less likely.

- SARCs in the Army (43%) were more likely to indicate they *experience ethical dilemmas in conducting the program*, whereas SARCs in the Air Force (23%) were less likely.

VAs

As shown in Table 5, similar to findings for the SARCs, the most frequently performed duty of VAs, to a large extent, was *demonstrating awareness of the impact of sexual assault on survivors* (79% of VAs).

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (85%) were more likely to indicate they *demonstrate awareness of the impact of sexual assault on survivors*, whereas VAs in the Army (76%) were less likely.

- VAs in the Air Force (81%) were more likely to indicate they *apply the SAPR program to aid survivors of sexual assault*, whereas VAs in the Army (70%) were less likely.

- VAs in the Air Force (80%) were more likely to indicate they *respond to survivors' reports and manage crises effectively*, whereas VAs in the Army (69%) were less likely.

- VAs in the Army (73%) and Marine Corps (78%) were more likely to indicate they *facilitate education and training*, whereas VAs in the Navy (68%) were less likely.

- VAs in the Air Force (75%) and Navy (73%)[18] were more likely to indicate they *coordinate services and advocate for survivors*, whereas VAs in the Army (66%) were less likely.

- VAs in the Marine Corps (73%) were more likely to indicate they *prepare communications about the program*, whereas VAs in the Army (66%)[19] were less likely.

- VAs in the Navy (62%) and Marine Corps (63%) were more likely to indicate they *manage or help manage the SAPR program*, whereas VAs in the Army (50%) and Air Force (46%) were less likely.

- VAs in the Navy (41%) were more likely to indicate they *experience ethical dilemmas in conducting the program*, whereas VAs in the Air Force (31%) were less likely.

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[18] Seventy-three percent of VAs in the Marine Corps also indicated they *coordinate services and advocate for survivors*. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for Marine Corps.

[19] Sixty-six percent of VAs in the Air Force also indicated they *prepare communications about the program*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Air Force.

Table 5.
Percentage of Responders Performing Aspects of Duties, SARCs and VAs by Service

Percent Performing Aspects of Duties to a Large Extent					
Within Service Comparisons ■ Higher Response ■ Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Demonstrate awareness of the impact of sexual assault on survivors	85	83	87	81	91
Facilitate education and training	82	81	77	67	89
Manage or help manage the SAPR program	81	76	86	91	93
Respond to survivors' reports and manage crises effectively	80	78	87	82	88
Coordinate services and advocate for survivors	80	78	85	83	89
Prepare communications about the program	80	80	87	73	80
Apply the SAPR program to aid survivors of sexual assault	79	76	87	79	88
Conduct prevention activities	68	73	52	49	59
Experience ethical dilemmas in conducting the program	38	43	32	37	23
Margins of Error	*±3-4*	*±4-5*	*±13-19*	*±14-17*	*±5-9*
VAs					
Demonstrate awareness of the impact of sexual assault on survivors	79	76	78	81	85
Apply the SAPR program to aid survivors of sexual assault	75	70	77	77	81
Respond to survivors' reports and manage crises effectively	73	69	75	76	80
Facilitate education and training	71	73	68	78	70
Coordinate services and advocate for survivors	70	66	73	73	75
Prepare communications about the program	68	66	70	73	66
Conduct prevention activities	63	64	62	63	60
Manage or help manage the SAPR program	55	50	62	63	46
Experience ethical dilemmas in conducting the program	37	36	41	36	31
Margins of Error	*±2*	*±2-3*	*±3-4*	*±4-5*	*±3-4*

Note. 2015 QSAPR Q71.

Chapter 3:
Safety Assessments

Introduction

This section of the survey sought information on safety assessments including whether safety assessments had been conducted at the responder's location, frequency of assessments conducted by various providers, and the extent to which training prepared responders to conduct safety assessments (Q18-24). Responders were also asked how many times they had been involved in a High-Risk Response Team (HRRT) in the past 12 months, the nature of the situations that called for the establishment of an HRRT, composition of the HRRT, and length of time it remained in place. All questions were asked of both SARCs and VAs.

Results of Safety Assessments

Responders were asked to answer a series of questions about the conduct of safety assessments. Questions were designed to elicit information about the frequency of safety assessments, extent of training received in conducting assessments, as well as findings from those assessments and responses to the findings. Policy regarding safety assessments is provided by DoDI 6495.02. In brief, the purpose of a safety assessment is to ensure the survivor and potentially other persons are not in physical jeopardy. A safety assessment must be available to all Service members, adult military dependents, and civilians eligible for SAPR services, regardless of whether the survivor is physically located on the military installation. The safety assessment is required to be conducted as soon as possible and by trained personnel. Further, personnel tasked to conduct the safety assessment must occupy positions that do not compromise the survivor's option to make a Restricted or Unrestricted Report. The Department offers military members who experienced a sexual assault two options for formal reporting: restricted and unrestricted reporting. Restricted reporting allows survivors to access medical care, mental health care, and advocacy services, without initiating a criminal investigation or notifying their command. An Unrestricted Report allows survivors to access the same care as those who file a Restricted Report, but the report is also referred for investigation to a Military Criminal Investigative Organization (MCIO) and the survivor's command is notified of the incident. Survivors may also initially make a Restricted Report, but may later convert this report to an Unrestricted Report in order to initiate an investigation. Conversely, once a respondent makes an Unrestricted Report, he/she cannot convert this to a Restricted Report.

Conducting Safety Assessments

Are Safety Assessments Conducted?

SARCs and VAs were asked if safety assessments were conducted at their military location/area of operation to determine if there is a high-risk situation affecting survivors or other persons. As shown in Figure 6, overall, the majority (76%) of responders indicated *safety assessments are conducted at their location to determine if there is a high-risk situation affecting victims or other persons*.

Figure 6.
Percentage of Responders Who Indicated Safety Assessments Were Conducted at Their Location, by SARCs and VAs
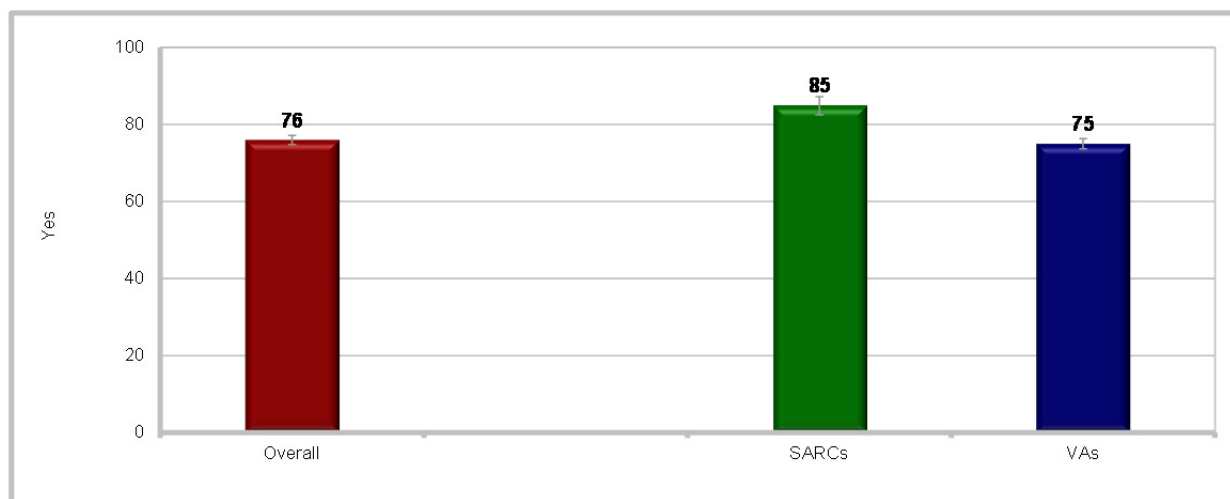
2015 QSAPR Q18   *Margins of error range from ±2% to ±3%*

Percent of all certified SARCs and VAs

SARCs. As shown in Figure 6, the majority of SARCs (85%) indicated *safety assessments are conducted at their location to determine if there is a high-risk situation affecting victims or other persons*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (94%) were more likely to indicate *safety assessments are conducted at their military location/area of operation* than SARCs in the other Services.

VAs. As shown in Figure 6, the majority of VAs (75%) indicated *safety assessments are conducted at their location to determine if there is a high-risk situation affecting victims or other persons*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (71%) were less likely to indicate *safety assessments are conducted at their military location/area of operation* than VAs in the other Services.

Who Conducts Safety Assessments?

SARCs and VAs who indicated safety assessments were being conducted at their military location/area of operation, were asked who conducts them. Overall, of responders who indicated safety assessments were conducted at their location, responders indicated a little less than two thirds (65%) of the safety assessments were conducted by *SARCs* (65%) and *VAs* (62%). Forty-two percent were conducted by *healthcare providers*, 41% by *law enforcement*, and a little less than one-third (30%) by *other service providers*.

SARCs. As shown in Table 6, of SARCs who indicated safety assessments were conducted at their location, the majority (75%) of safety assessments were conducted by *SARCs*, a little less than two-thirds (63%) were conducted by *VAs*, and more than half by *law enforcement* (55%) and *healthcare providers* (51%). Forty-one percent of safety assessments were conducted by *other service providers*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (66%) were more likely to indicate *safety assessments are conducted by VAs*, whereas SARCs in the Air Force (50%) were less likely.

- SARCs in the Marine Corps (37%) were less likely to indicate *safety assessments are conducted by law enforcement*, than SARCs in the other Services.

- SARCs in the Army (44%) were more likely to indicate *safety assessments are conducted by some other service provider*, whereas SARCs in the Marine Corps (20%) and Air Force (25%) were less likely.[20]

VAs. As shown in Table 6, of VAs who indicated safety assessments were conducted at their location, a little less than two-thirds of the safety assessments were *conducted by SARCs* (64%), and *VAs* (62%). Forty-one percent were conducted by *health care providers*, more than one-third (39%) were conducted by *law enforcement*, and more than one-quarter (29%) were conducted by *other service providers*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (80%) were more likely to indicate *safety assessments are conducted by SARCs*, whereas VAs in the Marine Corps (48%) were less likely.

- VAs in the Army (66%) were more likely to indicate *safety assessments are conducted by VAs*, whereas VAs in the Navy (58%) and Marine Corps (52%) were less likely.

- VAs in the Air Force (58%) were more likely to indicate *safety assessments are conducted by healthcare providers*, whereas VAs in the Army (36%) and Marine Corps (33%) were less likely.

- VAs in the Air Force (59%) were more likely to indicate *safety assessments are conducted by law enforcement*, whereas VAs in the Army (36%) were less likely.

- VAs in the Air Force (44%) were more likely to indicate *safety assessments are conducted by some other service provider*, whereas VAs in the Army (26%) and Marine Corps (19%) were less likely.

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[20] Fifty percent of SARCs in the Navy indicated *safety assessments are conducted by some other provider*. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for Navy.

Table 6.

Percentage of Responders Indicating Officials Who Conduct Safety Assessments, SARCs and VAs by Service

Percent Indicating Officials Who Conduct Safety Assessments Often					
Within Service Comparisons ■ Higher Response ■ Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
SARC	75	77	67	66	74
VA	63	66	70	59	50
Law enforcement	55	57	67	37	50
Healthcare provider	51	52	53	48	51
Other	41	44	50	20	25
Margins of Error	*±4-5*	*±4-5*	*±13-15*	*±14-16*	*±8-10*
VAs					
SARC	64	63	64	48	80
VA	62	66	58	52	64
Healthcare provider	41	36	43	33	58
Law enforcement	39	36	37	34	59
Other	29	26	29	19	44
Margins of Error	*±2*	*±3*	*±4*	*±5-6*	*±4-5*

Note. 2015 QSAPR Q19.

Supporting Qualitative Data. SARCs and VAs who indicated "Other service providers" conduct safety assessments were asked to specify those others.

In summary, SARCs indicated:

- Most often identified was someone in the chain of command, safety officers, and chaplains as conducting safety assessments at the military location/area of operation.

- Additional personnel included the military police, suicide prevention office, medical personnel, psychological and behavioral health personnel, legal counsel, other programs (CID, ACS, DES, SJA, and FAP),[21] and civilian law enforcement and local crisis centers.

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[21] CID stands for Criminal Investigation Command, ACS for Army Community Service, DES for Directorate of Emergency Services, SJA stands for Staff Judge Advocate, and FAP stands for Family Advocacy Program.

In summary, VAs indicated:

- Most often identified was someone in the chain of command, safety officer, chaplain, legal counsel, and medical providers/behavioral health as conducting safety assessments at the military location/area of operation.

- Additional personnel included social services, state personnel, and family advocates.

- Many VAs did not know any additional personnel who conduct safety assessments.

  – *"I've conducted 1 in the last year. I haven't been informed of any others."* (Marine Corps Active Duty)

Preparation for Conducting Safety Assessments

As shown in Figure 7, overall, one-third (33%) of responders indicated the *training they received adequately prepared them to a large extent to conduct safety assessments.* To a large extent includes "Very large extent" and "Large extent."

Figure 7.
Percentage of Responders Indicating Extent to Which Training Prepared Them to Conduct Safety Assessments, by SARCs and VAs
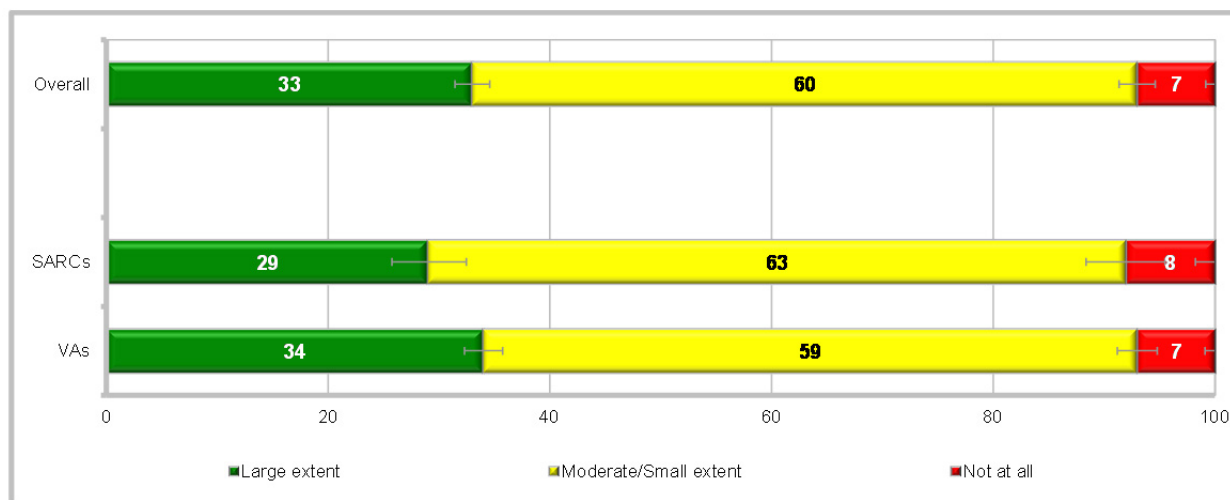
2015 QSAPR Q20   *Margins of error range from ±1% to ±4%*
Percent of all certified SARCs and VAs

SARCs. As shown in Figure 7, more than one-quarter (29%) of SARCs indicated the *training they received adequately prepared them to a large extent to conduct safety assessments.*

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (19%) were less likely to indicate their *training adequately prepared them to a large extent to conduct safety assessments* than SARCs in the other Services.

VAs. As shown in Figure 7, more than one-third (34%) of VAs indicated the *training they received adequately prepared them to a large extent to conduct safety assessments*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (39%) were more likely to indicate their *training adequately prepared them to a large extent to conduct safety assessments*, whereas VAs in the Marine Corps (24%) were less likely.

Results of High-Risk Response Teams

If, as a result of the safety assessment, a survivor is determined to be at high risk for physical harm, an HRRT is convened. If the survivor has filed an Unrestricted Report, this process is automatic. Policy requires a balance between protecting the privacy and confidentiality of survivors filing a Restricted Report, and the duty to protect the survivor (and possibly others) from further harm. Therefore, in the case of Restricted Report, a determination of a high-risk situation must be reviewed and concurred by the staff judge advocate supporting the installation commander [22] before the survivor's commander is notified and an HRRT is convened. An exception to the confidentiality of a Restricted Report is made only where it is "necessary to prevent or mitigate serious and imminent threat to the health or safety of the victim or another person" (DoD 2015c, pp. 5-6).

The HRRT is chaired by the survivor's commander, and is comprised of a team of legal, survivor assistance, healthcare, and command personnel. Policy dictates at a minimum, the team be comprised of the chair (survivor's commander) and the alleged offender's immediate commander; the survivor's SARC and VA; the Military Criminal Investigation Organization (MCIO) representation, the judge advocate, and the Victim Witness Assistance Program (VWAP) representative assigned to the case; the survivor's healthcare provider or mental health and counseling services provider; and the personnel who conducted the safety assessment. The purpose and the responsibility of the HRRT is to monitor the survivor's safety, by assessing danger and developing a plan to manage the situation. The HRRT is required to brief the Case Management Group (CMG) chair and co-chair at least once per week so long as the survivor is deemed to be at high risk.[23]

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[22] "The Staff Judge Advocate (SJA) of the installation commander, supporting judge advocate, or other legal advisor concerned" (DoD, 2015b, p. 6).

[23] "A multi-disciplinary group that meets monthly to review individual cases of Unrestricted Reports of sexual assault. The group facilitates monthly victim updates and directs system coordination, accountability, and victim access to quality services" (DoD, 2015b, p. 117). DoDI 6495.02 requires that the installation commander or deputy commander co-chair the CMG.

Frequency of HRRTs

As shown in Figure 8, overall, 3% of responders indicated they had been *involved in an HRRT in the past 12 months*. On average, responders were involved in 2.4 HRRTs.

Figure 8.
Percentage of Responders Involved in an HRRT in the Past 12 Months, by SARCs and VAs
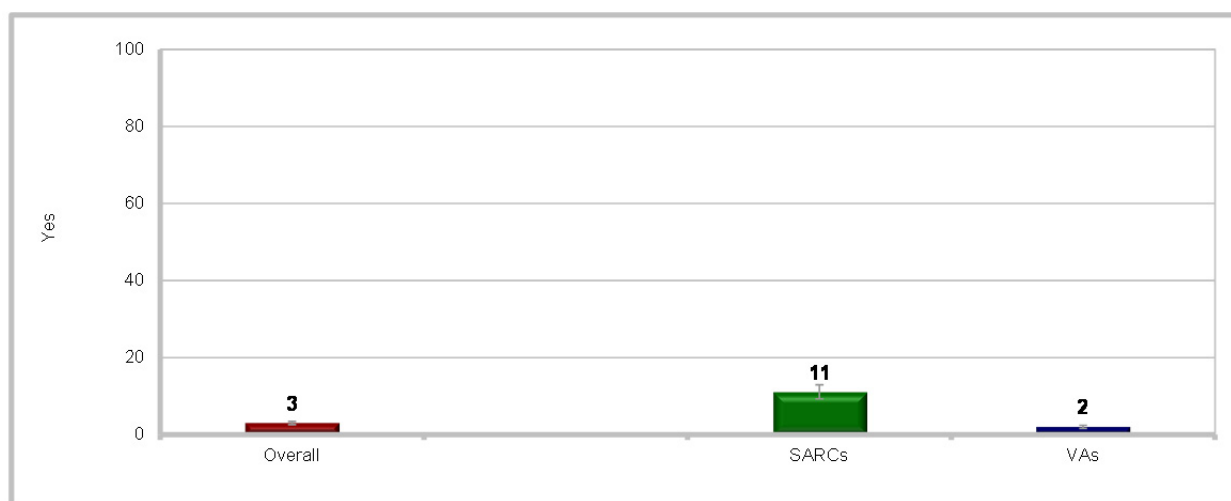
2015 QSAPR Q21   *Margins of error range from ±1% to ±2%*
Percent of all certified SARCs and VAs

SARCs

As shown in Figure 8, a little more than one-tenth (11%) of SARCs indicated they had been *involved in an HRRT in the past 12 months*. On average, SARCs were involved in 2.8 HRRTs.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Marine Corps (3%) were less likely to indicate they had been *involved in an HRRT in the past 12 months* than SARCs in the other Services.

VAs

As shown in Figure 8, 2% of VAs indicated they had been *involved in an HRRT in the past 12 months*. On average, VAs were involved in 2.1 HRRTs.

There were no statistically significant differences between Services for VAs on *involvement in HRRTs in the past 12 months*.

Reasons for Establishing HRRTs

DoDI 6495.02, Enclosure 9, outlines the information the HRRT shall assess in evaluating high-risk situations. As examples, the HRRT assesses the survivors' safety concerns, threats of harm by the alleged offender, and alleged offender's history with law enforcement. Responders were

asked to indicate the high-risk situations related to HRRTs in which they had been involved. The list of high-risk situations presented to SARCs and VAs (Q22) in *2015 QSAPR* was representative of the list of information to be evaluated as dictated by Enclosure 9.

The top three high-risk situations indicated, overall, by responders were the *survivor indicated concern for his/her personal safety* (73%), *command has a military protective order (MPO) against the suspect* (43%), and the *survivor has threatened, attempted, or indicated a plan to commit suicide* (36%).[24]

SARCs

As shown in Table 7, the top three high-risk situations indicated by SARCs were *survivor indicated concern for his/her personal safety* (72%), *command has a military protective order (MPO) against the suspect* (50%), and the *survivor has threatened, attempted, or indicated a plan to commit suicide* (32%).

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (26%) were less likely to indicate the HRRT was convened because the *command has a military protective order (MPO) against the suspect* then SARCs in the other Services.

VAs

As shown in Table 7, the top three high-risk situations indicated by VAs were *survivor indicated concern for his/her personal safety* (73%), *command has a military protective order (MPO) against the suspect* (38%), and the *survivor has threatened, attempted, or indicated a plan to commit suicide* (38%).

There were no statistically significant differences between Services for VAs in 2015 for the top three high-risk situations.

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[24] These top three high-risk situations were the same for SARCs and VAs. The percentages of responders selecting the other high-risk situations are shown in DMDC, 2016a.

Table 7.

Percentage of Responders Indicating Most Frequent High-Risk Situations for Convening an HRRT, SARCs and VAs by Service

Percent Responders Indicating Most Frequent High-Risk Situations for Convening an HRRT					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Survivor indicated concern for his/her personal safety	72	73	NR	NR	67
Command has a military protective order (MPO) against the suspect	50	56	NR	NR	26
Survivor has threatened, attempted, or indicated a plan to commit suicide	32	29	NR	NR	37
Margins of Error	*±9*	*±11-12*	*--*	*--*	*±20-24*
VAs					
Survivor indicated concern for his/her personal safety	73	71	70	NR	NR
Command has a military protective order (MPO) against the suspect	38	36	47	NR	NR
Survivor has threatened, attempted, or indicated a plan to commit suicide	38	33	31	NR	59
Margins of Error	*±10*	*±13*	*±20-22*	*--*	*±21*

Note. 2015 QSAPR Q22.

Supporting Qualitative Data

Eleven percent of responders indicated *other high-risk situations* than those presented in the question choices and were asked to indicate what these other reasons were.

In summary, SARCs indicated:

- The most common other type of high-risk situations included health and well-being of the individual, such as being highly emotional and unable to perform assigned duties, and severe depression.

  – *"Service member highly emotional while performing daily duties, unable to perform assigned task. Decline in work performance."* (Army Civilian)

  – *"Victim was being harassed and ostracized by others in his command. Victim felt very isolated and depressed. Victim exhibited behavior that was concerning to friends and co-workers. HRRT was convened to ensure the safety of victim."* (Navy Civilian)

- Additional issues included the survivor being arrested for public intoxication, survivor breaking protection order, and survivor threatening key personnel on the base leading to being banned.

  – *"Threatened key personnel on the base; victim has been banned from base."* (Air Force Civilian)

- There was a case where the survivor's sexual assault occurred prior to entering the military. The SARC supported communications between local law enforcement, military investigators/law enforcement, and SARC/VA.

  – *"Victim's sexual assault occurred prior to entering the military. Victim was a NG trainee. Communications was made between local law enforcement, military investigators/law enforcement, and SARC/VA. Suspect was non-military personnel (civilian)"* (Army Active Duty)

In summary, VAs indicated:

- Other high-risk situations mentioned included putting together a high-risk inventory of soldiers due to two non-SHARP related suicide attempts, standing in on a counseling session to make sure no lines were crossed, dealing with a perpetrator with multiple survivors, and survivor switching jobs to get away from a situation.

  – *"I was tasked to put together a high risk inventory of our Soldiers due to two non-SHARP related suicide attempts"* (Army National Guard/Reserve)

  – *"Victim switched jobs to get away from the situation that happened."* (Air Force Civilian)

- One VA mentioned a formal HRRT was never formed because a report was restricted, so informally followed up to create a plan to protect the survivor in absence of SARC action.

  – *"A formal HRRT was never formed, SARCs reported that there was nothing we could do because the report was restricted. Informally met with director of psychological health to form a plan to protect the victim in the absence of SARC action."* (Air Force Civilian)

Composition of HRRTs

Responders were asked to identify various personnel who were part of the HRRTs in which they had been involved. The list of personnel presented to SARCs and VAs (Q23) included the survivor's commander, suspect's commander, survivor's SARC, survivor's VA, survivor's SVC/VLC, criminal investigator, JAG staff, VWAP, healthcare provider, and other personnel.

Overall, the majority of responders indicated the personnel most frequently involved in an HRRT were the *survivor's VA* (85%), *SARC* (80%), and *commander* (71%).[25]

SARCs

As shown in Table 8, the majority of SARCs indicated the personnel most frequently involved in an HRRT were the *survivor's SARC* (91%), *commander* (87%), and *VA* (82%).

There were no statistically significant differences between Services for SARCs in 2015 for the top three personnel most frequently involved in an HRRT.

VAs

As shown in Table 8, the majority of VAs indicated the personnel most frequently involved in an HRRT were the *survivor's VA* (87%) and *SARC* (73%). A little less than two-thirds (61%) indicated the *commander* was involved in the HRRT.

There were no statistically significant differences between Services for VAs in 2015 for the top three personnel most frequently involved in an HRRT.

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[25] These top three personnel most frequently involved in the HRRT were the same for SARCs and VAs. The percentages of responders selecting the other personnel who were most frequently involved in an HRRT are shown in DMDC, 2016a.

Table 8.
*Percentage of Responders Indicating Personnel Most Frequently Involved in an HRRT,
SARCs and VAs by Service*

Percent Responders Indicating Personnel Most Frequently Involved in an HRRT					
Within Service Comparisons ■ Higher Response ■ Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Survivor's SARC	91	89	NR	NR	97
Survivor's Commander	87	84	NR	NR	NR
Survivor's VA	82	86	NR	NR	71
Margins of Error	*±8*	*±9-11*	*--*	*--*	*±11-24*
VAs					
Survivor's VA	87	85	85	NR	88
Survivor's SARC	73	72	77	NR	NR
Survivor's Commander	61	60	53	NR	NR
Margins of Error	*±8*	*±11-13*	*±19-20*	*--*	*±16*

Note. 2015 QSAPR Q23.

Duration of HRRTs

Responders were asked how long the HRRT remained in place. The list of timeframes presented
to SARCs and VAs (Q24) included *1 to 7 days*, *8 to 30 days*, and *more than 30 days*.

As shown in Figure 9, overall, of the responders who indicated they had been involved in a
HRRT in the past 12 months, a little less than half (48%) indicated the HRRT remained in effect
from *1 to 7 days*, a little less than one-third (31%) indicated it remained in effect from *8 to 30
days*, and a little less than one-quarter (22%) indicated it remained in effect *more than 30 days*.

Figure 9.
*Percentage of Responders Indicating Length of Time HRRT Remained in Effect, by SARCs
and VAs*
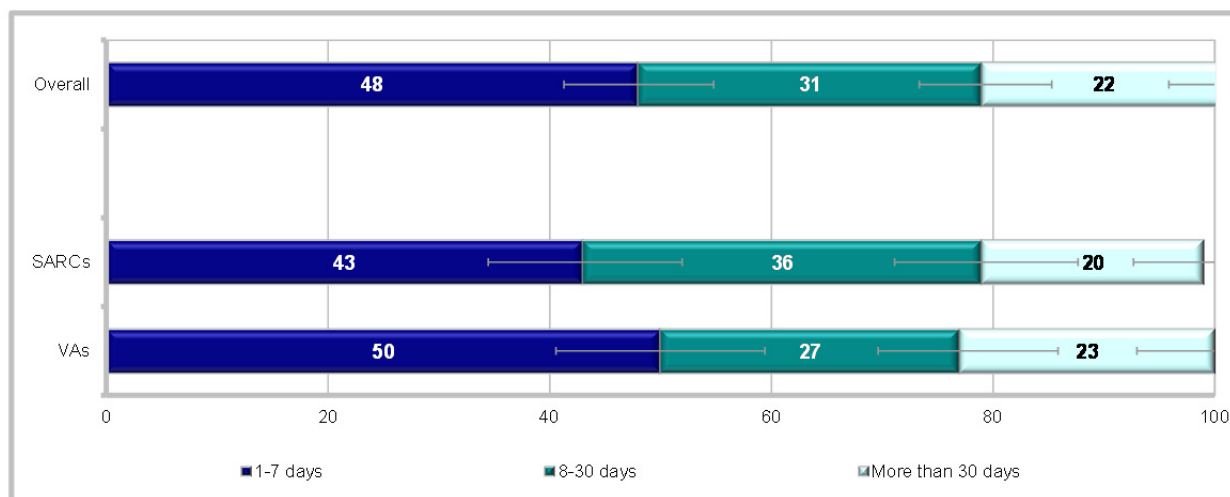
2015 QSAPR Q24 — *Margins of error range from ±7% to ±10%*

Percent of certified SARCs and VAs who have been involved in a high-risk response team in past 12 months

SARCs

As shown in Figure 9, of the SARCs who indicated they had been involved in a HRRT in the
past 12 months, less than half (43%) indicated the HRRT remained in effect from *1 to 7 days*,
more than one-third (36%) indicated it remained in effect from *8 to 30 days*, and one-fifth (20%)
indicated it remained in effect *more than 30 days*.

There were no statistically significant differences between Services for SARCs in 2015 for the
length of time HRRT remained in effect.

VAs

As shown in Figure 9, of the VAs who indicated they had been involved in a HRRT in the past
12 months, half (50%) indicated the HRRT remained in effect from *1 to 7 days*, a little more than
one-quarter (27%) indicated it remained in effect from *8 to 30 days*, and a little less than one-
quarter (23%) indicated it remained in effect *more than 30 days*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (36%) were less likely than VAs in the other Services to indicate the
  HRRT remained in effect from *1 to 7 days*.

- VAs in the Army (32%) were more likely to indicate the HRRT remained in effect *more
  than 30 days*, whereas VAs in the Navy (10%) were less likely.

Chapter 4:
Expedited Transfers

Introduction

Service members who file an Unrestricted Report following a sexual assault may request an expedited transfer.[26] Requests for expedited transfer may take the form of a request for temporary or permanent transfer from their assigned command or installation to a different command or installation, or to a different location within their assigned command or installation. Expedited transfers are intended to address situations in which a survivor feels safe, but uncomfortable, for example, experiencing ostracism and retaliation. While a request for an expedited transfer must be approved or disapproved within 72 hours, completion of the transfer generally occurs within one week for a new duty location on the same installation, and within 30 calendar days for transfer to a new installation. Therefore, situations in which a survivor feels unsafe are to be addressed through a fast safety move, which can be effected more rapidly. It is the responsibility of the SARC to inform Service members how to file an Unrestricted Report of sexual assault and of his or her right to request an expedited transfer.

If a survivor is transferred, DoD policy places strict limitations on sharing of information with personnel at the receiving installation to protect the confidentiality of the survivor. Notification to both the receiving commander and the receiving SARC is limited. Case document transfer to the receiving SARC may only occur with survivor consent. It is the responsibility of the losing SARC to seek consent from the survivor immediately upon approval of an expedited transfer. Notification to the receiving commander is only permissible where one of the following applies: active criminal investigation, active legal proceeding, ongoing survivor healthcare (medical or mental health) needs are directly related to the sexual assault, or ongoing monthly CMG oversight involving the survivor. Only the immediate commander of the survivor will be notified. Further, DoD policy limits the receiving commander's ability to share information only with specific persons and only where directly necessary to support the survivor.

Results of Expedited Transfers

Conducting Expedited Transfers

In this section SARCs and VAs were asked if they had been involved in an expedited transfer of a survivor at their military location/area of operation in the past 12 months. Involvement could include coordinating the transfer, preparing the survivor for the transfer, receiving a survivor transferred into their organization, or any other related activity. Those SARCs who indicated they had been involved in an expedited transfer in the past 12 months were asked if they notified the SARCs receiving the survivor and if they had the survivor's consent to notify the receiving SARCs. Both SARCs and VAs were asked whether the survivor's commander contacted the new commander receiving the survivor.

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[26] Full policy and procedure regarding expedited transfers is provided in Enclosure 5 of DoDI 6495.02 (DoD, 2015c).

Involvement in an Expedited Transfer

As shown in Figure 10, overall, 16% of responders indicated they had been *involved in an expedited transfer of a survivor within the past 12 months* (e.g., coordinated the transfer, prepared the survivor for transfer, received a survivor transferring in, etc.).

Figure 10.
Percentage Responders Involved in an Expedited Transfer in the Past 12 Months, by SARCs and VAs
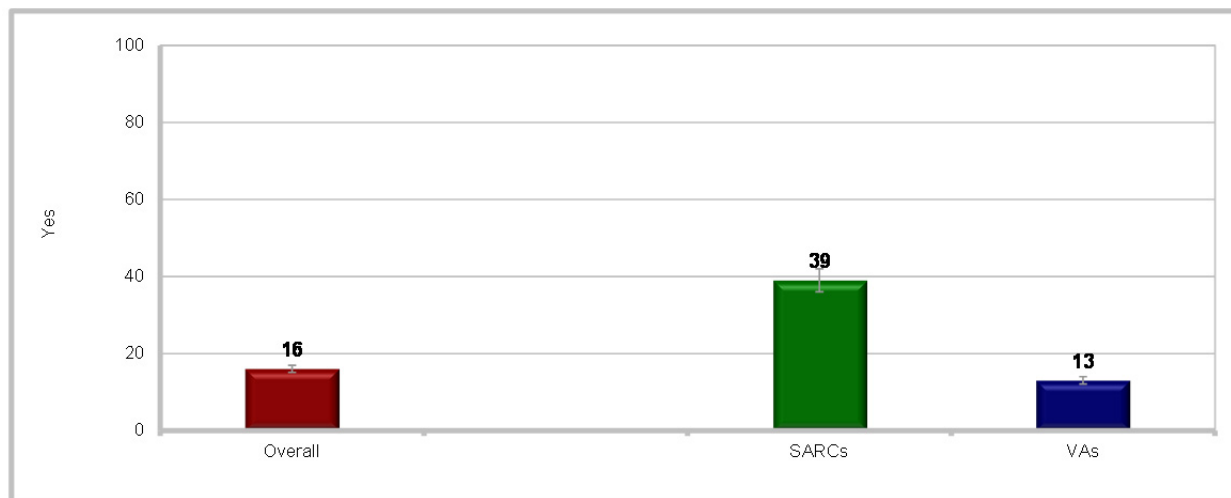
2015 QSAPR Q25   Margins of error range from ±1% to ±4%
Percent of all certified SARCs and VAs

SARCs. As shown in Figure 10, more than one-third (39%) of SARCs indicated they had been *involved in an expedited transfer of a survivor within the past 12 months*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (76%), Marine Corps (57%), and Air Force (51%) were more likely to indicate being *involved in an expedited transfer*, whereas SARCs in the Army (32%) were less likely.

VAs. As shown in Figure 10, 13% of VAs indicated they had been *involved in an expedited transfer of a survivor within the past 12 months*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (11%) were less likely to indicate being *involved in an expedited transfer* than VAs in the other Services.

Notifications to SARCs Regarding Expedited Transfers

Because SARCs, not VAs, are responsible for communications across installations in the case of expedited transfers, only SARCs were asked about notifications. As stated above, notification of

receiving SARCs and command of a sexual assault is not automatic. To protect the privacy of survivors, certain criteria must first be met. As shown in Figure 11, more than half (60%) of losing SARCs *notified the receiving SARC in all cases*, 14% *notified them in some cases*, and 5% *did not notify in any cases*. One-tenth (10%) of SARCs indicated they *only received an expedited transfer*, so notification did not apply to them, and one-tenth (10%) indicated they *maintained oversight of their survivor(s)* so notification did not apply to them either.

Figure 11.
Percentage of SARCs Indicated Notifying Receiving SARC Regarding Expedited Transfers, SARCs
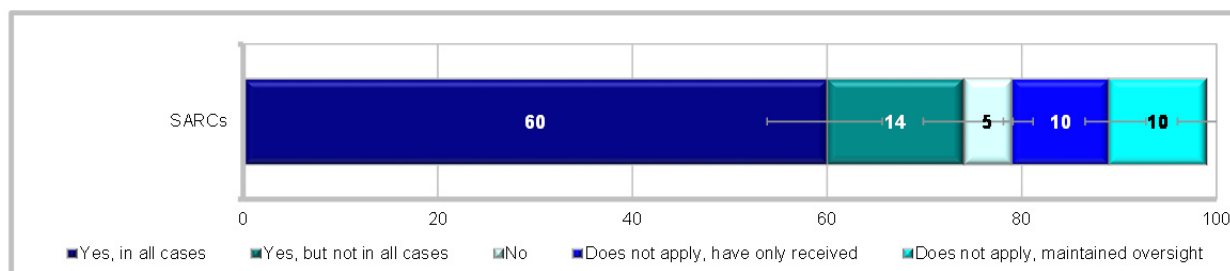
Percent of certified SARCs who have been involved in an expedited transfer in past 12 months

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (77%) were more likely to indicate they *notified the receiving SARC in all cases*, whereas SARCs in the Army (54%) were less likely.

- SARCs in the Army (7%) were more likely to indicate *did not notify the receiving SARC in any cases* than SARCs in the other Services.

Receiving Survivor's Consent to Notify

Of particular interest is the match between notification and consent, as procedurally SARCs are required to gain survivors' consent before notification. As shown in Figure 12, the majority (88%) of SARCs who notified the receiving SARC indicated having *gained survivors' consent in all cases*. A little more than one-tenth (11%) of SARCs who notified the receiving SARC also indicated having *gained survivors' consent in some cases*. Only 1% of SARCs indicated they *did not have survivors' consent* for the transfer.

Figure 12.
Percentage of SARCs Who Indicated Receiving Survivors' Consent to Notify Receiving SARC, SARCs

2015 QSAPR Q27   *Margins of error range from ±2% to ±4%*
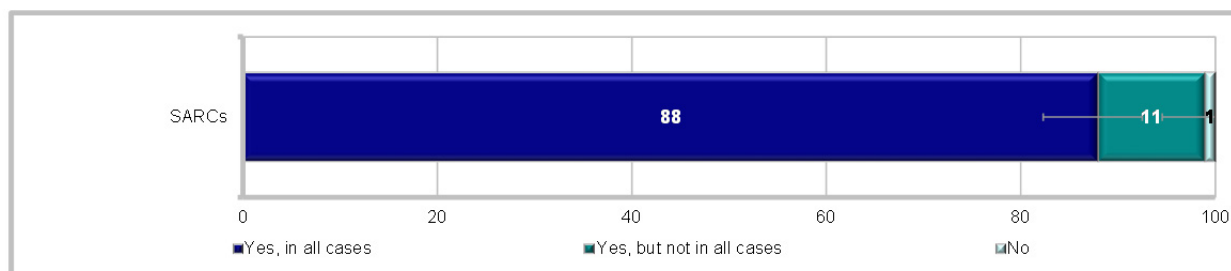
Percent of certified SARCs who notified the SARC receiving the expedited transfer in past 12 months

There were no differences among Services for SARCs in 2015 in responses to questions about gaining consent to notify.

Commanders Contacting the New Commander

Both SARCs and VAs were asked whether they knew if the survivor's commander contacted the receiving commander regarding the assault. As shown in Figure 13, overall, more than one-third (35%) of responders indicated the survivor's commander had *contacted the receiving commander in all cases*, a little more than one-tenth indicated *contact was made in only some cases* (12%), and *contact was not made* (11%), and less than half (43%) indicated they *did not know whether the commander made contact*.

Figure 13.
Percentage of Responders Indicating Commanders Contact the New Commander, by SARCs and VAs
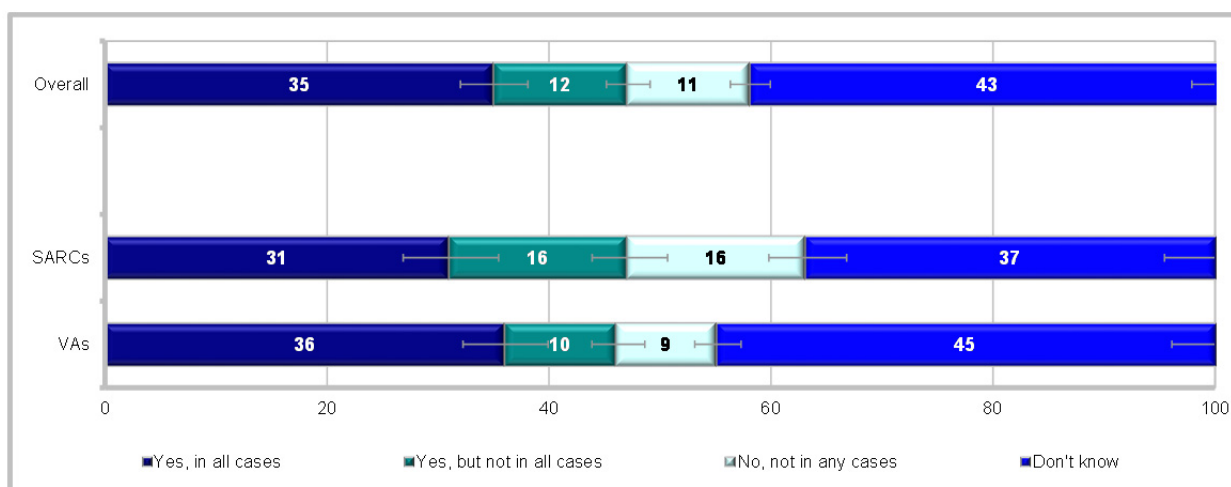
2015 QSAPR Q28   *Margins of error range from ±2% to ±5%*

SARCs. As shown in Figure 13, a little less than one-third (31%) of SARCs indicated the survivor's commander had *contacted the receiving commander in all cases*, 16% indicated

contact was made in only some cases, 16% indicated *contact was not made*, and more than one-third (37%) indicated they *did not know whether the commander made contact*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (62%) were more likely to indicate the survivor's commander had *contacted the receiving commander in all cases*, whereas SARCs in the Army (20%) were less likely.

- SARCs in the Army (23%) were more likely to indicate the survivor's commander had *not contacted the receiving commander in any cases*, whereas SARCs in the Navy (2%), Marine Corps (8%), and Air Force (3%) were less likely.

- SARCs in the Army (43%) were more likely to indicate they *did not know whether the commander made contact*, whereas SARCs in the Air Force (17%) were less likely.

VAs. As shown in Figure 13, more than one-third (36%) percent of VAs indicated the survivor's commander had *contacted the receiving commander in all cases*, one-tenth (10%) indicated *contact was made in only some cases*, 9% indicated *contact was not made*, and a little less than half (45%) indicated they *did not know whether the commander made contact*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (30%) were less likely to indicate the survivor's commander had *contacted the receiving commander in all cases* than VAs in the other Services.

- VAs in the Air Force (6%) were less likely to indicate the survivor's commander had *contacted the receiving commander in some but not all cases* than VAs in the other Services.

- VAs in the Army (17%) were more likely to indicate the survivor's commander had *not contacted the receiving commander in any cases*, whereas VAs in the Navy (4%) and Air Force (1%) were less likely.

Helpfulness of Expedited Transfers

SARCs and VAs who had been involved in an expedited transfer were asked to provide their general impression of whether or not the transfer was helpful to the survivors' well-being.

As shown in Figure 14, overall, the majority of responders (77%) indicated the expedited transfer seemed *helpful to the survivors*. Few indicated the transfer seemed *unhelpful* (3%) or *neither helpful nor unhelpful* (6%). Fourteen percent of responders indicated they were *not able to form an impression*.

Figure 14.

Percentage of Responders' Impressions of Helpfulness of an Expedited Transfer to Survivors' Well-Being, by SARCs and VAs
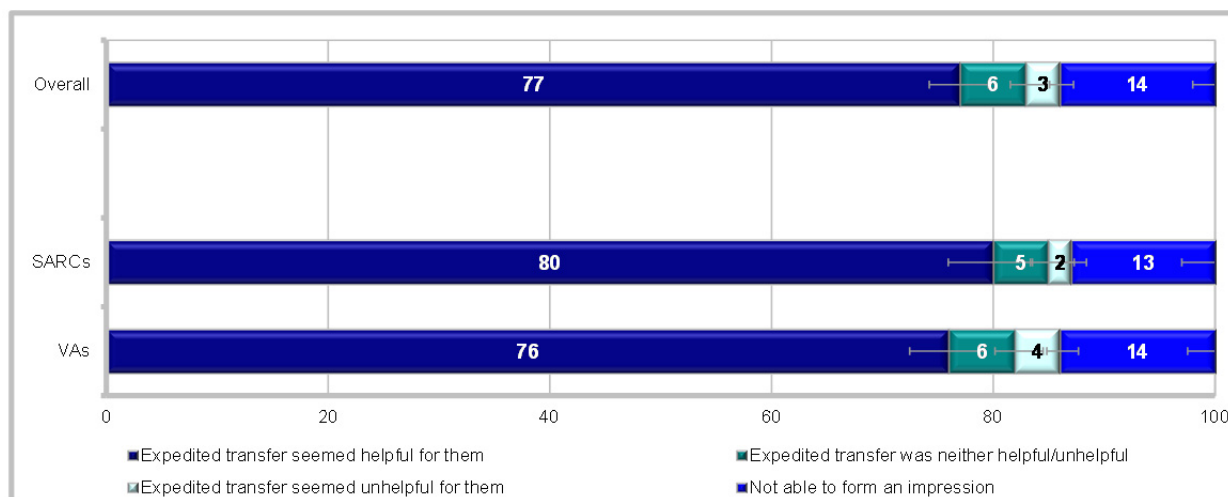
2015 QSAPR Q29   *Margins of error range from ±2% to ±5%*

Percent of certified SARCs and VAs who have been involved in an expedited transfer in past 12 months

SARCs

As shown in Figure 14, the majority (80%) of SARCs indicated the expedited transfer seemed *helpful to the survivors*. Few indicated the transfer seemed *unhelpful* (2%) or *neither helpful nor unhelpful* (5%). Thirteen percent of responders indicated they were *not able to form an impression*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (91%) were more likely to indicate the transfer was *helpful to survivors*, whereas SARCs in the Navy (47%) were less likely.

- SARCs in the Navy (34%) were more likely to indicate they were *not able to form an impression*, whereas SARCs in the Air Force (2%) were less likely.

VAs

As shown in Figure 14, the majority (76%) of VAs indicated the expedited transfer seemed *helpful to the survivors*. Few indicated the transfer seemed *unhelpful* (4%) or *neither helpful nor unhelpful* (6%). Fourteen percent of responders indicated they were *not able to form an impression*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (9%) were less likely to indicate they were *not able to form an impression* than VAs in the other Services.

Chapter 5:
Case Management Groups

Introduction

Responders were asked to describe their Case Management Groups (CMGs) and the execution of responsibilities regarding retaliation. CMGs are defined in DoDI 6495.02 (DoD, 2015c) as:

> A multi-disciplinary group that meets monthly to review individual cases of Unrestricted Reports of sexual assault. The group facilitates monthly victim updates and directs system coordination, accountability, and victim access to quality services. At a minimum, each group shall consist of the following additional military or civilian professionals who are involved and working on a specific case: SARC, SAPR VA, military criminal investigator, DoD law enforcement, healthcare provider and mental health and counseling services, chaplain, command legal representative or SJA, and victim's commander (p. 117).

The roles and responsibilities of the CMG are detailed in Enclosure 9 of DoDI 6495.02. Included in those responsibilities is ongoing active monitoring for "incidents of retaliation, reprisal, ostracism, or maltreatment" (DoD, 2015c, p. 79). The term retaliation has become an umbrella term encompassing reprisal, ostracism, and maltreatment (DoD, 2015a).[27] Reprisal includes personnel actions or threats of personnel action because the Service member reported a crime (National Defense Authorization Act for Fiscal Year 2014; FY14 NDAA). For example, someone is demoted or denied a promotion, or denied a critical training opportunity as a result of engaging in protected activity. Ostracism refers to acts of social exclusion done with the intent to discourage or deter someone from participating in the military justice system (DoD, 2015a). Finally, one form of maltreatment is misconduct against the reporter done with the intent to discourage or deter someone from participating in the military justice system (DoD, 2015a). It is the responsibility of the CMG members to actively monitor for acts of retaliation against survivors, survivors' family members, witnesses or intervening bystanders, SARCs and VAs, responders or other parties to the incident. Moreover, the CMG is required to forward allegations of retaliation incidents to the proper authorities (e.g., MCIO, Inspector General, and Military Equal Opportunity). The only exception to this requirement is discretion may be exercised in disclosing allegations when such allegations involve parties to the CMG. Questions 32 through 34 addressed issues of retaliation for reporting sexual assault and how those issues were addressed by the CMG.

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[27] As of the writing of the fielding of the survey and the writing of the report, acts that constitute retaliation have not yet been defined in DoD policy.

Results of Case Management Groups

Effectiveness of the CMG

The question regarding the effectiveness of the CMG in resolving issues was only presented to SARCs. VAs typically do not co-chair or participate on a recurring basis in the CMG, therefore they were not asked about effectiveness. This section was designed to elicit SARCs' impressions of the effectiveness of CMGs at resolving issues and providing suggestions for improvement.

As shown in Figure 15, a little more than two-thirds (69%) of SARCs rated their CMGs as *effective*. More than one-quarter (26%) rated their CMGs as *neither effective nor ineffective* and 5% indicated their CMG was *ineffective*.

Figure 15.
Percentage of Responders Indicating Effectiveness of Case Management Groups, SARCs

2015 QSAPR Q30   *Margins of error range from ±2% to ±4%*
Percent of all certified SARCs
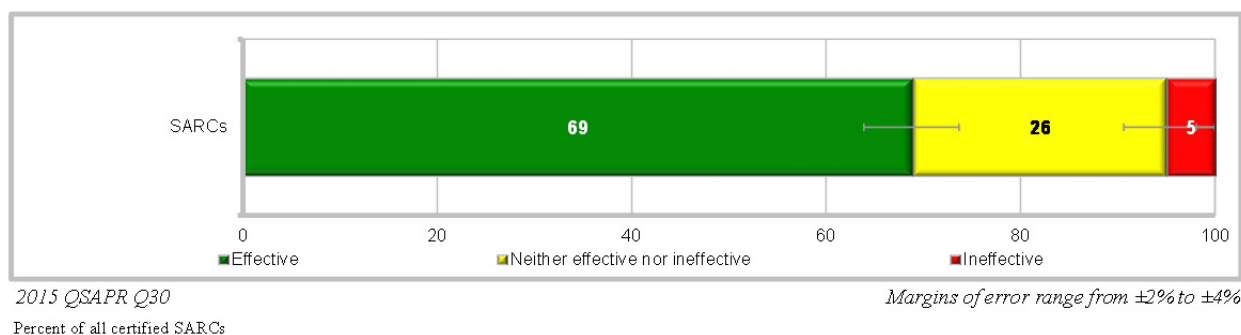
Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (84%) were more likely to rate their CMGs as *effective* than SARCs in the other Services.

- SARCs in the Army (6%) were more likely to rate their CMGs as *ineffective* than SARCs in the other Services.

Supporting Qualitative Data

The 31% of SARCs who indicated their CMG was "Neither effective nor ineffective" or "Ineffective" were asked for suggestions to improve the CMG.

In summary, SARCs indicated:

- The most frequent suggestion for improving the CMG was to make it more action-oriented toward improvement of the program as well as addressing specific survivor and case needs. By making the CMG more personal, productive, and informative, the group can be used to progress and help close cases.

– *"The way we are conducting the CMG now seems to be more of a Best Practices meeting rather than a how is the client doing and are the receiving the assistance they need from all of the services provided to them."* (Army Active Duty)

– *"I would change the dynamics of the group. I would make sure we discussed ways to have best practices across the installation as a whole based upon the causation of each case being discussed. Improvement process practices based upon the cases."* (Army Civilian)

- Additionally, these meetings may be used to help improve the communication within the program and collaboration with other Services.

  – *"Improve the collaboration with sister Services/tenant units. Don't rely on the tenant units to contact the installation SARCs. Installation SARCs should be the lead on making connections and reaching out to the tenant units to ensure they are receiving adequate support and are involved in the installation SAPR community."* (Marine Corps Civilian)

- In order to ensure the usefulness of the CMG as well as the success of the program, many recommended there be better selection criteria for program managers to ensure they do not have biases or issues with the program. Currently, a few have noticed program managers may engage in behavior they are trying to eradicate, such as survivor blaming, and this carries into the CMG meetings as well as the program.

  – *"Our CMG (called SARB in the ARMY) is absolutely ineffective. There is no dialogue between service providers and the CG [commanding general], nor does the CG show respect or solicit information, other than basic victim status updates, from the group. He repeatedly makes victim blaming comments and his knowledge base has not evolved in spite of all of the information that has been pushed out since 2005. This is not unique to the area that I am currently working. Many of our CGs are ill prepared or lack the aptitude to lead these CMGs. The Army has severely crippled the SAPR program by deviating from the DoDI and by dividing the CMG areas by GCMCC."* (Army Civilian)

- Some SARCs noted they do not feel they have a clear view of the purpose and expected outcomes of the group meetings, nor the responsibilities of the members, and recommended clearer guidance be issued.

  – *"Educate [individual] on the intent and their responsibilities. The CMG has become a check the block forum and not victim care."* (Army Active Duty)

  – *"Need clearer guidelines of the roles and responsibilities of members. There is no need to have DPH [Department of Public Health] and OSI [Office of Special investigations] on team when they refuse to disclose any information."* (Air Force Civilian)

- Similarly, better guidance could help with making the CMG more effective and collaborative for Joint-Service bases.

  – *"It would help to have very clear guidance for joint bases, especially those with more than one [or] two Service branches."* (Navy Civilian)

- Lastly, a few SARCs said they did not have a CMG.

  – *"There is a case management group? We do not hold meetings in order to discuss cases other than the SARB [Army CMG] which is controlled. A meeting of like minds to assist when tough cases come along would be great."* (Army Active Duty)

- Many indicated they had no suggestions.

Chairing the CMG

Per DoDI 6495.02, the role of CMG chair is required to be filled by either the installation commander or the deputy installation commander. Policy prohibits delegation of this duty.

As shown in Figure 16, SARCs indicated the role of chair was filled by the *installation commander* at more than half (57%) of installations represented and the *deputy installation commander* at one-third (33%) of installations. More than one-quarter (29%) of SARCs indicated the role of chair was filled by *some "other" person*.[28]

Figure 16.
Percentage Indicating Who Chairs the CMG, SARCs
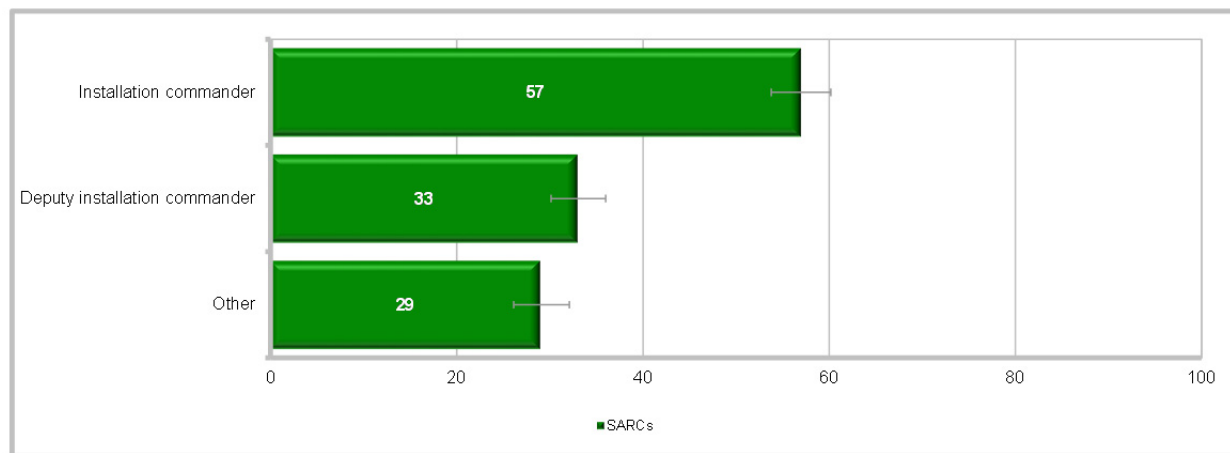
QSAPR 2015 Q37   *Margins of error range from ±3 to ±4*
Percent of all certified SARCs

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[28] SARCs could mark more than one response option, therefore, the total percentages add to more than 100%. Allowing SARCs to indicate multiple response options accounts for situations where CMG meetings might be chaired by different individuals during the year.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (86%) and Army (62%) were more likely to indicate the *installation commander* chairs the CMG at their location, whereas SARCs in the Air Force (31%) and other DoD affiliations (22%) were less likely.

- SARCs in the Air Force (62%) and Marine Corps (52%) were more likely to indicate the *deputy installation commander* chairs the CMG at their location, whereas SARCs in the Army (26%) were less likely.

- SARCs of other DoD affiliations (65%) and Army (33%) were more likely to indicate *some other person* chairs the CMG at their location, whereas SARCs in the Air Force (19%), Marine Corps (16%), and Navy (4%) were less likely. SARCs who indicated "Some other person" were not asked to specify the position of the CMG chair.

Retaliation for Reporting Sexual Assault

Retaliation for reporting sexual assault can take several forms and can occur against survivors who report it and others who work with survivors. The CMG provides oversight by the commander by receiving updates, system coordination efforts, and provision of quality services.

Monitoring Retaliation

A major responsibility of the CMG is to provide an avenue for the commander to monitor instances where someone has alleged retaliation for working with sexual assault cases. SARCs were asked if the chair of their CMG inquires of CMG members whether they were aware of any retaliation experienced by survivors, SARCs/VAs, bystanders, and/or other responders. This question addresses the responsibility of the CMG chair to inquire about potential acts of retaliation. The results shown in Table 9 reflect the percentage of CMG chairs who inquire about potential retaliation. These results do not reflect rates at which survivors, SARCs/VAs, bystanders, and/or other responders might have experienced retaliation.

As shown in Table 9, overall, the majority of SARCs indicated the chair of their installation CMG asks if *survivors* (82%) and *SARCs/VAs* (77%) made retaliation allegations for working with sexual assault cases. A little more than two-thirds of SARCS indicated the CMG chair asks if *bystanders* (69%) or *other responders* (67%) made retaliation allegations.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (71%) and Marine Corps (80%) were more likely to indicate their CMG chair asks if *bystanders* alleged retaliation, whereas SARCs in the Air Force (53%) were less likely.

- SARCs in the Air Force (53%) were less likely to indicate their CMG chair asks if *other responders* alleged retaliation than SARCs in the other Services. SARCs who indicated "Other responders" were not asked to specify those other responders.

Table 9.
Percentage of Responders Indicating CMG Chair Inquires About Retaliation for Reporting Sexual Assault, SARCs by Service

Percent CMG Chairs Inquires About Retaliation						
Within Service Comparisons ■ Higher Response ■ Lower Response	**SARCs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Other DoD**
Survivors	82	82	79	90	84	85
SARCs/VAs	77	78	73	82	73	78
Bystanders	69	71	66	80	53	66
Other responders	67	69	73	76	53	69
Margins of Error	*±3-4*	*±4*	*±12-13*	*±10-12*	*±7-8*	*±20-22*

Note. 2015 QSAPR Q32.
This survey item was only asked of SARCs.

Reporting Retaliation

As shown in Figure 17, a little more than half (54%) of SARCs who indicated the CMG chair asked members about awareness of retaliation also indicated allegations were *forwarded to an appropriate authority*. Four percent indicated allegations were *not forwarded at the request of the survivor*, 3% indicated allegations were *not forwarded due to some other reason*, and more than one-third (38%) were *not sure* whether the allegations were forwarded.

Figure 17.
Percentage of Responders Indicating CMG Chair Reporting Allegations of Retaliation to an Authority, SARCs
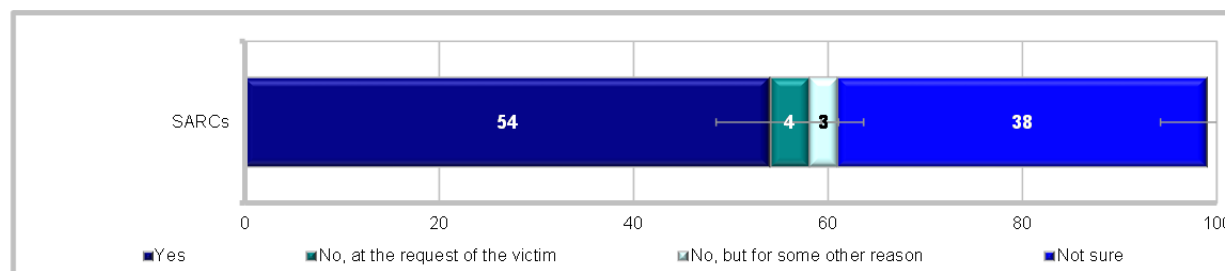
2015 QSAPR Q33   *Margins of error range from ±2% to ±4%*

Percent of certified SARCs who indicated the CMG chair asks if members are aware of retaliation experienced from reporting

Specific breakouts for SARCs, by Service, are as follows:

- SARCs of other DoD affiliations (79%) and Army (58%) were more likely to indicate
  allegations of retaliation were *forwarded to an appropriate authority*, whereas SARCs in
  the Marine Corps (32%) were less likely.

- SARCs in the Marine Corps (58%) were more likely to indicate they were *not sure* if
  allegations were forwarded, whereas SARCs of other DoD affiliations (14%) were less
  likely.

- SARCs in the Air Force (13%) were more likely to indicate allegations of retaliation were
  not forwarded at the request of the survivor, whereas SARCs in the Army (2%) were less
  likely.[29]

- SARCs in the Army (2%) were less likely to indicate allegations of retaliation were *not
  forwarded for some other reason*.

Forwarding Allegations of Retaliation

SARCs who indicated the chair of their CMG asks about allegations of retaliation and those
allegations were forwarded to the appropriate authority for action were asked to indicate to
which authorities these allegations were forwarded. Because responders could choose more than
one authority, the categories sum to more than 100%.

As shown in Table 10, overall, of SARCs who indicated allegations of retaliation were
forwarded, the majority (71%) indicated allegations went to the *command team*, a little less than
half (48%) indicated allegations were forwarded to the *Inspector General*, 42% indicated
allegations were forwarded to a *MCIO* (e.g., CID, NCIS, OSI), a little less than one-fifth (18%)
indicated allegations were forwarded to *Military Equal Opportunity*, one-tenth (10%) indicated
allegations went to *another authority*, and 13% indicated they were *not sure* to whom allegations
were forwarded.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (27%) were less likely to indicate allegations were forwarded to the
  Inspector General than SARCs in the other Services.

- SARCs in the Army (45%) were more likely to indicate allegations were forwarded to
  Military Criminal Investigation Organizations, whereas SARCs in the Air Force (25%)
  were less likely.

- SARCs in the Navy (6%) and Marine Corps (5%) were less likely to indicate allegations
  were forwarded to the *Military Equal Opportunity* than SARCs in the other Services.

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[29] Two percent of SARCs in the Marine Corps also indicated allegations of retaliation were *not forwarded at the
request of the survivor*. This percentage is not statistically lower than the percentages in the other Services due to a
higher margin of error for Navy.

Table 10.

Percentage of Responders Indicating Authorities Notified About Allegations of Retaliation for Reporting Sexual Assault, SARCs by Service

Percent Authorities Notified						
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**SARCs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Other DoD**
Command team	71	71	76	78	68	72
Inspector General	48	48	27	52	56	NR
Military Criminal Investigation Organization (e.g., CID, NCIS, OSI)	42	45	30	52	25	NR
Military Equal Opportunity	18	19	6	5	12	38
Not sure	13	14	10	11	12	NR
Other	10	11	NR	6	8	18
Margins of Error	±4-5	±5-6	±17-21	±16-19	±8-13	±19-23

Note. 2015 QSAPR Q34.
This survey item was only asked of SARCs.

Supporting Qualitative Data. The 10% of SARCs who indicated allegations were forwarded to an "Other" authority were asked to specify the authority. In summary, SARCs indicated:

- The most common other authorities notified of allegations of potential retaliation were SVCs and/or legal representatives, including JAG. Additional authorities notified included SHARP personnel, including program manager, SARCs, and VAs.

- In some cases, civilian authorities, medical support teams, and the chain of command (if not part of the allegation) were also notified.

Chapter 6:
Survivor Assistance

Introduction

Any person covered under DoD SAPR policy who reports a sexual assault is offered the assistance of a SARC or VA. The SARC or VA addresses safety needs, explains the reporting options, services available, and assists with navigating the reporting process; he/she assists survivors with obtaining medical care, psychological care, spiritual support, legal services (an SVC/VLC), and off-base resources, if desired (DoD, 2016).

Survivor assistance efforts are guided by a number of DoD policies, including DoDI 6495.02, Sexual Assault Prevention and Response Program Procedures, referenced often in this report; DoDI 1303.02, Victim and Witness Assistance Procedures; DoDI 6400.07, Standards for Victim Assistance Services in the Military Community; and others. A complete listing is available on the SAPRO website.[30]

DoDI 6495.02 provides detailed policy on persons covered and services to be offered. Persons covered include all DoD component[31] members, National Guard and Reserve members, adult military dependents, and certain non-military individuals. Services to be offered include medical care, expedited transfers, access to an SVC/VLC, and Military Protective Orders (MPOs), among others. According to the policy, services vary depending on the type of covered person. For example, DoD civilian personnel are covered only under certain circumstances and are entitled only to limited medical and SAPR services.

SAPR survivor assistance is intricately connected with the DoD Victim and Witness Assistance Programs (VWAP), which provides assistance to survivors and witnesses to crime, including, but not limited to sexual assault. The DoD VWAP emphasizes an interdisciplinary approach to assistance involving: law enforcement personnel, criminal investigators, chaplains, family advocacy personnel, emergency room personnel, family service center personnel, equal opportunity personnel, judge advocates, unit commanding officers, and corrections personnel.[32] In sum, survivor (and witness) support at its best involves a broad spectrum of personnel.

Results of Survivor Assistance

Procedures for Survivor Assistance Activities

There are many resources and programs available within DoD for survivor assistance. SARCs and VAs were asked for feedback on the clarity of procedures at their local SAPR program

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[30] http://www.sapr.mil/index.php/victim-assistance/dod-policy-for-va

[31] "OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Inspector General of the Department of Defense (IG DoD), the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD" (DoD, 2015c, pp. 1-2).

[32] http://vwac.defense.gov/dodprograms.aspx

supporting several policies from DoDI 6495.02. Responders overall indicated clear procedures were available for:

- Handling cases: *in a joint operating environment (68%); involving civilians, such as DoD civilian employees and dependents (81%); involving contractors (66%); and involving visiting personnel, such as trainees, National Guard, and Reserve members (73%).* Fewer responders indicated their program has procedures for handling cases *involving foreign nationals (38%).*

- Ensuring safety for: *survivors (94%)* and *SARCs/VAs (90%).*

- Obtaining protective orders: *military protective order (MPO) (87%)* or *civilian protective order (CPO) (80%).*

- Providing or advising on resources: *Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC) (89%); expedited transfers (86%); ways to report retaliation (86%);* and *defense counsel, if there is evidence of collateral misconduct (83%).*

- *Handing off cases to the SARC at the victim's next duty location or National Guard home state location (80%).*

- *Advising Reserve component survivors of the resources available for continued care from the home station SARC once off T10 orders (70%).*

SARCs

Table 11 shows specific breakouts for SARCs, by Service:

- SARCs in the Air Force (77%) were more likely to indicate their local SAPR program had clear procedures for handling cases *in a joint operating environment*, whereas SARCs in the Army (63%) were less likely.

- SARCs in the Navy (96%) were more likely to indicate their local SAPR program had clear procedures for handling cases *involving civilians* than SARCs in the other Services.

- SARCs in the Navy (90%) were more likely to indicate their local SAPR program had clear procedures for handling cases *involving contractors* than SARCs in the other Services.

- SARCs in the Navy (89%) and Air Force (86%) were more likely to indicate their local SAPR program had clear procedures for handling cases *involving visiting personnel*, whereas SARCs in the Army (75%) were less likely.

- SARCs in the Navy (98%) were more likely to indicate their local SAPR program had clear procedures for *ensuring victims safety*, whereas SARCs in the Army (92%) were less likely.

- SARCs in the Marine Corps (93%) were more likely to indicate their local SAPR program had clear procedures for *ensuring safety of SARCs and VAs* than SARCs in the other Services.

- SARCs in the Navy (98%) and Marine Corps (95%) were more likely to indicate their local SAPR program had clear procedures for *obtaining an MPO* than SARCs in the other Services.

- SARCs in the Navy (92%) and Marine Corps (91%) were more likely to indicate their local SAPR program had clear procedures for *obtaining a CPO* than SARCs in the other Services.

- SARCs in the Navy (97%) were more likely to indicate their local SAPR program had clear procedures for *making SVCs/VLCs available*, whereas SARCs in the Army (88%) were less likely.

- SARCs in the Marine Corps (90%) were more likely to indicate their local SAPR program had clear procedures for *handing off cases to the SARC at the next duty station*, whereas SARCs in the Army (79%) were less likely.

- SARCs in the Air Force (83%) were more likely to indicate their local SAPR program had clear procedures for *advising Reserve component survivors*, whereas SARCs in the Army (67%) were less likely.

Table 11.

Percentage of Responders Indicating Resources and Programs Available Within DoD for Survivor Assistance, SARCs by Service

Percentage Indicating Resources and Programs Available Within DoD for Survivor Assistance					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**SARCs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
Handling cases in a joint operating environment	65	63	69	69	77
Handling cases involving foreign nationals	40	40	44	45	39
Handling cases involving civilians (DoD civilian employees, dependents)	84	83	96	91	83
Handling cases involving contractors	68	67	90	77	64
Handling cases involving visiting personnel, such as trainees, National Guard, and Reserve members	78	75	89	77	86
Ensuring victims' safety when handling cases	93	92	98	97	96
Ensuring SARCs' and VAs' personal safety when handling a case	86	84	90	93	90
Obtaining a military protective order (MPO)	88	87	98	95	89
Obtaining a civilian protective order (CPO)	83	82	92	91	85
Making a Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC) available	90	88	97	94	94
Providing expedited transfers	89	88	90	94	92
Ways to report retaliation	87	87	88	86	88
The availability of defense counsel if they believe there is evidence of collateral misconduct	83	82	85	86	88
Handing off cases to the SARC at the victim's next duty location or National Guard home state location	81	79	83	90	86
Advising Reserve component victims of the resources available for continued care from the home station SARC once off T10 orders	71	67	68	78	83
Margins of Error	*±2-4*	*±3-5*	*±7-14*	*±6-15*	*±4-10*

Note. 2015 QSAPR Q35.

VAs

Table 12 shows specific breakouts for VAs, by Service:

- VAs in the Navy (72%) were more likely to indicate their local SAPR program had clear procedures for handling cases *in a joint operating environment*, whereas VAs in the Army (66%) were less likely.

- VAs in the Navy (42%) were more likely to indicate their local SAPR program had clear procedures for handling cases *involving foreign nationals*, whereas VAs in the Air Force (34%) were less likely.

- VAs in the Navy (85%) were more likely to indicate their local SAPR program had clear procedures for handling cases *involving civilians*, whereas VAs in the Army (76%) were less likely.

- VAs in the Navy (71%) were more likely to indicate their local SAPR program had clear procedures for handling cases *involving contractors*, whereas VAs in the Marine Corps (58%) were less likely.

- VAs in the Air Force (77%) were more likely to indicate their local SAPR program had clear procedures for handling cases *involving visiting personnel*, whereas VAs in the Marine Corps (67%) were less likely.

- VAs in the Navy (96%) and Marine Corps (97%) were more likely to indicate their local SAPR program had clear procedures for *ensuring victims safety*, whereas VAs in the Army (90%) were less likely.

- VAs in the Navy (94%) and Air Force (93%) were more likely to indicate their local SAPR program had clear procedures for *ensuring safety of SARCs and VAs*, whereas VAs in the Army (85%) were less likely.

- VAs in the Navy (92%) and Marine Corps (94%) were more likely to indicate their local SAPR program had clear procedures for *obtaining an MPO*, whereas VAs in the Army (84%) and Air Force (77%) were less likely.

- VAs in the Navy (83%) and Marine Corps (84%) were more likely to indicate their local SAPR program had clear procedures for *obtaining a CPO*, whereas VAs in the Air Force (71%) were less likely.

- VAs in the Navy (93%), Marine Corps (94%), and Air Force (93%) were more likely to indicate their local SAPR program had clear procedures for *making SVCs/VLCs available*, whereas VAs in the Army (83%) were less likely.

- VAs in the Navy (91%) and Marine Corps (94%) were more likely to indicate their local SAPR program had clear procedures for *providing expedited transfers*, whereas VAs in the Army and Air Force (both 82%) were less likely.

- VAs in the Air Force (88%) were more likely to indicate their local SAPR program had clear procedures for *reporting retaliation*, whereas VAs in the Marine Corps (81%) were less likely.

- VAs in the Navy and Marine Corps (both 87%) were more likely to indicate their local SAPR program had clear procedures for *making defense counsel available*, whereas VAs in the Army (78%) were less likely.

- VAs in the Navy (84%) and Marine Corps (89%) were more likely to indicate their local SAPR program had clear procedures for *handing off cases to the SARC at the next duty station*, whereas VAs in the Army (75%) were less likely.

Table 12.
Percentage of Responders Indicating Resources and Programs Available Within DoD for Survivor Assistance, VAs by Service

Percentage Indicating Resources and Programs Available Within DoD for Survivor Assistance					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**VAs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
Handling cases in a joint operating environment	68	66	72	67	68
Handling cases involving foreign nationals	38	36	42	36	34
Handling cases involving civilians (DoD civilian employees, dependents)	80	76	85	77	82
Handling cases involving contractors	66	64	71	58	63
Handling cases involving visiting personnel, such as trainees, National Guard, and Reserve members	73	71	74	67	77
Ensuring victims' safety when handling cases	94	90	96	97	94
Ensuring SARCs' and VAs' personal safety when handling a case	90	85	94	92	93
Obtaining a military protective order (MPO)	87	84	92	94	77
Obtaining a civilian protective order (CPO)	79	78	83	84	71
Making a Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC) available	89	83	93	94	93
Providing expedited transfers	86	82	91	94	82
Ways to report retaliation	85	84	87	81	88
The availability of defense counsel if they believe there is evidence of collateral misconduct	84	78	87	87	86
Handing off cases to the SARC at the victim's next duty location or National Guard home state location	80	75	84	89	78
Advising Reserve component victims of the resources available for continued care from the home station SARC once off T10 orders	70	70	70	72	68
Margins of Error	*±1-2*	*±2-3*	*±2-4*	*±2-6*	*±2-4*

Note. 2015 QSAPR Q35.

Program Support

Not only is it critical to have clear procedures for survivor assistance activities, personnel at the installation level must support the program. SARCs and VAs were asked to provide feedback on the degree to which personnel provide sexual assault survivor assistance support at their military location. They were asked to state the extent to which various personnel support survivor assistance activities. Overall, the majority of responders were positive in their assessment of support (including endorsements of "Large extent" and "Very large extent") from the following types of personnel at their installations:

- Commanders and supervisors: flag officers (80%), O4-O6 commanders (82%), commanders O3 and below (76%), E7-E9 non-commissioned officers (77%), and E4-E6 non-commissioned officers (70%).

- Support staff: chaplains and/or chaplain staff (90%); military criminal investigators, such as CID, NCIS, and OSI (86%); alcohol and drug program counselors (78%); Special Victims' Counsels/Victims' Legal Counsels (SVCs/VLCs) (88%); healthcare providers (87%); Judge Advocate General (JAG) staff (84%); Family Advocacy Program (FAP) managers (84%); Sexual Assault Medical Forensic Examiners (SAMFEs) (87%); and Victim Witness Assistance Coordinators (VWACs) (83%).[33]

SARCs

Table 13 shows specific breakouts for SARCs, by Service:

- SARCs in the Marine Corps (90%) were more likely to indicate *O4-O6 commanders* support survivor assistance efforts than SARCs in the other Services.

- SARCs in the Army (77%) were more likely to indicate *E7-E9 NCOs* support survivor assistance efforts, whereas SARCs in the Air Force (63%) were less likely.

- SARCs in the Air Force (51%) were less likely to indicate *E4-E6 NCOs* support survivor assistance efforts than SARCs in the other Services.

- SARCs in the Army (89%) were more likely to indicate *military criminal investigators* support survivor assistance efforts, whereas SARCs in the Air Force (76%) were less likely.

- SARCs in the Army (78%) were more likely to indicate *alcohol and drug program counselors* support survivor assistance efforts, whereas SARCs in the Navy (40%) and Air Force (52%) were less likely.

- SARCs in the Army (83%) were more likely to indicate *FAP managers* support survivor assistance efforts, whereas SARCs in the Air Force (65%) were less likely.

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[33] The choices Family Advocacy Program (FAP) managers, Sexual Assault Medical Forensic Examiners (SAMFEs), and Victim Witness Assistance Coordinators (VWACs) did not apply to National Guard/Reserve Component members.

- SARCs in the Army (82%) were more likely to indicate *VWACs* support survivor assistance efforts, whereas SARCs in the Navy (39%), Marine Corps (54%), and Air Force (60%) were less likely.

Table 13.
Percentage of Responders Indicating Support to Survivor Assistance Efforts, SARCs by Service

Percent Indicating Support for Survivor Assistance Efforts					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
Flag officers	81	81	68	80	80
O4-O6 commanders	82	81	88	90	81
Commanders O3 and below	70	70	73	76	65
E7-E9 non-commissioned officers	74	77	66	73	63
E4-E6 non-commissioned officers	60	62	59	60	51
Chaplains and/or chaplain staff	89	90	77	86	92
Military criminal investigators (e.g., CID, NCIS, OSI)	86	89	84	85	76
Alcohol and Drug Program counselors	72	78	40	69	52
Special Victims' Counsels/Victims' Legal Counsels (SVCs/VLCs)	89	88	90	90	91
Healthcare providers	87	88	88	91	81
Judge Advocate General (JAG) Staff	86	86	87	83	86
Family Advocacy Program (FAP) managers	79	83	69	77	65
Sexual Assault Medical Forensic Examiners (SAMFEs)	88	89	78	93	86
Victim Witness Assistance Coordinators (VWAC)	75	82	39	54	60
Margins of Error	*±3-4*	*±3-5*	*±8-16*	*±8-14*	*±5-10*

Note. 2015 QSAPR Q36.
*The choices Family Advocacy Program (FAP) managers, Sexual Assault Medical Forensic Examiners (SAMFEs), and Victim Witness Assistance Coordinators (VWACs) did not apply to National Guard/Reserve Component members.

VAs

Table 14 shows specific breakouts for VAs, by Service:

- VAs in the Army (81%) were more likely to indicate *flag officers* support survivor assistance efforts than VAs in the other Services.

- VAs in the Army (79%) were more likely to indicate *commanders O3 and below* support survivor assistance efforts, whereas VAs in the Air Force (71%) were less likely.

- VAs in the Army (80%) were more likely to indicate *E7-E9 NCOs* support survivor assistance efforts, whereas VAs in the Marine Corps (71%) and Air Force (73%) were less likely.

- VAs in the Navy (78%) were more likely to indicate *E4-E6 NCOs* support survivor assistance efforts, whereas VAs in the Army (68%), Marine Corps (65%), and Air Force (65%) were less likely.

- VAs in the Air Force (93%) were more likely to indicate *chaplains/chaplain staff* support survivor assistance efforts than VAs in the other Services.

- VAs in the Air Force (91%) were more likely to indicate *SVCs/VLCs* support survivor assistance efforts than VAs in the other Services.

- VAs in the Marine Corps (77%) were less likely to indicate *JAG staff* support survivor assistance efforts than VAs in the other Services.

- VAs in the Marine Corps (80%) were less likely to indicate *FAP managers* support survivor assistance efforts than VAs in the other Services.

- VAs in the Army (89%) were more likely to indicate *SAMFEs* support survivor assistance efforts than VAs in the other Services.[34]

- VAs in the Army (87%) were more likely to indicate *VWACs* support survivor assistance efforts than VAs in the other Services.

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[34] Eight-nine percent of VAs in the Air Force also indicated *SAMFEs* support survivor assistance efforts. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for Air Force.

Table 14.
Percentage of Responders Indicating Support to Survivor Assistance Efforts, VAs by Service

Percent Indicating Support for Survivor Assistance Efforts					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
Flag officers	79	81	78	80	75
O4-O6 commanders	82	83	82	84	79
Commanders O3 and below	77	79	77	74	71
E7-E9 non-commissioned officers	78	80	79	71	73
E4-E6 non-commissioned officers	71	68	78	65	65
Chaplains and/or chaplain staff	90	90	90	88	93
Military criminal investigators (e.g., CID, NCIS, OSI)	86	86	87	84	86
Alcohol and Drug Program counselors	78	79	79	75	76
Special Victims' Counsels/Victims' Legal Counsels (SVCs/VLCs)	87	86	88	85	91
Healthcare providers	87	86	88	85	86
Judge Advocate General (JAG) Staff	83	83	84	77	85
Family Advocacy Program (FAP) managers	85	86	86	80	84
Sexual Assault Medical Forensic Examiners (SAMFEs)	87	89	86	84	89
Victim Witness Assistance Coordinators (VWAC)	84	87	83	81	84
Margins of Error	*±1-2*	*±2-3*	*±2-4*	*±4-6*	*±3-5*

Note. 2015 QSAPR Q36.
*The choices Family Advocacy Program (FAP) managers, Sexual Assault Medical Forensic Examiners (SAMFEs), and Victim Witness Assistance Coordinators (VWACs) did not apply to National Guard/Reserve Component members.

Supporting Qualitative Data

If a SARC or VA indicated various personnel support survivor assistance activities "Not at all" or to a "Small extent," they were asked to explain how each could improve their survivor assistance efforts.

In summary, SARCs indicated:

- Some SARCs shared a perception that some command leaders do not take cases seriously or do not know what the program has to offer, and therefore provide minimum services to just meet compliance.

    – *"SANE/SAFE work hard but have a higher goal towards their command. Most of command barely take SAPR serious and just do enough to not get into trouble. It is like pulling teeth to get them to select more UVAs and it is difficult to get things fixed*

because SARCs and supervisors don't want to throw anyone under the bus." (Marine Corps Civilian)

- Many highlighted the need for more targeted and specific training as part of ongoing dialogue as opposed to just compliance. This may especially be true for junior members of the command who do not have the same training and understanding of sexual assault response.

  - *"The first line leaders support the mandatory training but do little to build the bonds that are needed for someone to actually have a Soldier come forward. Continued training and separate training to the first line leaders."* (Army Active Duty)

- Some SARCs shared a perception that accountability needs to be improved at all levels.

  - *"Leaders need to be held accountable for taking the SHARP program seriously. Leaders are publically expressing how the program is 'sensitive' and do not believe in SHARP enough to enforce the guidance that has been put out by the [leader]. The result of this in turn, is the subordinates are following the leader."* (Army Active Duty)

- Many SARCs identified the Family Advocacy Program (FAP) as a potential area of concern because it was not clear what their role should be in some cases. Additionally, FAP support are not on call 24/7 leading to timing issues when survivors come forward and FAP resources are not located on all bases. Because of the overlap, SARCs identified a need for clear collaboration guidelines while keeping the programs focused on the specific services they provide.

  - *"FAP has no clear indication of their roles. We've tried to work out locally but now their AFI versus SAPR AFI is in contradiction from what I understand. We also do not have a FAP VA or DAVA which would be immensely helpful in this area. They are not on call 24/7 and so the timing of issues becomes a problem—we now call the on-call mental health individual."* (Air Force Civilian)

  - *"Well... why are there two stove-pipes? I know the history, but the logic isn't there. Please consider merging the programs (with appropriate manning levels). And, remove the program from the medical model. If deemed necessary, put a social worker who specializes in domestic matters on the staff. Allow victim advocates to cross program lines/victim types. And, remove the authority from FAP's Board to decide whether circumstances cross the threshold of a sexual assault crime."* (Air Force Civilian)

- A few SARCS mentioned MCIOs are often difficult to reach and may not make timely responses and investigations when performed. Additionally, there is sometimes resistance from military criminal investigators to investigate cases they deem not serious.

  - *"OSI could benefit from substantive victim assistance training. In many of our briefings special agents are the ones with the worst dispositions toward victims'*

needs and rights. Often their lines of questioning focus on the victims' actions, especially drinking. The impression is that OSI's default position is that most victims are 'making it up' and their primary job is to determine truth." (Air Force Active Duty)

- – *"NCIS complains about having to investigate all cases even the ones they don't deem as serious."* (Marine Corps Civilian)

- SARCs raised the concern that substance abuse programs are often not brought in, even if relevant to an assault, and they do not always actively participate in the SAPR program. Some mentioned establishing a deeper working relationship with the Drug Demand Reduction (DDR) program may give opportunity to have a broader positive effect than just on sexual assault prevalence.

  - – *"We are not necessarily notified or informed if drug and alcohol abuse counselors are involved in our cases. Our protocols do not really address this group of providers (and it should), so this question, if nothing else, has prompted me to now reach out to them to initiate discussion/networking."* (Navy Civilian)

  - – *"DDR Program—too few hours to establish the working relationship and that's a shame because there could be (should be?) a great deal of opportunity for partnering that would have broader positive affect than just on sexual assault prevalence."* (Air Force Civilian)

- Victim Witness Assistance Programs (VWAPs) often perform program support services as an additional duty for the office and, as such, seem to get very little attention, but may be redundant with the availability of the VA and the SVC/VLC.

  - – *"VWAP is not something that is trained to at commands. Most military personnel don't know what it means or that it's available."* (Navy Civilian)

- Many SARCs mentioned a culture of victim-blaming across multiple personnel and programs areas. There is strong feeling that jokes and overall culture remain hostile to overall mission of supporting survivors.

  - – *"They need to take the situations more seriously and less as a joke. This does not become important to them until it has happened to one of their family members. They are then more likely to support. They still hold the victims responsible because the perpetrator is such a great asset to the AF or a favorite in the unit."* (Air Force Active Duty)

- Multiple SARCs mentioned the Reserves seem to have different standards and policies and a harder time enforcing the SAPR program when something comes up. One SARC mentioned the Victim Witness Assistance Coordinator (VWAC) position has been vacant for over a year, while another mentioned VWAP may require further guidance on their role.

– *"I don't think these services are readily available to the Army Reserves."* (Army Civilian)

– *"The Army Reserves fails to follow guidance. The Military SHARP POC from all the Branches admittedly said 'Our RESERVE Programs have problems when dealing with SHARP.'"* (Army National Guard/Reserve)

In summary, VAs indicated:

- Many VAs noted an increase in overall support for programs on all levels would be helpful along with more involvement to ensure survivors are free from retaliation. There is the perception that some senior leaders may not take these issues as seriously as other leaders. Greater enforcement of training, and appreciating the "need to know" nature of Restricted and Unrestricted Reports would be beneficial.

  – *"There needs to be more overall support for the program on all levels."* (Army Active Duty)

  – *"Much of the leadership is unfamiliar with the SAPR program or details, and their support of the program would be much improved if they had a stronger understanding of the program before it was necessary."* (Navy Active Duty)

  – *"Leadership still has difficulty on understanding 'on a need to know basis' even with unrestricted cases."* (Army Civilian)

- Some VAs identified the need to educate those in the field on how to respond to sexual assault. Many junior personnel, first responders, or non-SARC personnel (e.g., chaplains) do not receive the same training on how to respond to sexual assault, and victim blaming is an issue for both male and female survivors.

  – *"We do not use our base chaplains because 2 of the 3 of them have used victim blaming statements with our victims. One said to a victim, 'So what do you see as YOUR role in this? What have you learned about drinking alcohol?' Another said to a victim, 'Perhaps this is God's way of letting you know you should come back to church.' Chaplains need MUCH more than the SAPR training they are getting; particularly since are a referral source. They need to be trained on how to respond to SA victims in a way that is informed, compassionate, supportive and non-judgmental."* (Navy Civilian)

- Smaller bases often do not have resources to cover all the areas or may not have presence of certain support areas, including Sexual Assault Medical Forensic Examiners (SAMFEs), and remote locations not near military bases need clearer procedures on how to proceed.

  – *"SAMFEs are not available regularly in our off-base community. They have one on-call provider who if they are not available, the nearest certified examiner is 3 hours away. This can cause logistical issues and the drive alone can be enough to*

discourage someone who might be hesitant about having an exam." (Air Force
Active Duty)

- VAs suggested military criminal investigators often have high turnover on the same case
  and survivors may not be able to get feedback or status of the investigation.

  – *"Military criminal investigators: constant feedback on the investigation will benefit
    the victim. Past experiences there was constant turnover between the agents and the
    victim wasn't able to get feedback."* (Marine Corps Active Duty)

- JAG personnel are sometimes perceived as not supportive and trying to discredit the
  survivors. Several VAs noted investigations may be shaped by the relationships the
  accused or the survivor has with leadership.

  – *"JAG is considered special staff and there number one priority it to protect the TAG.
    Her level (the JAG) of bed side manner is very lacking and her demeanor is
    condescending to VAs and victims. In all of my dealings with her as a VA she has
    been difficult at best. She […] does not fully embrace the SHARP program."* (Army
    National Guard/Reserve)

- Lastly, drug and alcohol programs may only be involved if the survivor develops a
  problem instead of being part of the prevention and awareness.

  – *"Alcohol and drug counselors need cross training on the role of alcohol with regard
    to sexual assault and they need training on how to respond to victims of sexual
    assault."* (Marine Corps Civilian)

Updates to SAPR Policies

DoD and Service SAPR guidance is flexible to respond to changing needs of survivors and
service providers. SARCs and VAs were asked to indicate the sources of policy updates they use
to keep current. Responders could indicate they use more than one source, and therefore,
responses do not add to 100%. Overall, the majority of responders indicated they used *trainings*
(80%) to find updates to SAPR policies. A little less than two-thirds indicated they used *Service
emails* (64%) and *SAPR.mil* (62%) while more than half (56%) used *Service SAPR websites*.
Less than half (43%) of responders used *Service meetings*, and more than one-third (37%) used
conferences to find updates to SAPR policies. Seventeen percent indicated they used some *other
source*.

SARCs

As shown in Table 15, the majority of SARCs indicated using *SAPR.mil* (80%), *trainings* (73%),
and *Service SAPR websites* (70%) to find updates to SAPR policies*,* and a little more than two-
thirds (67%) from *Service emails*. A little more than half of SARCs (52%) indicated they found
updates on SAPR policies through *conferences*, a little less than half (48%) through *Service
meetings*, and a little less than one-fifth (18%) from some *other source*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (92%) were more likely to indicate they use *SAPR.mil* to find updates than SARCs in the other Services.

- SARCs in the Air Force (83%) were more likely to indicate they use *Service emails* to find updates, whereas SARCs in the Army (63%) were less likely.

- SARCs in the Air Force (71%) were more likely to indicate they use *conferences* to find updates, whereas SARCs in the Army (48%) were less likely.

VAs

As shown in Table 15, the majority (81%) of VAs indicated they found updates to SAPR policies through *trainings*, a little less than two-thirds (63%) from *Service emails*, and more than half from *SAPR.mil* (60%) and *Service SAPR websites* (55%). Forty-two percent of VAs indicated they found updates on SAPR policies through *Service meetings*, more than one-third (36%) through *conferences*, and 17% from some *other source*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (85%) and Air Force (86%) were more likely to indicate they use *trainings* to find updates, while VAs in the Army (77%) and Marine Corps (71%) were less likely.

- VAs in the Navy (68%) and Marine Corps (70%) were more likely to indicate they use *Service emails* to find updates, whereas VAs in the Army (59%) and Air Force (60%) were less likely.

- VAs in the Navy (63%) were more likely to indicate they use *SAPR.mil*, whereas VAs in the Air Force (52%) were less likely.

- VAs in the Marine Corps (65%) were more likely to indicate they use *Service SAPR websites* than other VAs in the other Services.

- VAs in the Navy (45%) and Air Force (52%) were more likely to indicate using *Service meetings* to find updates, whereas VAs in the Army (37%) and Marine Corps (33%) were less likely.

- VAs in the Army (39%) were more likely to indicate they use *conferences* to find updates, whereas VAs in the Marine Corps (31%) were less likely.

Table 15.

Percentage of Responders Indicating Sources for Updates on SAPR Polices, SARCs and VAs by Service

Percent Indicating Sources for Updates on SAPR Polices					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
SAPR.mil	80	80	92	78	75
Trainings	73	74	67	63	74
Service SAPR websites	70	70	62	65	72
Service emails	67	63	73	64	83
Conferences	52	48	57	52	71
Service meetings	48	47	43	48	50
Other	18	20	19	7	10
Margins of Error	*±3-4*	*±4*	*±8-15*	*±10-15*	*±5-8*
VAs					
Trainings	81	77	85	71	86
Service emails	63	59	68	70	60
SAPR.mil	60	62	63	57	52
Service SAPR websites	55	53	55	65	51
Service meetings	42	37	45	33	52
Conferences	36	39	33	31	35
Other	17	17	16	20	16
Margins of Error	*±2*	*±2-3*	*±3*	*±5*	*±3-4*

Note. 2015 QSAPR Q37.

Supporting Qualitative Data

The 18% of SARCs and 17% VAs who indicated they received policy updates from "Other" sources were asked to specify the source.

In summary, SARCs indicated:

- Many SARCs received SAPR policy updates through SHARP officers or program managers through email or conference calls, or from networking within the SARC community.

  - *"DODI website, S1Net emails, and fellow SARC emails."* (Army Active Duty)

- Many also received updates through news media or Google searches and alerts. A few found updates through local law enforcement, especially for local and state policy updates.

    – *"Local collaborative groups within the community."* (Air Force Civilian)

In summary, VAs indicated:

- Many VAs received SAPR policy updates from the SARC and/or VA offices and training, or through networking within the SARC community. Additionally, some SAPR offices use their Facebook page to share relevant information or policy boards in hallways at some installations. Many used local resources such as state websites and RAINN, SAFE helpline, and local rape prevention training to receive updates.

    – *"Joint Staff, Social Media, Networking"* (Army Active Duty)

    – *"Attend local civilian conferences as well as military; weekly training; online training; quarterly training; military websites from my own service and others in the event we deal with them and OVCTTAC [Office for Victims of Crime: Training and Technical Assistance Center]."* (Navy Active Duty)

- A few found updates through news media or Google searches and alerts. Several mentioned the need for a "one-stop shop" for all SHARP information and updates.

    – *"Any and all available resources should be made available thru SHL; this should be a one-stop shop!"* (Army Active Duty)

Chapter 7:
2014-2016 DoD Sexual Assault Prevention Strategy

Introduction

The 2013 DoD SAPR Strategic Plan encompasses five SAPR Lines of Effort (LOE): prevention, investigation, accountability, advocacy/survivor assistance, and assessment. The DoD expanded and provided additional guidance on one of the five LOEs, the Prevention LOE, in its 2014-2016 Sexual Assault Prevention Strategy. The 2014-2016 Sexual Assault Prevention Strategy is an update to the 2008 Strategy and is the culmination of SAPRO's efforts to identify evidence-based prevention practices and lessons learned from its ongoing assessment efforts. SAPRO continually assesses Service-wide prevention efforts through such means as surveys, focus groups, case analyses, and program reviews. The updated Strategy was the result of a collaborative effort between SAPRO, the Services, and other SAPR stakeholders (DoD, 2014a).

The 2014-2016 Strategy approaches prevention through the Social Ecological Model developed by the Centers for Disease Control and Prevention (SEM; DoD, 2014a). The SEM identifies multiple levels of society (individual, relationship, community, and society) which are interconnected; each influences the others. Within each level are risk and protective factors for sexual violence. As examples, an individual-level risk factor is personal history of violence; a societal-level risk factor is gender inequality. Prevention of sexual violence must then address risk and protective factors at each level of the SEM to address the interconnected influences.

Based on the general SEM model, the 2014-2016 Strategy identified ten specific elements of successful military prevention programs. These elements were recommended to be included in all sexual assault prevention programs:

- Leadership involvement at all levels—Leaders establish a climate of safety and trust and assemble the resources necessary for a successful SAPR program.

- Peer to peer mentorship—Promoting healthy relationships between peers, partners, family, and friends.

- Accountability—All personnel are held appropriately accountable for their behavior.

- Organizational support—Resources, including manpower, budget, tools and systems, policies, education and training, standard operating procedure, and continuous evaluation and improvement.

- Community involvement—Collaboration with community resources (both on and off-base) to extend and enhance the unit climate.

- Deterrence—Tactics to deter a wide range of negative behaviors.

- Communication—Messages promoting appropriate values, attitudes, and behaviors.

- Incentives to promote prevention—Recognition by leaders for establishing effective prevention programs or practices.

- Harm reduction (risk reduction or risk avoidance)—Tactics that seek to reduce the risks of sexual assault, e.g., alcohol policies, course in self-defense, monitoring of individuals with problem behaviors.

- Education and training—Efforts designed to improve knowledge, impart a skill, and/or influence attitudes and behaviors of a target population.

Results of Prevention Strategy

Awareness of the May 2014 Release

The first question in the 2014-2016 Sexual Assault Prevention Strategy section was designed to gather data on how SARCs and VAs learned about the 2014-2016 Strategy after its release in May 2014. Results are shown in order of descending frequency for SARCs and VAs.

Overall, a little less than half of responders (48%) indicated learning about the 2014-2016 Strategy through *service emails*. More than one-third indicated *SAPR websites* (36%) and *Service meetings* (35%) were a source for learning about the Strategy. A little less than one-quarter (24%) cited *SAPR.mil* and 14% cited some *other source*. Fourteen percent of responders indicated they *had not heard about the Strategy*.

SARCs

As shown in Table 16, more than half of SARCs (54%) indicated learning about the 2014-2016 Strategy through *service emails*. Forty-one percent indicated *SAPR websites* were a source for learning about the Strategy, more than one-third (36%) cited *SAPR.mil*, a little less than one-third (31%) cited *Service meetings*, and a little more than one-tenth (12%) cited some *other source*. One-tenth (10%) of SARCs indicated they *had not heard about the Strategy*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (71%) were more likely to indicate they used *Service emails* to learn about the 2014-2016 Strategy, whereas SARCs in the Army (51%) and Marine Corps (36%) were less likely.

- SARCs in the Army (44%) were more likely to indicate they used *SAPR websites* to learn about the Strategy, whereas SARCs in the Air Force (33%) were less likely.

- SARCs in the Air Force (27%) were less likely to indicate they learned about the Strategy through *SAPR.mil* than SARCs in the other Services.

- SARCs in the Navy (20%) and Marine Corps (19%) were less likely to indicate they learned about the Strategy through *Service meetings* than SARCs in the other Services.

- SARCs in the Army (14%) were more likely to indicate they learned about the Strategy through *some other means*, whereas SARCs in the Air Force (8%) were less likely.[35]

- SARCs in the Navy (2%) were less likely to indicate they *had not heard about the Strategy* than SARCs in the other Services.

VAs

As shown in Table 16, a little less than half of VAs (47%) indicated learning about the 2014-2016 Strategy through *service emails*. More than one-third (both 35%) indicated *SAPR websites* and *Service meetings* were a source for learning about the Strategy, a little less than one-quarter (23%) cited *SAPR.mil*, and 14% cited some *other source*. Fifteen percent of VAs indicated they *had not heard about the Strategy*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (38%) were more likely to indicate they used *SAPR websites* to learn about the Strategy, whereas VAs in the Air Force (28%) were less likely.

- VAs in the Navy (38%) and Air Force (45%) were more likely to indicate they used *Service meetings*, whereas VAs in the Army (32%) and Marine Corps (24%) were less likely.

- VAs in the Army (25%) were more likely to indicate they used *SAPR.mil*, whereas VAs in the Air Force (17%) were less likely.

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[35] Eight percent of SARCs in the Marine Corps also indicated they learned about the Strategy through *some other means*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Marine Corps.

Table 16.

Percentage of Responders Indicating Sources for Learning About the 2014-2016 Sexual Assault Prevention Strategy, SARCs and VAs by Service

Percent Sources for Learning About the 2014-2016 Sexual Assault Prevention Strategy					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Service emails	54	51	60	36	71
SAPR websites	41	44	38	38	33
SAPR.mil	36	37	44	36	27
Service meetings	31	33	20	19	35
Other	12	14	9	8	8
Does not apply, have not heard about it	10	9	2	18	10
Margins of Error	*±3-4*	*±3-4*	*±9-13*	*±10-15*	*±5-8*
VAs					
Service emails	47	48	46	44	46
SAPR websites	35	38	35	38	28
Service meetings	35	32	38	24	45
SAPR.mil	23	25	24	21	17
Does not apply, have not heard about it	15	14	16	18	14
Other	14	14	14	15	13
Margins of Error	*±2*	*±2-3*	*±3*	*±4-5*	*±3-4*

Note. 2015 QSAPR Q38.

Supporting Qualitative Data

SARCs and VAs who indicated they received policy updates from "Other" sources were asked to specify the source.

In summary, SARCs indicated:

- Many SARCs learned about the 2014-2016 DoD Sexual Assault Prevention Strategy released in May 2014 through the SARC chain of command, either through the SARC office program director, state SARC, regional SARC, division SARC, brigade SARC, or other higher echelon SARC.

- Additionally, many learned about it through word of mouth and networking with other SARCs/VAs or SARC meeting, or through their required training.

  – *"At our annual conference."* (Air Force Civilian)

- Some only found out through Google searches or news releases and not through official channels.

    – *"I was looking for updates to the program through Google."* (Army Active Duty)

    – *"Word of mouth."* (Army Active Duty)

In summary, VAs indicated:

- Many VAs learned about the 2014-2016 DoD Sexual Assault Prevention Strategy released in May 2014 through the SARC chain of command, networking with other SARCs/VAs, or through SAPR meetings.

    – *"Communications with local SARC, emails, and personal contact (meetings)."* (Army National Guard/Reserve)

- Many learned about it through training or communication material at the installation such as posters.

    – *"I learned about them in the two week SHARP course I took."* (Army Active Duty)

    – *"Training, posters, e-mails, etc."* (Army Active Duty)

- A few only found out through Google searches or news releases and not through official channels.

    – *"I hear something and I haven't received anything 'official' I Google the info and can usually turn up an official source of the information."* (Army Civilian)

Strategic Activities Performed

Responders were asked to indicate the extent to which they perform activities in each of the ten major areas (elements) of the 2014-2016 Sexual Assault Prevention Strategy. Overall, a majority of responders indicated they perform each of the activities to a large extent. Large extent includes "Large extent" and "Very large extent." There was very little variation in the percentages of responders overall or among SARCs and VAs in the extent to which they perform these activities. There were no differences among Services. In summary, responders perform the following activities to a large extent, ordered from highest percentage to lowest overall:

- Education and Training—79%

- Communication—72%

- Leadership Involvement—71%

- Organizational Support—70%

- Deterrence—70%

- Peer to Peer Mentorship—68%

- Accountability—66%

- Harm Reduction—62%

- Incentives to Promote—56%

- Community Involvement—54%

SARCs

In summary, SARCs perform the following activities to a large extent, ordered from highest percentage to lowest overall:

- Education and Training—88%

- Communication—83%

- Leadership Involvement—79%

- Organizational Support—77%

- Accountability—76%

- Deterrence—74%

- Peer to Peer Mentorship—68%

- Harm Reduction—67%

- Community Involvement—63%

- Incentives to Promote—62%

Table 17 shows specific breakouts for SARCs, by Service:

- SARCs in the Army (79%) were more likely to indicate they perform *deterrence* activities, whereas SARCs in the Navy (47%) and Air Force (62%) were less likely.[36]

- SARCs in the Army (72%) were more likely to indicate they perform *peer to peer mentorship* activities, whereas SARCs in the Navy (46%) and Air Force (54%) were less likely.

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[36] Sixty-two percent of SARCs in the Marine Corps were also more likely to indicate they perform *deterrence* activities. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for the Marine Corps.

- SARCs in the Army (66%) were more likely to indicate they perform *incentives to promote* activities, whereas SARCs in the Navy (32%) and Air Force (53%) were less likely.

Table 17.
Percentage of Responders Performing Activities in Each Major Area of the 2014-2016 DoD Sexual Assault Prevention Strategy, SARCs by Service

Percent Indicating Performing Activities to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**SARCs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
Education and training	88	87	80	88	92
Communication	83	82	79	85	84
Leadership involvement	79	80	65	77	79
Organizational support	77	78	64	73	76
Accountability	76	77	67	78	68
Deterrence	74	79	47	62	62
Peer to peer mentorship	68	72	46	62	54
Harm reduction	67	67	66	75	59
Community involvement	63	63	58	57	69
Incentives to promote	62	66	32	61	53
Margins of Error	*±3-4*	*±4-5*	*±13-16*	*±15-17*	*±5-9*

Note. 2015 QSAPR Q39.

VAs

In summary, VAs perform the following activities to a large extent, ordered from highest percentage to lowest overall:

- Education and Training—78%

- Communication—71%

- Organizational Support—70%

- Leadership Involvement—70%

- Deterrence—69%

- Peer to Peer Mentorship—68%

- Accountability—64%

- Harm Reduction—61%

- Incentives to Promote—56%

- Community Involvement—52%

Table 18 shows specific breakouts for VAs, by Service:

- VAs in the Marine Corps (63%) and Air Force (65%) were less likely to indicate they perform *organizational support* activities than VAs in the other Services.

- VAs in the Army (73%) were more likely to indicate they perform *leadership involvement* activities, whereas VAs in the Air Force (64%) were less likely.

- VAs in the Marine Corps (61%) were less likely to indicate they perform *deterrence* activities than VAs in the other Services.

- VAs in the Marine Corps (60%) were less likely to indicate they perform *peer to peer mentorship* activities than VAs in the other Services.

- VAs in the Navy (67%) were more likely to indicate they perform *accountability* activities than VAs in the other Services.

- VAs in the Navy (65%) were more likely to indicate they perform *harm reduction* activities, whereas VAs in the Air Force (57%) were less likely.

- VAs in the Navy (59%) were more likely to indicate they perform *incentives to promote* activities, whereas VAs in the Marine Corps (48%) and Air Force (50%) were less likely.

Table 18.

Percentage of Responders Performing Activities in Each Major Area of the 2014-2016 DoD Sexual Assault Prevention Strategy, VAs by Service

Percent Indicating Performing Activities to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**VAs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
Education and training	78	78	78	78	78
Communication	71	71	72	68	69
Organizational support	70	71	71	63	65
Leadership involvement	70	73	71	67	64
Deterrence	69	70	71	61	66
Peer to peer mentorship	68	69	71	60	68
Accountability	64	64	67	59	61
Harm reduction	61	61	65	56	57
Incentives to promote	56	56	59	48	50
Community involvement	52	48	58	40	59
Margins of Error	*±2*	*±2-3*	*±3-4*	*±5-6*	*±4*

Note. 2015 QSAPR Q39.

## Instruction in Sexual Assault Prevention

As noted above, the majority of responders (79%) perform education and training activities to a large extent. Responders were asked to estimate the percentage of time they devoted in the past 12 months to teaching prevention during various types of trainings.

Time Spent on Prevention During Mandatory Training

As shown in Figure 18, overall, less than half (44%) of responders indicated they spent *more than 50% of mandatory training time* (provided to units) on prevention training, a little less than one-third (30%) have spent *25-50% of mandatory training time*, and one-fifth (20%) of responders have spent *less than 25% of mandatory training time* on prevention. Few (6%) responders indicated they devote *none of the mandatory training time* on prevention.

Figure 18.
Percentage of Responders Indicating Time Spent Devoted to Prevention During Mandatory Training, by SARCs and VAs
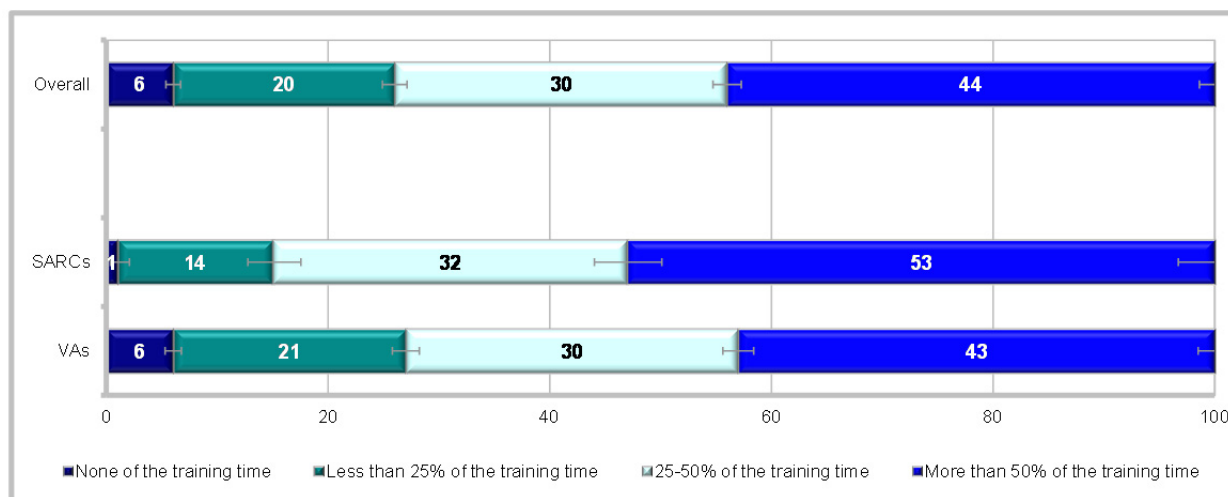
2015 QSAPR Q40   *Margins of error range from ±1% to ±4%*

Percent of certified SARCs and VAs who indicated the question was applicable

SARCs. As shown in Figure 18, overall, a little more than half (53%) of SARCs indicated they spent *more than 50% of mandatory training time* (provided to units) on prevention training, a little less than one-third (32%) have spent *25-50% of mandatory training time*, and 14% of SARCs have spent *less than 25% of mandatory training time* on prevention. Few (1%) SARCs indicated they devote *none of mandatory training time* on prevention.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (22%) were less likely to indicate they spend *more than 50% of the mandatory training time* on prevention than SARCs in the other Services.

- SARCs in the Navy (66%) were more likely to indicate they spend *25%-50% of the mandatory training time* on prevention, whereas SARCs in the Marine Corps (18%) were less likely.

- SARCs in the Marine Corps (29%) were more likely to indicate they spend *less than 25% of the mandatory training time* on prevention than SARCs in the other Services.

VAs. As shown in Figure 18, overall, less than half (43%) of VAs indicated they spent *more than 50% of mandatory training time* (provided to units) on prevention training, a little less than one-third (30%) have spent *25-50% of mandatory training time*, and a little more than one-fifth (21%) of VAs have spent *less than 25% of mandatory training time* on prevention. Few (6%) VAs indicated they devote *none of mandatory training time* on prevention.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (46%) were more likely to indicate they spent *more than 50% of the mandatory training time* on prevention, whereas VAs in the Navy (38%) were less likely.

- VAs in the Navy (34%) were more likely to indicate they spend *25%-50% of the mandatory training time* on prevention, whereas VAs in the Marine Corps (24%) and Air Force (27%) were less likely.

- VAs in the Army (4%) were less likely to indicate they spend *none of the mandatory training time* on prevention, whereas VAs in the Air Force (12%) were more likely.

Time Spent on Prevention During Outreach Activities

As shown in Figure 19, overall, the majority of responders (85%) indicated they spend at least some of the time during *outreach activities* on prevention. A little less than one-third indicated they spend *less than 25% of the time* during *outreach activities* on prevention (31%), and *25-50% of the time* during *outreach activities* on prevention (30%). A little less than one quarter (24%) indicated they spend *more than 50% of the time* during *outreach activities* on prevention. Fifteen percent of responders indicated they devote *none of the time* during *outreach activities* on prevention.

Figure 19.

Percentage of Responders Indicating Time Spent Devoted to Prevention During Outreach Activities, by SARCs and VAs
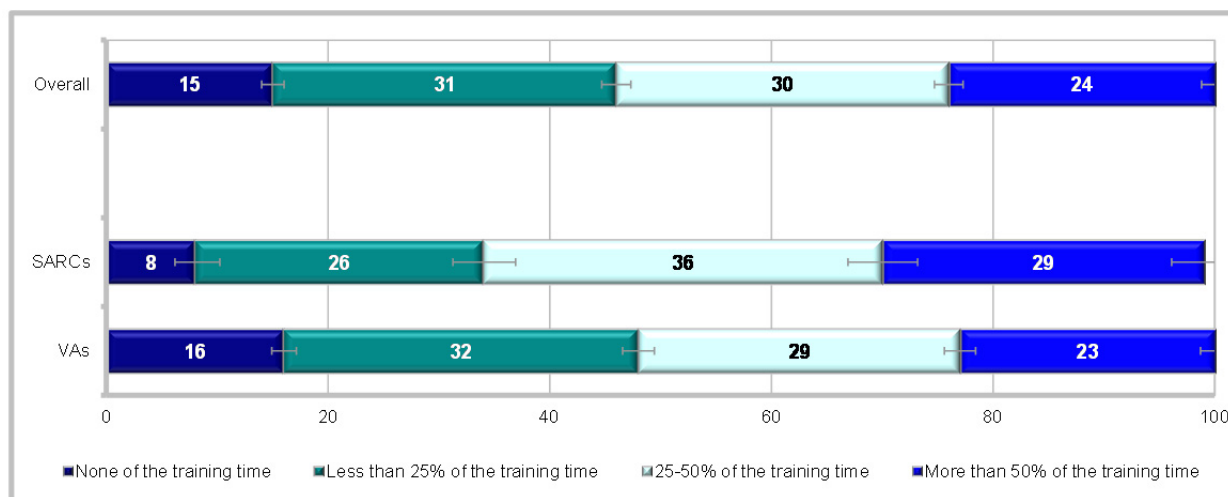
2015 QSAPR Q40   *Margins of error range from ±2% to ±4%*

Percent of certified SARCs and VAs who indicated the question was applicable

SARCs. As shown in Figure 19, more than one-third (36%) of SARCs indicated they spend *25-50% of the time* during *outreach activities* on prevention. More than one-quarter (29%) of SARCs indicated they spend *more than 50% of the time* during *outreach activities* on prevention and *less than 25% of the time* during *outreach activities* on prevention (26%). Eight percent of responders indicated they devote *none of the time* during *outreach activities* on prevention.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (4%) were less likely to indicate they spend *none of the training time* during *outreach activities* on prevention than SARCs in the other Services.

- SARCs in the Air Force (35%) were more likely to indicate they spend *less than 25% of the time* during *outreach activities* on prevention than SARCs in the other Services.

- SARCs in the Navy (58%) and Air Force (50%) were more likely to indicate they spend *25-50% of the time* during *outreach activities* on prevention, whereas SARCs in the Army (32%) were less likely.

- SARCs in the Army (33%) were more likely to indicate they spend *more than 50% of the time* during *outreach activities* on prevention, whereas SARCs in the Air Force (11%) were less likely.

VAs. As shown in Figure 19, a little less than one-third (32%) indicated they spend *less than 25% of the time* during *outreach activities* on prevention, and more than one-quarter (29%) indicated they spend *25-50% of the time* during *outreach activities* on prevention. A little less than one-quarter (23%) indicated they spend *more than 50% of the time* during *outreach*

activities on prevention. Sixteen percent of responders indicated they devote *none of the time* during *outreach activities* on prevention.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Marine Corps (23%) were more likely to indicate they spend *none of the time* during *outreach activities* on prevention, whereas VAs in the Navy (12%) were less likely.

- VAs in the Marine Corps (39%) were more likely to indicate they spend *less than 25% of time* during *outreach activities* on prevention, whereas VAs in the Navy (29%) were less likely.

- VAs in the Navy (32%) were more likely to indicate they spend *25-50% of time* during *outreach activities* on prevention, whereas VAs in the Marine Corps (22%) were less likely.

- VAs in the Navy (26%) were more likely to indicate they spend *more than 50% of time* during *outreach activities* on prevention, whereas VAs in the Marine Corps (16%) were less likely.

Time Spent on Prevention During Deployment Training

As shown in Figure 20, overall, one-third of responders (33%) indicated they devote *none of the time* during *deployment training* on prevention. More than one-quarter (28%) indicated they spend *less than 25% of the time* during *deployment training* on prevention, and a little more than one-fifth (21%) indicated they spend *25-50% of the time* during *deployment training* on prevention. A little less than one-fifth (18%) indicated they spend *more than 50% of the time* during *deployment training* on prevention.

Figure 20.

Percentage of Responders Indicating Time Spent Devoted to Prevention During Deployment Training, by SARCs and VAs
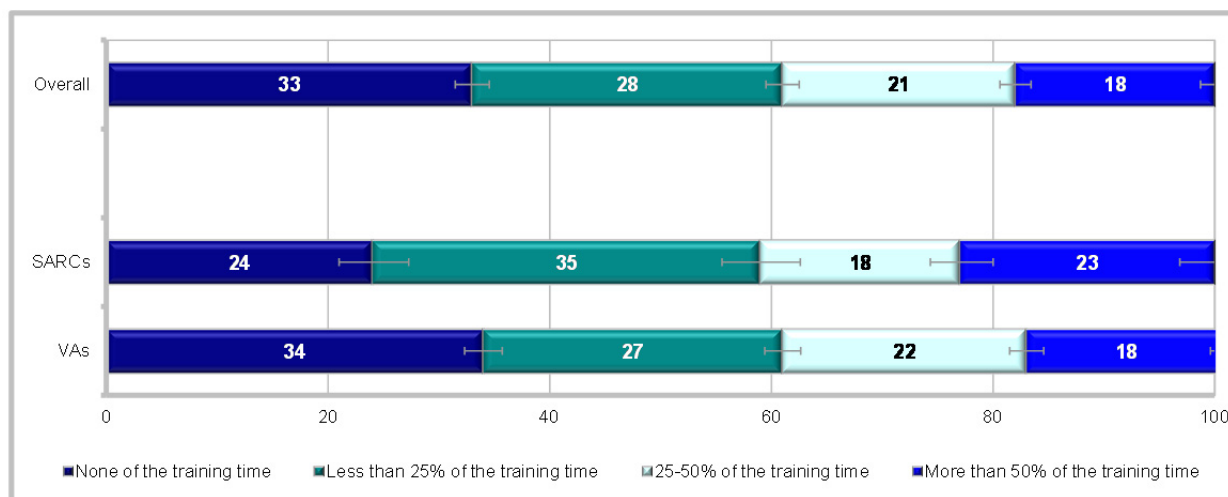
2015 QSAPR Q40   *Margins of error range from ±2% to ±4%*

Percent of certified SARCs and VAs who indicated the question was applicable

SARCs. As shown in Figure 20, more than one-third (35%) of SARCs indicated they spend *less than 25% of the time* during *deployment training* on prevention and a little less than one-quarter (24%) indicated they devote *none of the time* during *deployment training* on prevention. A little less than one-quarter (23%) indicated they spend *more than 50% of the time* during *deployment training* on prevention. A little less than one-fifth (18%) indicated they spend *25-50% of the time* during *deployment training* on prevention.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Marine Corps (45%) were more likely to indicate they spend *none of the time* during *deployment training* on prevention than SARCs in the other Services.

- SARCs in the Air Force (58%) were more likely to indicate they spend *less than 25% of the time* during *deployment training* on prevention, whereas SARCs in the Marine Corps (21%) and Army (29%) were less likely.

- SARCs in the Army (21%) were more likely to indicate they spend *25-50% of the time* during *deployment training* on prevention, whereas SARCs in the Marine Corps (4%) and Air Force (10%) were less likely.

- SARCs in the Army (28%) were more likely to indicate they spend *more than 50% of the time* during *deployment training* on prevention, whereas SARCs in the Navy (3%) and Air Force (9%) were less likely.

VAs. As shown in Figure 20, more than one-third (34%) of VAs indicated they devote *none of the time* during *deployment training* on prevention. More than one-quarter (27%) indicated they spend *less than 25% of the time* during *deployment training* on prevention, and a little more than

one-fifth (22%) indicated they spend *25-50% of the time* during *deployment training* on prevention. A little less than one-fifth (18%) indicated they spend *more than 50% of the time* during *deployment training* on prevention.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (50%) were more likely to indicate they spend *none of the time* during *deployment training* on prevention, whereas VAs in the Navy (26%) were less likely.

- VAs in the Navy (28%) were more likely to indicate they spend *25-50% of the time* during *deployment training* on prevention, whereas VAs in the Air Force (12%) were less likely.

- VAs in the Navy (21%) were also more likely to indicate they spend *more than 50% of the time* during *deployment training* on prevention, whereas VAs in the Air Force (11%) were less likely.

Time Spent on Prevention During Facilitated Discussion Groups

As shown in Figure 21, overall, a little less than one-third of responders (30%) indicated they spend *less than 25% of the time* while *facilitating discussion groups* on prevention. A little less than one-third (30%) indicated they spend *25-50% of the time* while *facilitating discussion groups* on prevention. A little less than one-quarter (24%) indicated they spend *more than 50% of the time* while *facilitating discussion groups* on prevention. Sixteen percent indicated they devote *none of the time* while *facilitating discussion groups* on prevention.

Figure 21.
Percentage of Responders Indicating Time Spent Devoted to Prevention During Facilitated Discussion Groups, by SARCs and VAs
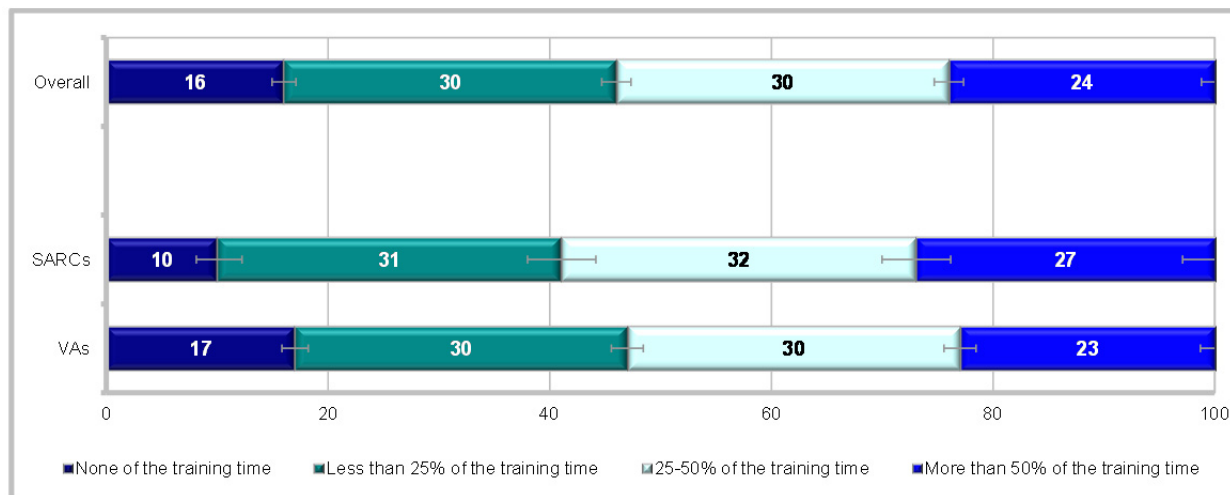
2015 QSAPR Q40   *Margins of error range from ±2% to ±4%*

Percent of certified SARCs and VAs who indicated the question was applicable

SARCs. As shown in Figure 21, a little less than one-third of SARCs (32%) indicated they spend *25-50% of the time* while *facilitating discussion groups* on prevention. A little less than one-third (31%) indicated they spend *less than 25% of the time* while *facilitating discussion groups* on prevention. More than one-quarter (27%) indicated they spend *more than 50% of the time* while *facilitating discussion groups* on prevention. One-tenth (10%) indicated they devote *none of the time* while *facilitating discussion groups* on prevention.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Marine Corps (25%) were more likely to indicate they spend *none of the time* while *facilitating discussion groups* on prevention than SARCs in the other Services.

- SARCs in the Air Force (42%) were more likely to indicate they spend *less than 25% of the time* while *facilitating discussion groups* on prevention, whereas SARCs in the Army (27%) were less likely.

- SARCs in the Marine Corps (15%) were less likely to indicate they spend *25-50% of the time* while *facilitating discussion groups* on prevention than SARCs in the other Services.

- SARCs in the Army (31%) were more likely to indicate they spend *more than 50% of the time* while *facilitating discussion groups* on prevention, whereas SARCs in the Navy (4%) and Air Force (16%) were less likely.

VAs. As shown in Figure 21, a little less than one-third of VAs (30%) indicated they spend *less than 25% of the time* while *facilitating discussion groups* on prevention. A little less than one-third (30%) indicated they spend *25-50% of the time* while *facilitating discussion groups* on prevention. A little less than one-quarter (23%) indicated they spend *more than 50% of the time* while *facilitating discussion groups* on prevention. Seventeen percent indicated they devote *none of the time* while *facilitating discussion groups* on prevention.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Marine Corps (24%) were more likely to indicate they spend *none of the time* while *facilitating discussion groups* on prevention, whereas VAs in the Air Force (13%) were less likely.

- VAs in the Air Force (25%) were less likely to indicate they spend *less than 25% of the time* while *facilitating discussion groups* on prevention than VAs in the other Services.

- VAs in the Marine Corps (24%) were less likely to indicate they spend *25-50% of the time* while *facilitating discussion groups* on prevention than VAs in the other Services.

- VAs in the Air Force (30%) were more likely to indicate they spend *more than 50% of the time* while *facilitating discussion groups* on prevention than VAs in the other Services.
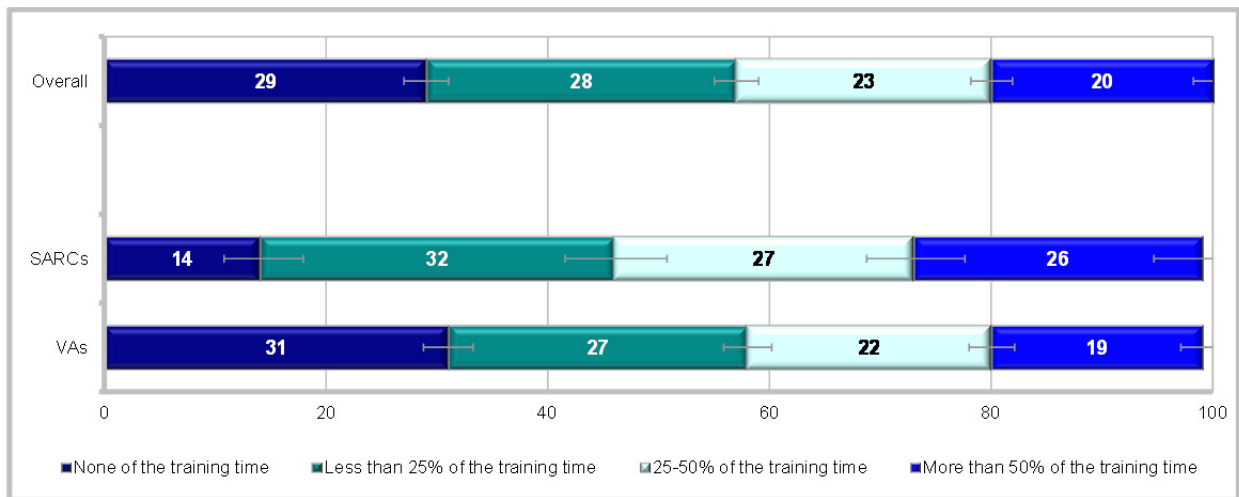
Time Spent on Prevention During Other Training Activities

As shown in Figure 22, overall, more than one-quarter of responders (29%) indicated they devote *none of the time* during *other training activities* on prevention. More than one-quarter (28%) indicated they devote *less than 25% of the time* during *other training activities* on prevention. A little less than one-quarter (23%) indicated they spend *25-50% of the time* during *other training activities* on prevention. One-fifth (20%) indicated they spend *more than 50% of the time* during *other training activities* on prevention.

Figure 22.
Percentage of Responders Indicating Time Spent Devoted to Prevention During Other Training Activities, by SARCs and VAs

2015 QSAPR Q40   *Margins of error range from ±2% to ±5%*

Percent of certified SARCs and VAs who indicated the question was applicable

SARCs. As shown in Figure 22, a little less than one-third of SARCs (32%) indicated they spend *less than 25% of the time* during *other training activities* on prevention. More than one-quarter (27%) indicated they spend *25-50% of the time* during *other training activities* on prevention. A little more than one-quarter (26%) indicated they spend *more than 50% of the time* during *other training activities* on prevention. Fourteen percent indicated they devote *none of the time* during *other training activities* on prevention.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (55%) were more likely to indicate they spend *25-50% of the time* during *other training activities* on prevention, whereas SARCs in the Marine Corps (6%) were less likely.

- SARCs in the Navy (9%) and Air Force (13%) were less likely to indicate they spend *more than 50% of the time* during *other training activities* on prevention than SARCs in the other Services.

VAs. As shown in Figure 22, a little less than one-third of VAs (31%) indicated they devote *none of the time* during *other training activities* on prevention. More than one-quarter (27%) indicated they spend *less than 25% of the time* during *other training activities* on prevention. A little less than one-quarter (22%) indicated they spend *25-50% of the time* during *other training activities* on prevention. A little less than one-fifth (19%) indicated they spend *more than 50% of the time* during *other training activities* on prevention.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (39%) were more likely to indicate they spend *none of the time* during *other training activities* on prevention, whereas VAs in the Navy (27%) were less likely.

- VAs in the Navy (26%) were more likely to indicate they spend *25-50% of the time* during *other training activities* on prevention, whereas VAs in the Marine Corps (14%) and Air Force (16%) were less likely.

Supporting Qualitative Data. If SARCs and VAs indicated they spent any proportion of their time on "Other" training activities, they were asked to describe that training.

In summary, SARCs indicated:

- The most common additional training includes Bystander Intervention Training, Got Your Back, Sex Signals, First Responder Training, training to prevent retaliation, civilian and spouse outreach and training, and providing training at new soldier in-processing.

  – *"We brought in training: Got Your Back. Also brought in Bystander Interventions Training. Also brought in NOVAA crisis training for VAs."* (Army Active Duty)

- Additional training programs described included Rape Aggression Defense, Safety Stand Downs, SHARP physical training challenge, NOVAA crisis training, local safety programs for OCONUS locations, senior leadership and pre-command training, and cultural awareness training.

  - *"Alcohol awareness—differences between German (foreign) and American beers and alcohol intake vs. what body can afford. Cultural aspects of Germany (foreign country) regarding consent age to drink and to have sex, versus, minor and adult interface at bars and fests."* (Army Civilian)

- Many SARCs brought in speakers and used skits to provide training.

  - *"Skits were performed for trainees and cadre to educate the importance of prevention."* (Army Active Duty)

- Many SARCs indicated they provided no additional training.

In summary, VAs indicated:

- The most common additional training includes Bystander Intervention Training, Sex Signals, SCREAM, Intervene, Act, Motivate, Standing Strong, first responder training, Got Your Back, How to Talk to a Survivor, male victimization topics, and Importance of Risk Prevention and Avoidance of Victim Blaming.

- Additional training described includes civilian and military newcomers, key spouses, and commanding officers.

- VAs used skits for small group training, scenario-based discussion, sharing of personal stories, and providing mentorship in violence prevention as methods of training.

  - *"I direct a SHARP skit group. It is a revolving list of AIT [Academic Instructor Training] students that perform skits throughout [location]. Its aim is to create a way to teach the importance of the SHARP program from the point-of-view of the student."* (Army Active Duty)

- Many VAs indicated they provided no additional training.

Support for Prevention Activities

One of the elements identified in the 2014-2016 Strategy is entitled "Leadership Involvement At All Levels." Leaders are expected to establish a climate of safety and trust and assemble the resources necessary for a successful SAPR program. SARCs were asked whether they agree or disagree that commanders and supervisors are meeting these expectations.

As shown in Table 19, the majority (82%) of SARCs agreed commanders and supervisors support prevention by *holding unit members accountable for preventing sexual assault*. Percent

agree is based on "Agree" and "Strongly agree." Results are shown in order of descending frequency for SARCs.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (86%) were more likely to agree commanders and supervisors support prevention by *holding unit members accountable for preventing sexual assault*, whereas SARCs in the Air Force (70%) were less likely.[37]

- SARCs in the Navy (90%) were more likely to agree commanders and supervisors do so through *discussions during multiple training efforts* than SARCs in the other Services.

- SARCs in the Army (63%) were more likely to agree commanders and supervisors do so by *proactively suggesting ideas on prevention to SAPR staff*, whereas SARCs in the Air Force (50%) and other DoD agencies (33%) were less likely.

Table 19.
Percentage of Responders Indicating Commander and Supervisor Support for Prevention Activities, SARCs by Service

Percent Agreement That Commanders and Supervisors Support Prevention Activities						
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**SARCs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Other DoD**
By holding unit members accountable for preventing sexual assault	82	86	76	81	70	70
Through discussions during multiple training efforts	79	79	90	77	80	68
Through discussions during leadership meetings	76	78	72	78	73	57
By providing adequate time, manpower, and resources to SAPR programs	70	72	62	76	65	51
By proactively suggesting ideas on prevention to SAPR staff	59	63	49	65	50	33
Margins of Error	*±3-4*	*±4*	*±10-12*	*±10-12*	*±7-8*	*±18-22*

Note. 2015 QSAPR Q41.
This survey item was only asked of SARCs.

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[37] Seventy percent of SARCs in the Other DoD Agencies were also more likely to agree commanders and supervisors support prevention by *holding unit members accountable for preventing sexual assault*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Other DoD Agencies.

Chapter 8:
Implementation of 2014-2016 Sexual Assault Prevention Strategy

Introduction

This section of the survey addressed targeted issues related to the implementation of the elements of the 2014-2016 Strategy. Questions covered perceptions of responders regarding frequency of collaboration with community resources, familiarity with and use of DoD SAPR Connect, commander participation in SAPR events, and barriers to implementing the elements of the 2014-2016 Strategy. Responses to these questions will enable SAPRO to better understand resource utilization and barriers to implementation.

Several questions in this section of the survey assessed use of SAPR Connect. SAPR Connect is an online community of practice (CoP) to collaborate and share ideas to enhance sexual assault prevention programs. It serves as a community for uniform and civilian members of the DoD to share prevention-related resources, videos, articles, and discussions in a collaborative online environment. The CoP is also home to recorded quarterly webinars hosted by SAPRO, featuring a wide variety of topics such as peer mentoring programs and use of apps in prevention. While the webinars are hosted live, the video, presentation, and other materials are available for SAPR Connect members to view anytime once uploaded. SARCs and VAs can participate in the webinars to fulfill continuing education credits for the D-SAACP.

Results of Implementation of Strategy

Collaborating with Community Resources

One of the elements of the 2014-2016 Strategy is the establishment of "Community Involvement." Leaders and SARCs are expected to collaborate with community resources (both on and off-base) to extend and enhance the unit climate. Results are shown for SARCs and VAs who indicated they collaborated often with community resources in the past 12 months (often includes "Often" and "Very often"). Results are shown in order of descending frequency for SARCs and VAs.

Overall, the top three community resources responders collaborate with often are the *Military Equal Opportunity Program* (26%), *on-base Family Advocacy Program* (23%), and *on-base police* (21%). Eighteen percent of responders indicated they collaborate often with *on-base alcohol and drug abuse prevention programs*, 14% with *local rape crisis centers*, and 13% with *local civilian health agencies*. A little more than one-tenth indicated they collaborate often with *local civilian police* (12%), *local domestic violence shelters* (12%), and one-tenth (10%) indicated they collaborate with *other resources*.

SARCs

The top three community resources SARCs collaborate with often are the *Military Equal Opportunity Program* (47%), *on-base police* (47%), and *on-base Family Advocacy Program* (47%).

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (56%) were more likely to indicate they collaborate with the *Military Equal Opportunity Program*, whereas SARCs in the Navy (18%) and Marine Corps (33%) were less likely.

- SARCs in the Air Force (58%) were more likely to indicate they collaborate with *on-base police* than SARCs in the other Services.

- SARCs in the Air Force (58%) were more likely to indicate they collaborate with their *on-base Family Advocacy Program* than SARCs in the other Services.

- SARCs in the Navy (49%) and Air Force (47%) were more likely to indicate they collaborate with *local rape crisis centers*, whereas SARCs in the Army (28%) were less likely.

- SARCs in the Navy (18%) were less likely to indicate they collaborate with *on-base alcohol and drug abuse prevention programs* than SARCs in the other Services.

- SARCs in the Air Force (33%) were more likely to indicate they collaborate with *local domestic violence shelters*, whereas SARCs in the Navy (13%) were less likely.

- SARCs in the Army (21%) were less likely to indicate they collaborate with *other resources* than SARCs in the other Services.

VAs

The top three community resources VAs collaborate with often are the *Military Equal Opportunity Program* (23%), *on-base Family Advocacy Program* (20%), and *on-base police* (18%).

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (28%) were more likely to indicate they collaborate with the *Military Equal Opportunity Program*, whereas VAs in the Marine Corps (17%) and Air Force (15%) were less likely.

- VAs in the Army (26%) were more likely to indicate they collaborate with *on-base Family Advocacy Programs*, whereas VAs in Navy (17%) and Marine Corps (16%) were less likely.

- VAs in the Army (25%) were more likely to indicate they collaborate with *on-base police*, whereas VAs in the Navy (15%) and Marine Corps (12%) were less likely.

- VAs in the Marine Corps (11%) and Air Force (12%) were less likely to indicate they collaborate with *on-base alcohol and drug abuse prevention programs* than VAs in the other Services.

- VAs in the Army (14%) were more likely to indicate they collaborate with *local civilian health agencies*, whereas VAs in the Navy (10%) were less likely.

- VAs in the Army (12%) were more likely to indicate they collaborate with *local civilian police*, whereas VAs in the Marine Corps (7%) were less likely.

- VAs in the Marine Corps (7%) were less likely to indicate they collaborate with *local domestic violence shelters* than VAs in the other Services.

- VAs in the Marine Corps (5%) were less likely to indicate they collaborate with *other resources* than VAs in the other Services.

Table 20.

Percentage of Responders Indicating Collaboration with Community Resources, SARCs and VAs by Service

Percent Collaborate with Community Resources Often					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Military Equal Opportunity Program	47	48	18	33	56
On-base police[a]	47	47	35	42	58
On-base Family Advocacy Program (FAP)[a]	47	45	54	36	58
Local rape crisis center	33	28	49	22	47
On-base alcohol and drug abuse prevention programs	30	32	18	29	27
Local civilian health agencies	27	26	22	20	33
Local civilian police	26	25	21	17	28
Local domestic violence shelter	24	23	13	15	33
Other	23	21	30	25	30
Margins of Error	*±3-4*	*±4-5*	*±10-17*	*±13-18*	*±7-10*
VAs					
Military Equal Opportunity Program	23	28	22	17	15
On-base Family Advocacy Program (FAP)[a]	20	26	17	16	18
On-base police[a]	18	25	15	12	16
On-base alcohol and drug abuse prevention programs	16	18	18	11	12
Local civilian health agencies	12	14	10	9	11
Local rape crisis center	12	13	11	9	14
Local civilian police	10	12	9	7	9
Local domestic violence shelter	10	11	9	7	11
Other	8	8	9	5	10
Margins of Error	*±1-2*	*±2-3*	*±2-3*	*±3-4*	*±3-4*

Note. 2015 QSAPR Q42.
[a]Excludes National Guard and Reserve Component members.

Supporting Qualitative Data

If a SARC or VA indicated they had collaborated with any "Other" community resource in the past 12 months, they were asked to specify the resource. No one provided information about "Other" resources used.
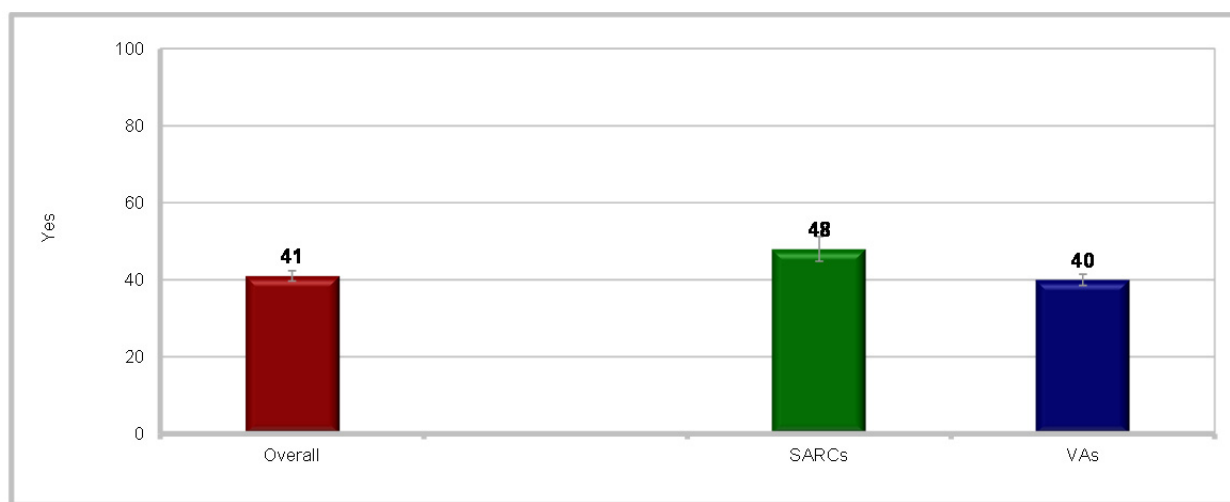
Using SAPR Connect

SARCs and VAs were asked if they were familiar with SAPR Connect, the online CoP to collaborate and share ideas to enhance sexual assault prevention programs.

Familiarity With SAPR Connect

As shown in Figure 23, overall, forty-one percent of responders were *familiar with SAPR Connect*.

Figure 23.
Percentage of Responders Indicating Familiarity with SAPR Connect, by SARCs and VAs

2015 QSAPR Q43   *Margins of error range from ±2% to ±4%*
Percent of all certified SARCs and VAs

SARCs. As shown in Figure 23, a little less than half (48%) of SARCs were *familiar with SAPR Connect*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (70%) were more likely to indicate they were *familiar with SAPR Connect* than SARCs in the other Services.

VAs. As shown in Figure 23, forty percent of VAs were *familiar with SAPR Connect*.

There were no significant differences between Services for VAs in 2015 for *familiarity with SAPR Connect*.

Visiting SAPR Connect in the Past 12 Months

As shown in Figure 24, overall, of the responders who indicated they were familiar with SAPR Connect, the majority (82%) indicated they had *visited it at least once* in the past 12 months.

Figure 24.

*Percentage of Responders Indicated Visiting SAPR Connect Community of Practice, by
SARCs and VAs*
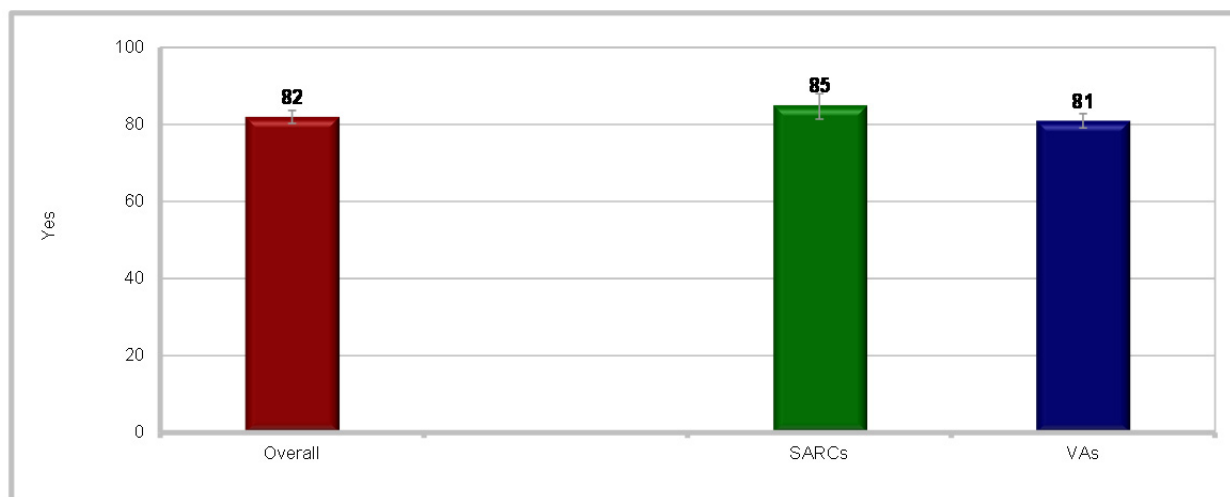
Percent of certified SARCs and VAs who are familiar with SAPR Connect

SARCs. As shown in Figure 24, of the SARCs who indicated they were familiar with SAPR
Connect, the majority (85%) indicated they had *visited it at least once* in the past 12 months.

There were no significant differences between Services for SARCs in 2015 for *number of times
they visited SAPR Connect* in the past 12 months.

VAs. As shown in Figure 24, of the VAs who indicated they were familiar with SAPR Connect,
the majority (81%) indicated they had *visited it at least once* in the past 12 months.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (86%) were more likely to indicate they had *visited SAPR Connect at
  least once* in the past 12 months, whereas VAs in the Navy (77%) and Marine Corps
  (71%) were less likely.

SAPR Connect Helped Improve Prevention Activities

As shown in Figure 25, overall, of the responders who indicated they were familiar with SAPR
Connect, the majority (80%) indicated they *learned something from the online community of
practice that helped them improve their sexual assault prevention activities*.

Figure 25.

Percentage of Responders Indicating SAPR Connect Helped Improve Prevention Activities, by SARCs and VAs
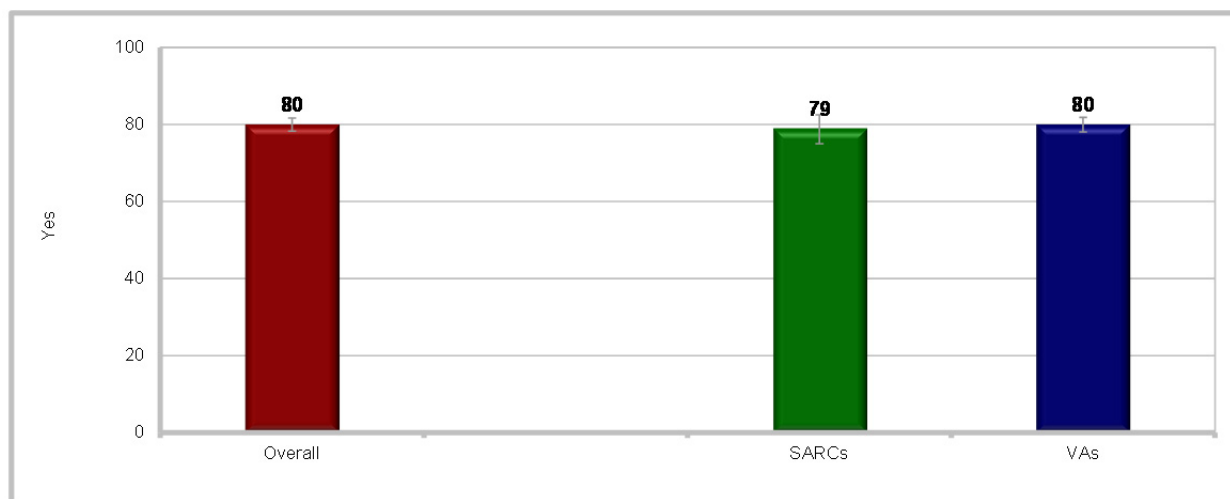
Percent of certified SARCs and VAs who are familiar with SAPR Connect

SARCs. As shown in Figure 25, of the SARCs who indicated they were familiar with SAPR Connect, the majority (79%) indicated they *learned something from the online community of practice that helped them improve their sexual assault prevention activities.*

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (64%) were less likely to indicate they *learned something that helped them improve their sexual assault prevention activities* than SARCs in the other Services.

VAs. As shown in Figure 25, of the VAs who indicated they were familiar with SAPR Connect, the majority (80%) indicated they *learned something from the online community of practice that helped them improve their sexual assault prevention activities.*

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (84%) were more likely to indicate they *learned something that helped them improve their sexual assault prevention activities*, whereas VAs in the Marine Corps (69%) were less likely.

Using SAPR Connect Resources to Plan and Implement the 2015 Sexual Assault Awareness Month

As shown in Figure 26, overall, of the responders who indicated they were familiar with SAPR Connect, a little less than half (48%) indicated they *used resources on SAPR Connect to plan and implement the Sexual Assault Awareness Month in April 2015.*

Figure 26.

*Percentage of Responders Using SAPR Connect Resources to Plan and Implement the 2015
Sexual Assault Awareness Month, by SARCs and VAs*
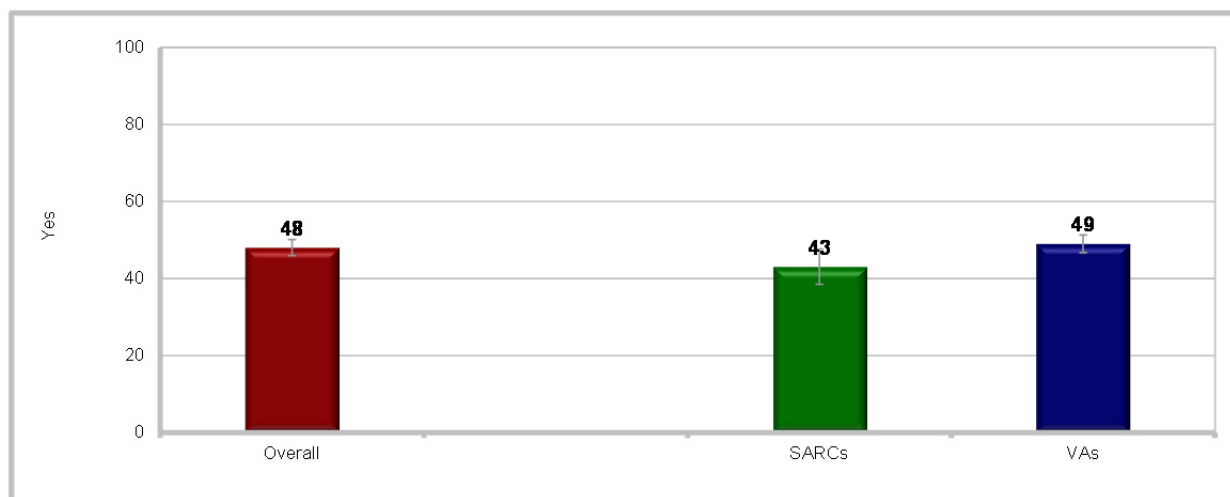
2015 QSAPR Q45   *Margins of error range from ±3% to ±5%*

Percent of certified SARCs and VAs who are familiar with SAPR Connect

SARCs. As shown in Figure 26, of the SARCs who indicated they were familiar with SAPR
Connect, less than half (43%) indicated they *used resources on SAPR Connect to plan and
implement the Sexual Assault Awareness Month in April 2015*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (46%) were more likely to indicate they *used resources on SAPR
  Connect to plan the Sexual Assault Awareness Month* than SARCs in the other Services.

VAs. As shown in Figure 26, of the VAs who indicated they were familiar with SAPR Connect,
a little less than half (49%) indicated they *used resources on SAPR Connect to plan and
implement the Sexual Assault Awareness Month in April 2015*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (52%) were more likely to indicate they *used resources on SAPR
  Connect to plan the Sexual Assault Awareness Month*, whereas VAs in the Air Force
  (34%) were less likely.

Participation in SAPR Connect Webinars

As shown in Figure 27, overall, of the responders who indicated they were familiar with SAPR
Connect, more than one-third (34%) indicated they participated in webinars at least once in the

past 12 months (19% participated in webinars *once*; 16% participated *more than once*) and two-thirds (66%) did not participate in any webinars in the past 12 months.[38]

Figure 27.
Percentage of Responders Indicating Participation in SAPR Connect Webinars, by SARCs and VAs
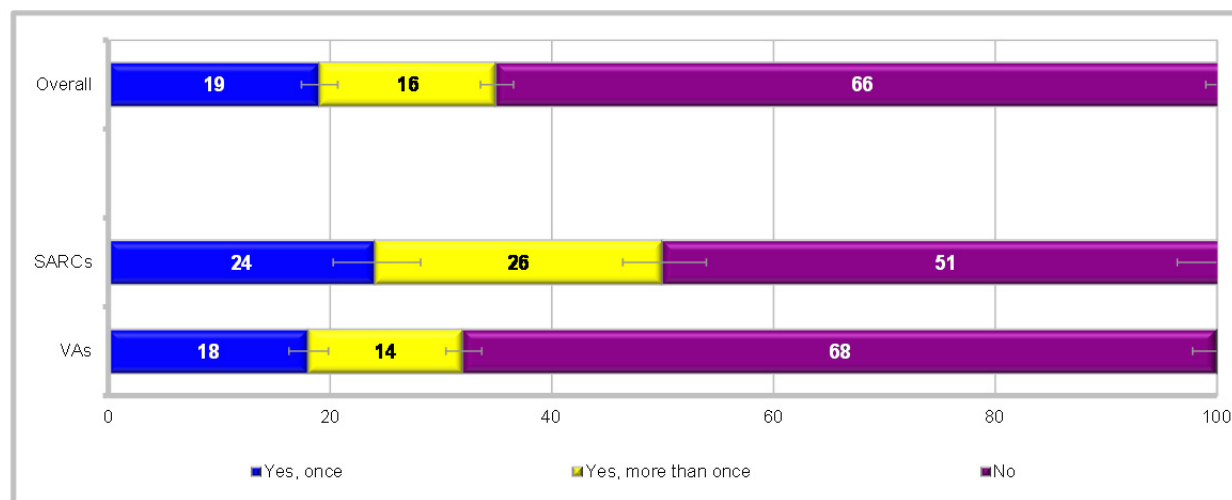
2015 QSAPR Q46   *Margins of error range from ±2% to ±5%*

Percent of certified SARCs and VAs who are familiar with SAPR Connect

SARCs. As shown in Figure 27, of the SARCs who indicated they were familiar with SAPR Connect, a little less than half (49%) indicated they participated in webinars at least once in the past 12 months (24% participated in webinars *once*; 26% participated *more than once*) and a little more than half (51%) did not participate in any webinars in the past 12 months. [39]

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (30%) were more likely to indicate they *participated in webinars more than once* in the past 12 months, whereas SARCs in the Marine Corps (11%) and Air Force (16%) were less likely.

- SARCs in the Marine Corps (71%) were more likely to indicate they had *not participated in any webinars* in the past 12 months than SARCs in the other Services.

VAs. As shown in Figure 27, of the VAs who indicated they were familiar with SAPR Connect, a little less than one-third (32%) indicated they participated in webinars at least once in the past

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[38] The figure shows, overall, 19% of responders indicated they participated in SAPR Connect webinars once in the past 12 months and 16% indicated they participated more than once. These percentages are rounded for presentation, but, when combined, 34% indicated they had participated in SAPR Connect at least once.
[39] The figure shows, overall, 24% of SARCs indicated they participated in SAPR Connect webinars once in the past 12 months and 26% indicated they participated more than once. When combined, 49% indicated they had participated in SAPR Connect at least once.

12 months (18% participated in webinars *once*; 14% participated *more than once*) and a little more than two-thirds (68%) did not participate in any webinars in the past 12 months.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Marine Corps (6%) were less likely to indicate they *participated in webinars more than once* in the past 12 months than VAs in the other Services.

- VAs in the Marine Corps (79%) were more likely to indicate they had *not participated in any webinars* in the past 12 months, whereas VAs in the Air Force (61%) were less likely.

Command Support of Prevention Activities

SARCs were asked how frequently commanders supported various events that emphasized sexual assault prevention. Results are shown in Table 21 for responders who indicated commanders often supported various events that emphasized sexual assault prevention in the past 12 months (often includes "Often" and "Very often"). Results are shown in order of descending frequency for SARCs.

Overall, half (50%) of SARCs indicated commanders often supported *outreach activities* emphasizing sexual assault prevention, a little less than half (48%) indicated commanders supported *commanders' calls* emphasizing sexual assault prevention, and more than one-third (34%) indicated commanders supported *town hall meetings* emphasizing sexual assault prevention. More than one-quarter of SARCs (28%) indicated commanders often supported *the commanders' section in base newspapers or the base cable channel* emphasizing sexual assault prevention, and a little less than one-fifth (18%) indicated commanders supported *other events* emphasizing sexual assault prevention.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (64%) were more likely to indicate their commanders supported *commanders' calls* emphasizing sexual assault prevention, whereas SARCs in the Army (45%) were less likely.

- SARCs in the Army (38%) were more likely to indicate their commanders supported *town hall meetings* that emphasized sexual assault prevention in the past 12 months, whereas SARCs in the Navy (17%), Marine Corps (21%), and other DoD affiliations (8%) were less likely.

Table 21.

Percentage of Responders Indicating Commander Support for Events Emphasizing Sexual Assault Prevention, SARCs by Service

Percent Commanders Support Events Emphasizing Sexual Assault Prevention Often						
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**SARCs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Other DoD**
Outreach activities (e.g., Sexual Assault Awareness Month [SAAPM], Community relations, or similar events)	50	51	58	36	48	50
Commanders' calls	48	45	52	35	64	32
Town Hall meetings	34	38	17	21	30	8
Commanders' section in base newspapers or the base cable channel	28	28	28	17	33	20
Other	18	18	18	17	19	16
Margins of Error	*±4*	*±4*	*±10-17*	*±14-22*	*±8-10*	*±14-20*

Note. 2015 QSAPR Q47.

Supporting Qualitative Data

If SARCs indicated any "Other" event(s) commanders support, they were asked to specify the event(s). In summary, SARCs indicated:

- The most common events where commanders have emphasized sexual assault prevention are monthly trainings, through publications (i.e., social media, websites, publications, fliers), and various SAPR activities. These SAPR activities include education and training events, focus groups, town hall meetings, public speakers, staff meetings, Take Back the Night, athletic awareness events, SHARP Academy, and monthly SAPR meetings. Many attended or participated in SHARP summits, fairs, and/or conferences. While most SARCs indicated their commanders seemed engaged and supportive of the program, some SARCs noted commanders either only showed up for mandatory training or did not participate more than that.

  – *"Most only attend mandatory training. A 'few' requests SAPR info during Commanders' Calls. [Individuals] routinely do not attend SAPRP training. Often [individuals] designate non-SAPRP trained personnel to deliver SAPRP briefings and on one occasion a 'victim' whom the [individuals] believed was not attentive during a training ordered the 'victim' to present a SAPRP briefing to their unit."* (Air Force Civilian)

Barriers to Implementing SAPR Strategy

SARCs and VAs were asked the frequency with which they experienced various barriers to implementing prevention strategies. Results are shown in Table 22 for SARCs and VAs who indicated they often experienced various barriers to implementing prevention strategies in the past 12 months (often includes "Often" and "Very often"). Results are shown in order of descending frequency for SARCs and VAs.

Overall, one-fifth (20%) of responders indicated *lack of time* was often barrier to implementing prevention strategies, 13% indicated *lack of clear guidance on implementation* was a barrier, and a little more than one-tenth indicated *not enough continuing education opportunities to enhance prevention activities* (12%) and *lack of resources* (11%) was a barrier to implementing prevention strategies. Fewer indicated *no community resources available* (7%) and *commander resistance* (5%) were often barriers to implementing prevention strategies.

SARCs

The top three barriers to implementing prevention strategies often experienced by SARCs were: *lack of time* (36%), *not enough continuing education opportunities to enhance prevention activities* (33%), and *lack of clear guidance on implementation* (31%).

There were no significant differences between Services for SARCs in 2015 on *barriers experienced when implementing prevention strategies*.

VAs

The top three barriers to implementing prevention strategies often experienced by VAs were: *lack of time* (24%), *lack of clear guidance on implementation* (22%), and *not enough continuing education opportunities to enhance prevention activities* (18%).

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Army (31%) were more likely to indicate *lack of time* was a barrier to implementing prevention strategies than VAs in the other Services.

- VAs in the Army (30%) were more likely to indicate *lack of clear guidance on implementation* was a barrier.

- VAs in the Army (27%) were more likely to indicate *lack of enough continuing education opportunities to enhance prevention activities* was a barrier.

- VAs in the Army (23%) were more likely to indicate *lack of resources* was a barrier.

- VAs in the Army (14%) were more likely to indicate *lack of availability of community resources* was a barrier.

Table 22.

Percentage of Responders Indicating Barriers Experienced When Implementing Prevention Strategies, SARCs and VAs by Service

Percent Experiencing Barriers When Implementing Prevention Strategies Often					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Lack of time	36	27	NR	NR	NR
Not enough continuing education opportunities to enhance prevention activities	33	33	NR	NR	NR
Lack of clear guidance on implementation	31	25	NR	NR	NR
Lack of resources	29	22	NR	NR	NR
Commander resistance	17	13	NR	NR	NR
No community resources available	15	14	NR	NR	NR
Margins of Error	*±10-11*	*±12-14*	*---*	*---*	*---*
VAs					
Lack of time	24	31	19	24	22
Lack of clear guidance on implementation	22	30	17	17	21
Not enough continuing education opportunities to enhance prevention activities	18	27	14	12	9
Lack of resources	17	23	13	9	17
No community resources available	10	14	7	2	9
Commander resistance	5	6	4	3	1
Margins of Error	*±2-4*	*±4-6*	*±5-7*	*±10-12*	*±4-11*

Note. 2015 QSAPR Q48.

Chapter 9:
Emphasis on Prevention Versus Sexual Assault Response

Introduction

The majority of SARCs and VAs are in positions where their duties are shared with other responsibilities or are a collateral duty.[40] This section of the survey sought to better understand the balance (or lack of balance) among attention to various support and prevention duties for SARCs and VAs. Both SARCs and VAs were asked about their ability to balance their time between prevention activities and survivor support. Additionally, SARCs, but not VAs, were asked to indicate the percentage of time spent on six categories of activities including survivor assistance, training and outreach, prevention, entering data in DSAID, other SAPR duties, and other duties not related to the SAPR program.

Results of Prevention Versus Response

Balancing Survivor Support and Prevention

SARCs and VAs were asked if they felt they have enough time to adequately address both survivor support and prevention activities.

As shown in Figure 28, overall, a little less than two-thirds (62%) of responders felt they could *adequately address both survivor support and prevention activities*; a little more than one-fifth (22%) of responders felt they have *enough time to support survivors, but not all aspects of prevention activities*; 7% of responders felt they *have enough time for prevention activities, but not for all aspects of survivor support*; and 9% of responders felt they *do not have enough time to address either set of duties adequately*.

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[40] As noted in Chapter 2, more than one-third of SARCs (36%) indicated their sole duty is as a SARC, while 17% indicated it is their primary responsibility and a little less than half (47%) indicated it is a collateral duty. Three percent of VAs indicated their sole duty is as a VA, while 9% indicated it is their primary responsibility and the majority (89%) indicated it is a collateral duty.

Figure 28.
*Percentage of Responders Indicating Balancing Survivor Support Needs and Prevention
Activities, by SARCs and VAs*
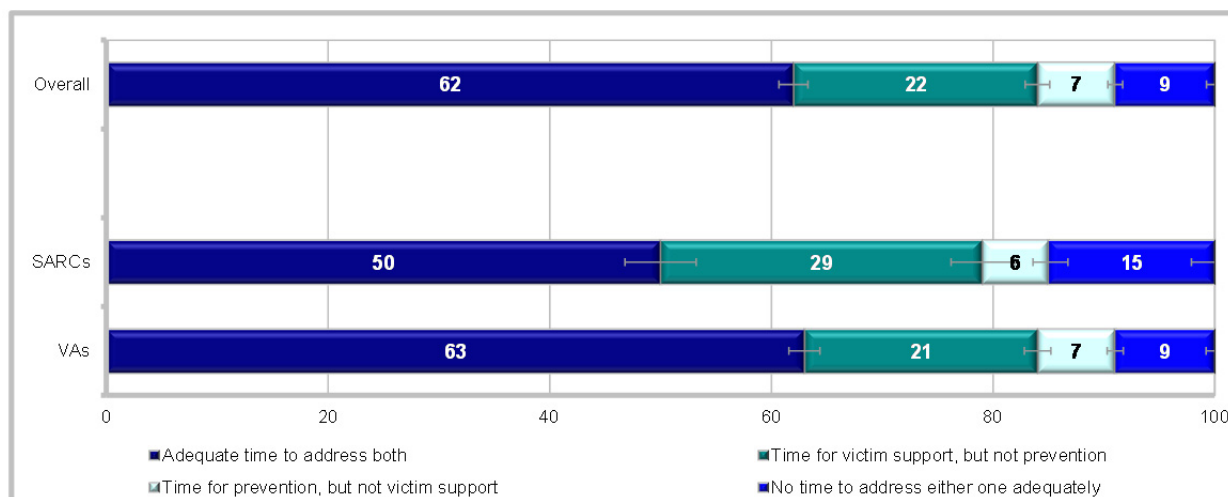
SARCs

As shown in Figure 28, overall, half (50%) of SARCs felt they *adequately address both survivor
support and prevention activities*; more than one-quarter (29%) of SARCs felt they have *enough
time to support survivors, but not all aspects of prevention activities*; 6% of SARCs felt they
have enough time for prevention activities, but not for all aspects of survivor support; and 15%
of SARCs felt they *do not have enough time to address either set of duties adequately*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (57%) were more likely to indicate they *adequately address both
  survivor support and prevention activities*, whereas SARCs in the Air Force (25%) were
  less likely.

- SARCs in the Marine Corps (46%) and Air Force (43%) were more likely to indicate
  they have *time to support survivors, but not all aspects of prevention activities*, whereas
  SARCs in the Army (23%) were less likely.

- SARCs in the Army (7%) were more likely to indicate they *have enough time for
  prevention activities, but not for all aspects of survivor support*, whereas SARCs in the
  Air Force (3%) were less likely.

- SARCs in the Air Force (29%) were more likely to indicate they *do not have time to
  address either one adequately*, whereas SARCs in the Army (13%) are less likely.

VAs

As shown in Figure 28, overall, a little less than two-thirds (63%) of VAs felt they *adequately address both survivor support and prevention activities*; a little more than one-fifth (21%) of VAs felt they have *enough time to support survivors, but not all aspects of prevention activities*; 7% of VAs felt they *have enough time for prevention activities, but not for all aspects of survivor support*; and 9% of responders felt they *do not have enough time to address either set of duties adequately*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (69%) were more likely to indicate they *adequately address both survivor support and prevention activities*, whereas VAs in the Army (58%) were less likely.

- VAs in the Army (10%) were more likely to indicate they *have enough time for prevention activities, but not for all aspects of survivor support*, whereas VAs in the Navy and Marine Corps (both 5%) were less likely.

- VAs in the Army (12%) were more likely to indicate they *do not have enough time to address either set of duties adequately*, whereas VAs in the Navy (6%) are less likely.

Balancing Survivor Support and Prevention by Duty Status

Not all SARCs and VAs are assigned positions in which their SAPR duties are their only duties. For some, SARC/VA is their sole duty, for some it their primary duty among multiple responsibilities, for some it is a collateral duty. To gain a better understanding of whether sole, primary, and collateral status impacts SARC and VA perceptions of their ability to balance these duties, we analyzed answers to the question about balancing survivor support needs and prevention activities separately by whether their duties were their sole, primary, or collateral duties.

Overall, of the 62% of responders who indicated they have enough time to adequately *address both victim support needs and prevention activitie*s, more than half (58%) indicated their duties are their sole duty, and a little less than two-thirds indicated their duties were primary (62%), or collateral (62%).

Of the 22% of responders who indicated they *have time to support victims, but not all aspects of prevention activities*, a little less than one-third (32%) of responders who perform their duties as their sole duty have time for *victim support* with lower percentages for those who perform their duties as primary duty (23%) or collateral duty (21%).

Of the 7% of responders who indicated they have *time for prevention activities, but not all aspects of victim support*, 4% of responders who perform their duties as their sole duty have time for *prevention activities* with slightly higher percentages for those who perform their duties as primary duty (7%) or collateral duty (7%).

Of the 9% of responders who indicated they *do not have time to adequately address either victim support or prevention activities*, 7% of responders who perform their duties as their sole duty *do not have time for either* with higher percentages for those who perform their duties as primary duty (8%) or collateral duty (10%).

SARCs. Figure 29 breaks down the result for SARCs shown earlier by duty status. Half of SARCs (50%) indicated they have enough time to adequately *address both victim support needs and prevention activities* whether their duties are their sole duty (53%), primary (48%), or collateral (48%).

Of the 29% of SARCs who indicated they *have time to support victims, but not all aspects of prevention activities*, a little more than one-third (35%) of SARCs who perform their duties as their sole duty have time for *victim support* with lower percentages for those who perform their duties as primary duty (32%) or collateral duty (23%).

Of the 6% of SARCs who indicated they have *time for prevention activities, but not all aspects of victim support*, 4% of SARCs who perform their duties as their sole duty have time for *prevention activities* with slightly higher percentages for those who perform their duties as primary duty (6%) or collateral duty (8%).

Of the 15% of SARCs who indicated they *do not have time to adequately address either victim support or prevention activities*, 9% of SARCs who perform their duties as their sole duty *do not have time for either* with higher percentages for those who perform their duties as primary duty (15%) or collateral duty (20%).

Figure 29.
Balancing Survivor Support Needs and Prevention Activities, SARCs by Duty Status
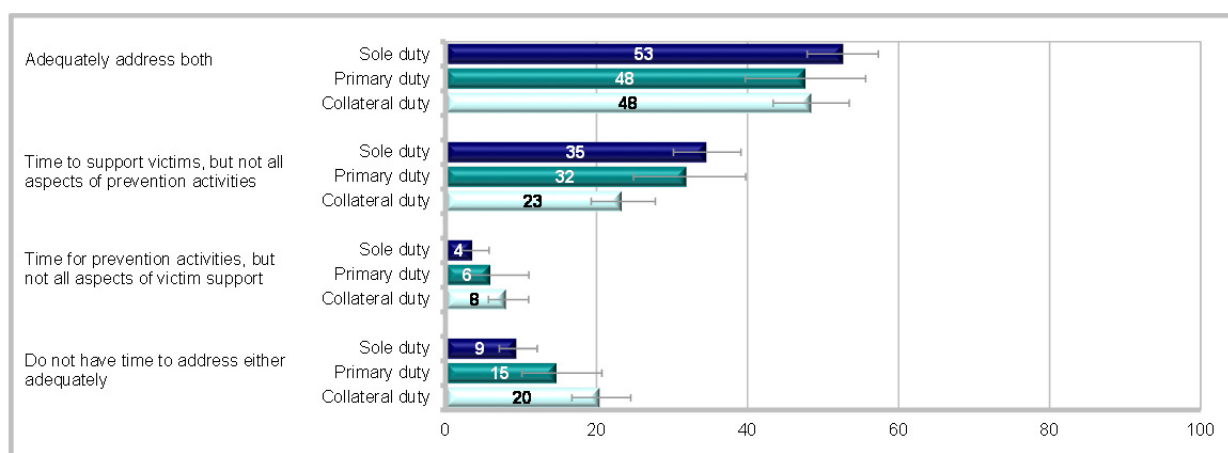
QSAPR 2015 Q49   *Margins of error range from ±3 to ±9*

Percent of all certified SARCs and VAs

VAs. Figure 30 breaks down the result for VAs shown earlier by duty status. About two-thirds of VAs (63%) indicated they have enough time to adequately *address both victim support needs and prevention activities* whether their duties are their sole duty (66%), primary (65%), or collateral (63%).

Of the 21% of VAs who indicated they *have time to support victims, but not all aspects of prevention activities*, 27% of VAs who perform their duties as their sole duty have time for *victim support* with lower percentages for those who perform their duties as primary duty (21%) or collateral duty (20%).

Of the 7% of VAs who indicated they have *time for prevention activities, but not all aspects of victim support*, 4% of VAs who perform their duties as their sole duty have time for *prevention activities* with slightly higher percentages for those who perform their duties as primary duty (8%) or collateral duty (7%).

Of the 9% of VAs who indicated they *do not have time to adequately address either victim support or prevention activities*, 3% of VAs who perform their duties as their sole duty *do not have time for either* with higher percentages for those who perform their duties as primary duty (6%) or collateral duty (9%).

Figure 30.
Balancing Survivor Support Needs and Prevention Activities, VAs by Duty Status
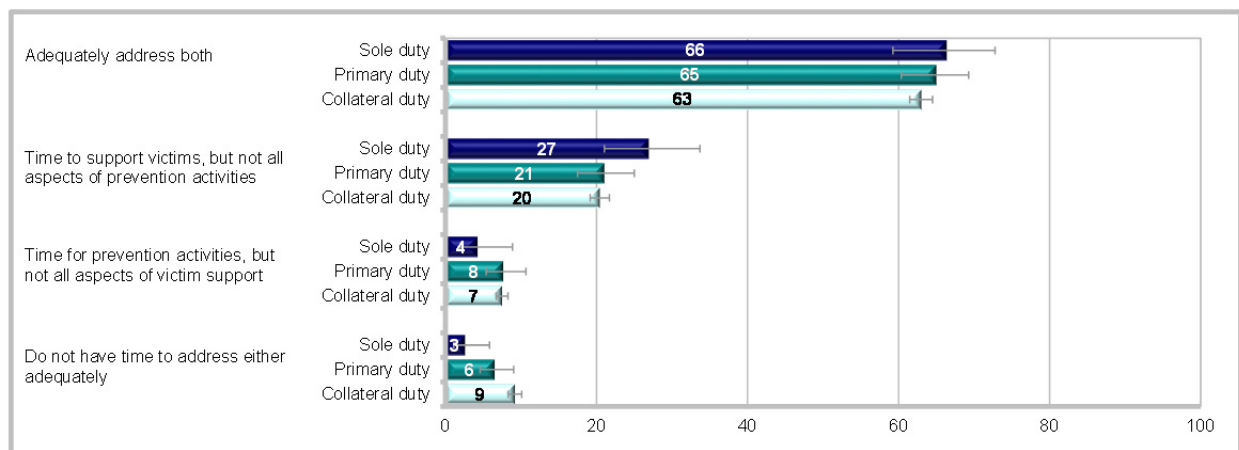
QSAPR 2015 Q49   *Margins of error range from ±1 to ±8*

Percent of all certified SARCs and VAs

Time Spent on Various Activities

SARCs were instructed to estimate the amount of time spent in a typical month on five categories of duties: survivor assistance, training and outreach, prevention activities (excluding training and outreach), other SAPR duties not listed, and other duties not associated with the

SAPR program. The duties listed are consistent with the SARC position as defined in DoDI 6495.02. The VA position, by contrast, is defined more narrowly to victim support and advocacy; therefore estimating time spent on these duties was not relevant to VAs.

As shown in Table 23, on average, SARCs indicated they spend more than one-quarter (29%) of their time in a typical month on *other duties not associated with the SAPR program*. SARCs spend more than one-quarter (26%) of their time on *training and outreach*; a little less than one-fifth (18%) on *victim assistance*; 13% on *prevention activities*; a little more than one-tenth (12%) of their time on *other SAPR duties not listed*; and 7% of their time *entering data in DSAID*.

Specific breakouts for SARCs, by Service, are as follows:

- On average, SARCs in the Marine Corps (18%) spent less time on *training and outreach* than SARCs in the other Services.

- SARCs in the Army (14%) spent more time on *prevention activities*, whereas SARCs in the Marine Corps and Air Force (both 10%) spent less.

- SARCs in the Navy (15%) and Marine Corps (12%) spent more time on average *entering data into DSAID*, whereas SARCs in the Army (6%) spent less.[41]

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[41] Six percent of SARCs in Other DoD Agencies also indicated spent more time on average *entering data into DSAID*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Other DoD Agencies.

Table 23.

Percentage of SARCs Indicating Average Time Spent in a Typical Month on Duties, SARCs by Service

Average Percentage of Time SARCs Spend in a Typical Month on Duties						
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**SARCs Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Other DoD**
Other duties not associated with the SAPR program	29	29	22	28	34	30
Training and outreach	26	26	25	18	27	23
Victim assistance	18	18	20	18	17	22
Prevention activities (excluding training and outreach)	13	14	11	10	10	11
Other SAPR duties not listed	12	12	14	13	11	12
Entering data in DSAID	7	6	15	12	7	6
Margins of Error	*±1-3*	*±2-3*	*±3-10*	*±3-10*	*±2-5*	*±2-10*

Note. 2015 QSAPR Q50. Percentages are population estimates for each duty and do not sum to 100%.
This survey item was only asked of SARCs.

Time Spent on Various Activities by Duty Status

We also looked at the proportion of SARCs' time spent on various activities whether their duties were their sole, primary, or collateral duties.

As shown in Figure 31, those SARCs who perform their duties as their sole duty tend to spend higher percentages of time on each of the activities than SARCs who perform their duties as a primary duty among other duties or as a collateral duty. As would be expected, SARCs who perform their duties as primary or collateral duties spend a higher percentage of their time on other non-SAPR duties.

Figure 31.

*Percentage of SARCs Indicating Average Time Spent in a Typical Month on Duties, by Sole,
Primary, and Collateral Duties*
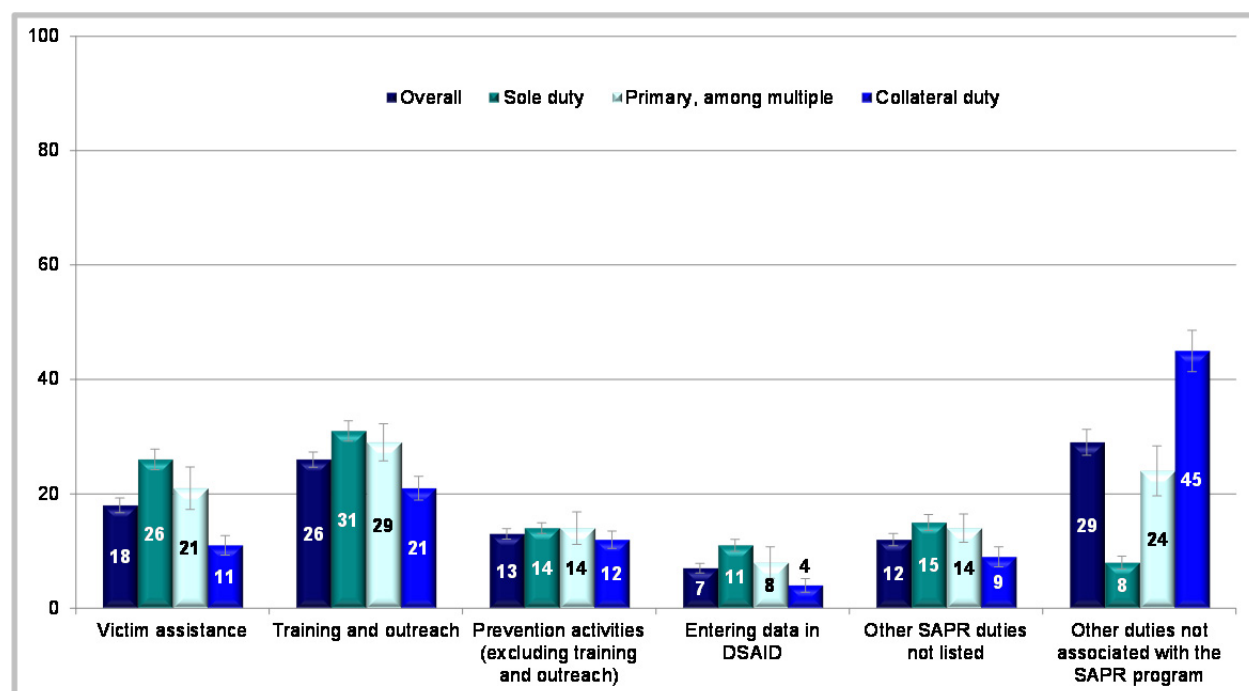
2015 QSAPR Q50   *Margins of error range do not exceed ±5 percentage of time*

Average of all certified SARCs

Chapter 10:
SAPR Survivor Assistance and Support Activities

Introduction

The former Secretary of Defense, the Chuck Hagel, established clear objectives for combatting sexual assault and related unwanted behaviors in the military.

> "Sexual assault is a crime that is incompatible with military service and has no place in this Department. It is an affront to the American values we defend, and it is a stain on our honor. DoD needs to be a national leader in combating sexual assault and we will establish an environment of dignity and respect, where sexual assault is not tolerated, condoned, or ignored" (Chuck Hagel, Former Secretary of Defense, DoD, 2013, p. iii).

While the objective is clear—eradicate sexual assault—the Department recognizes there are Service members who experience unwanted behaviors and require support to recover from their traumatic experience. SARCs and VAs are the first line of response to survivors of sexual assault. The Department has provided numerous resources to help them care for the survivors at their locations and this section of the *2015 QSAPR* seeks input from SARCs and VAs on the effectiveness of those survivor assistance and support activities. Specifically, *2015 QSAPR* addressed resources including the DoD Safe Helpline (SHL), counseling resources, and Safe HelpRoom; effectiveness of D-SAACP as the vehicle for professional certification and advancement of skills; effectiveness of special services offered by SVCs/VLCs; support to male survivors; operating within a joint-Service environment; and effectiveness of DSAID. Each of these areas represents a different approach to survivor assistance.

The DoD Safe Helpline (SHL) provides crisis support to members of the DoD community who are survivors of sexual assault, consistent with DoD SAPR Policy. Users can access anonymous and confidential services 24/7 worldwide, through click, call, or text. Safe HelpRoom offers peer support to survivors in a moderated and secure online chat. SHL's free mobile app, launched in September 2012, allows users to create self-care plans.[42]

As required by the National Defense Authorization Act for Fiscal Year 2012, both SARCs and VAs are required to be certified through D-SAACP. Furthermore, certification requires all SARCs and VAs earn 32 continuing education credits every two years in order to maintain certification. Four levels of certification are available through the program. The level at which a responder is eligible at application for certification or renewal depends on the number of hours the applicant has spent providing sexual assault survivor advocacy services.[43]

In October 2012, SAPRO was tasked by the Under Secretary of Defense for Personnel and Readiness (USD P&R) to convene a working group to develop plans for Special Victims

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[42] This app won the 2013 American Telemedicine Association President's Award for Innovation.

[43] The applicant must also have provided those services at least three times in the prior two years. Certification requirements can be viewed on DD Form 2950, available at http://sapr.mil/index.php/victim-assistance/d-saacp.

Capabilities in each Service. Shortly after the working group was convened, Congress mandated the establishment of Special Victims Capabilities in each Service[44] to investigate and prosecute allegations of sexual assault[45] and provide support to survivors (DoD, 2013b). Special Victims Capabilities include, but are not limited, to SVCs and VLCs. SVCs/VLCs provide legal support for survivors of sexual assault, including legal advice and guidance, while maintaining a survivor's confidentiality. A survivor can access this support whether they file a Restricted or Unrestricted Report. These lawyers have experience trying cases in both military and civilian trials, and understand the legal process so they are able to guide survivors as a perpetrator is brought to trial.

Because many survivors of sexual assault are female, programs and services have a tendency to focus on female survivors. However, men can be, and are, survivors of sexual assault. Data from the 2014 RAND Military Workplace Survey indicated 0.95% of male service members experienced any type of sexual assault in the past year (as compared to 4.87% for female service members; Morral, Gore, & Schell, 2014). Importantly, male survivors of sexual assault suffer from the same negative outcomes as female survivors, including post-traumatic stress, alcohol abuse, dissociative disorders, and negative physical health effects (Kimerling, Gima, Smith, Street, & Frayne, 2007; Martin, Rosen, Durand, Knudson, & Stretch, 2000). The 2014-2016 Sexual Assault Prevention Strategy makes a priority of research to better understand male victimization (DoD, 2014a). The Strategy recognizes many survivors are male and more research is needed to understand the special needs of male survivors. Toward that end, the *2015 QSAPR* measured perceptions of the effectiveness of SAPR policies and programs for male survivors of sexual assault, familiarity with specific resources for male survivors, and solicited suggestions for improvement in responding to the needs of male survivors.

With many installations consolidating into Joint-Bases, SARCs and VAs from one Service interact frequently with members of a different Service. Pooling survivor assistance resources can leverage the best of different programs as long as there is cooperation and clear guidance for doing so. The *2015 QSAPR* asked about the extent to which responders work with survivors, support agencies, and commanders from other Services as well as potential conflicting guidance.

Finally, DSAID represents a resource to SARCs for managing aspects of their programs. Section 563 of Public Law 110-417, the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009, required the Secretary of Defense to implement a centralized, case-level database for the collection and maintenance of information regarding sexual assaults. DoD Instruction 6495.02 details policy and procedures of DSAID. DSAID serves:

> "As a centralized, case-level database for the collection and maintenance of information regarding sexual assaults involving persons covered by this Instruction. DSAID will include information, if available, about the nature of the assault, the survivor, the alleged offender, investigative information, case outcomes in connection with the allegation, and other information necessary to fulfill reporting requirements. DSAID will serve as the

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[44] Section 573e of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112-239).

[45] As stated in the Task Force report (DoD, 2013b, p. 1), "The SVC qualifying offenses are defined as child abuse (involving sexual abuse and/or grievous bodily harm), domestic violence (involving sexual assault and/or aggravated assault with grievous bodily harm), and adult sexual assault offenses (not involving domestic offenses)."

DoD's SAPR source for internal and external requests for statistical data on sexual assault" (DoD, 2015b, p. 106).

2015 QSAPR measured the extent to which SARCs use DSAID for a variety of tasks. SARCs were queried on the extent to which they use the database for tracking cases or reporting purposes, organizing data for cases, case management activities, survivor advocacy activities, sexual assault prevention activities, managing training, tracking survivor locations, managing resources, and records management. SARCs were given an opportunity to provide suggestions for improvement to DSAID in managing the SAPR program at their military location.

Results of Support Services

Using DoD SafeHelpline

This section addresses familiarity with and use of various aspects of the DoD Safe Helpline (SHL), potentially helpful additional resources, and keeping up to date on new SHL initiatives.

Familiar With and Promoting the DoD Safe Helpline (SHL)

Results are shown in Table 24 for responders who indicated the frequency with which they are familiar with and promote DoD Safe Helpline resources to a large extent (to a large extent includes "Large extent" and "Very large extent"). Results are shown in order of descending frequency for SARCs and VAs.

Overall, a little more than half (53%) of responders indicated they *use outreach materials, such as posters, brochures, and magnets, to promote the use of DoD SHL* and half (50%) of responders indicated they are *familiar with the DoD SHL resources available* to them. Less than half (44%) of responders indicated they *use the DoD SHL at their military location/area of operation* and indicated their *commanders and supervisors promote the use of DoD SHL within their units* (41%). More than one-third of responders (39%) indicated they *educate commanders and supervisors on the use of DoD SHL*.

SARCs. As shown in Table 24, a little less than two-thirds of SARCs indicated they are *familiar with the DoD SHL resources available* to them (63%) and *use outreach materials, such as posters, brochures, and magnets, to promote the use of DoD SHL* (62%). A little more than half of SARCs indicated they *educate commanders and supervisors on the use of DoD SHL* (54%) and *use the DoD SHL at their military location/area of operation* (51%). Less than half (43%) of SARCs indicated their *commanders and supervisors promote the use of DoD SHL within their units*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (88%) and Air Force (73%) were more likely to indicate they are *familiar with the DoD SHL resources available* to them, whereas SARCs in the Army (58%) were less likely.

- SARCs in the Navy (81%) were more likely to indicate they *use outreach materials, such as posters, brochures, and magnets, to promote the use of DoD SHL*, whereas SARCs in the Army (60%) were less likely.

- SARCs in the Navy (72%) were more likely to indicate they *educate commanders and supervisors on the use of DoD SHL*, whereas SARCs in the Army (50%) were less likely.

- SARCs in the Navy (67%) were more likely to indicate they *use the DoD SHL at their military location/area of operation* than SARCs in the other Services.

- SARCs in the Navy (63%) were more likely to indicate *commanders and supervisors promote the use of DoD SHL within their units*, whereas SARCs in the Air Force (27%) were less likely.

VAs. As shown in Table 24, a little more than half (52%) of VAs indicated they *use outreach materials, such as posters, brochures, and magnets, to promote the use of DoD SHL* and a little less than half of VAs (48%) indicated they are *familiar with the DoD SHL resources available* to them. Less than half of VAs indicated they *use the DoD SHL at their military location/area of operation* (43%) and indicated their *commanders and supervisors promote the use of DoD SHL within their units* (41%). More than one-third (38%) of VAs indicated they *educate commanders and supervisors on the use of DoD SHL*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (59%) were more likely to indicate they *use outreach materials, such as posters, brochures, and magnets, to promote the use of DoD SHL*, whereas VAs in the Army (49%) and Air Force (40%) were less likely.

- VAs in the Navy (55%) and Marine Corps (59%) were more likely to indicate they are *familiar with the DoD SHL resources available* to them, whereas VAs in the Army (41%) were less likely.

- VAs in the Navy (51%) and Marine Corps (49%) were more likely to indicate they *use the DoD SHL at their military location/area of operation*, whereas VAs in the Army (39%) and Air Force (32%) were less likely.

- VAs in the Navy (49%) and Marine Corps (52%) were more likely to indicate *commanders and supervisors promote the use of DoD SHL within their units*, whereas VAs in the Army (36%) and Air Force (26%) were less likely.

- VAs in the Navy (41%) and Marine Corps (45%) were more likely to indicate they *educate commanders and supervisors on the use of DoD SHL*, whereas VAs in the Air Force (30%) were less likely.

Table 24.

*Percentage of Responders Familiar With and Promoting DoD Safe Helpline Resources,
SARCs and VAs by Service*

Percent Familiar With and Promote DoD Safe Helpline Resources to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Familiar with DoD SHL resources available	63	58	88	67	73
Use of outreach materials, such as posters, brochures, and magnets to promote the use of DoD SHL	62	60	81	64	64
Educate commanders and supervisors on the use of DoD SHL	54	50	72	58	62
Use of the DoD SHL at military location/area of operation	51	49	67	55	48
Commanders and supervisors promote the use of DoD SHL within their units	43	44	63	57	27
Margins of Error	*±4*	*±4*	*±13-16*	*±13-15*	*±8*
VAs					
Use of outreach materials, such as posters, brochures, and magnets to promote the use of DoD SHL	52	49	59	57	40
Familiar with DoD SHL resources available	48	41	55	59	45
Use of the DoD SHL at military location/area of operation	43	39	51	49	32
Commanders and supervisors promote the use of DoD SHL with their units	41	36	49	52	26
Educate commanders and supervisors on the use of DoD SHL	38	36	41	45	30
Margins of Error	*±1-2*	*±2*	*±2-3*	*±3-4*	*±3-4*

Note. 2015 QSAPR Q51.

Helpfulness of Potential DoD Safe Helpline Resources

SARCs and VAs were asked the extent to which potential SHL resources would be helpful to survivors if they were made available through the DoD SHL. Results are shown in Table 25 for the most frequently endorsed resource, to a large extent, that would be helpful if available through the SHL. To a large extent includes "Very large extent" and "Large extent." Results are shown in order of descending frequency for SARCs and VAs.

Overall, the majority of responders indicated *access to short-term counseling available through the SHL* (76%) would be helpful, along with the *capacity to report retaliation related to reporting sexual assault* (74%), the *capacity to accept a Restricted Report with the option for SARC notification* (72%), and the *capacity to accept an Unrestricted Report with the option for SARC notification* (72%). More than half (53%) of responders indicated *DoD SHL services offered in Spanish* would be helpful and a little less than one-third (30%) indicated *other potential SHL resources* would be helpful.

SARCs. As shown in Table 25, the majority of SARCs indicated *access to short-term counseling available through the SHL* (78%) would be helpful along with the *capacity to report retaliation related to reporting sexual assault* (73%). A little more than two-thirds (67%) of SARCs indicated the *capacity to accept an Unrestricted Report with the option for SARC notification* would be helpful and two-thirds (66%) of SARCS indicated the *capacity to accept a Restricted Report with the option for SARC notification* would be helpful. More than half (53%) of SARCs indicated *DoD SHL services offered in Spanish* would be helpful and a more than one-third (35%) indicated *other potential SHL resources* would be helpful.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (71%) were more likely to indicate the *capacity to accept an Unrestricted Report with the option for SARC notification* would be helpful, whereas SARCs in the Navy (48%) and Air Force (58%) were less likely.

- SARCs in the Army (69%) were more likely to indicate *the capacity to accept a Restricted Report with the option for SARC notification* would be helpful, whereas SARCs in the Navy (49%) were less likely.

- SARCs in the Army (57%) were more likely to indicate *DoD SHL services offered in Spanish* would be helpful, whereas SARCs in the Air Force (34%) were less likely.

- SARCs in the Army (37%) were more likely to indicate *other potential SHL resources* would be helpful, whereas SARCs in the Navy (14%) and Air Force (24%) were less likely (other potential resources suggested by SARCs are summarized below the table).

VAs. As shown in Table 25, the majority of VAs indicated *access to short-term counseling available through the SHL* (76%) would be helpful, along with the *capacity to report retaliation related to reporting sexual assault* (74%), the *capacity to accept a Restricted Report with the option for SARC notification* (73%), and the *capacity to accept an Unrestricted Report with the option for SARC notification* (72%). More than half (53%) of VAs indicated *DoD SHL services offered in Spanish* would be helpful and a little less than one-third (30%) indicated *other potential SHL resources* would be helpful.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (79%) and Air Force (80%) were more likely to indicate *access to short-term counseling available through the SHL* would be helpful, whereas VAs in the Army (73%) were less likely.[46]

- VAs in the Navy (78%) were more likely to indicate the *capacity to report retaliation related to reporting sexual assault* would be helpful, whereas VAs in the Army (72%) and Marine Corps (66%) were less likely.

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[46] Seventy-two percent of VAs in the Marine Corps indicated a*ccess to short-term counseling available through the SHL* would be helpful. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Marine Corps.

- VAs in the Navy (77%) were more likely to indicate *the capacity to accept a Restricted Report with the option for SARC notification* would be helpful, whereas VAs in the Army (69%) and Marine Corps (67%) were less likely.

- VAs in the Navy (78%) were more likely to indicate *the capacity to accept an Unrestricted Report with the option for SARC notification* would be helpful, whereas VAs in the Army (69%) were less likely.[47]

- VAs in the Navy (58%) were more likely to indicate *DoD SHL services offered in Spanish* would be helpful, whereas VAs in the Marine Corps (48%) were less likely.

- VAs in the Navy (35%) were more likely to indicate *other potential SHL resources* would be helpful, whereas VAs in the Marine Corps (22%) were less likely (other potential resources suggested by VAs are summarized below the table).

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[47] Sixty-eight percent of VAs in the Marine Corps indicated the *capacity to accept an Unrestricted Report with the option for SARC notification* would be helpful. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Marine Corps.

Table 25.

Percentage of Responders Indicating Helpfulness of Potential DoD Safe Helpline Resources, SARCs and VAs by Service

Percent Helpfulness of Potential DoD Safe Helpline Resources to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Access to short-term counseling	78	76	67	79	83
Capability to report retaliation related to reporting sexual assault	73	74	63	80	66
Capacity to accept an Unrestricted Report with the option for SARC notification	67	71	48	60	58
Capacity to accept a Restricted Report with the option for SARC notification	66	69	49	59	60
DoD SHL services offered in Spanish	53	57	54	51	34
Other	35	37	14	46	24
Margins of Error	*±3-5*	*±4-5*	*±13-14*	*±10-13*	*±7-8*
VAs					
Access to short-term counseling	76	73	79	72	80
Capability to report retaliation related to reporting sexual assault	74	72	78	66	77
Capacity to accept a Restricted Report with the option for SARC notification	73	69	77	67	76
Capacity to accept an Unrestricted Report with the option for SARC notification	72	69	78	68	74
DoD SHL services offered in Spanish	53	52	58	48	50
Other	30	28	35	22	26
Margins of Error	*±2*	*±2-3*	*±3-4*	*±5*	*±4*

Note. 2015 QSAPR Q52.

Supporting Qualitative Data. If SARCs or VAs indicated any "Other" SHL resource they would find helpful, they were asked to specify the resource(s).

In summary, SARCs indicated:

- The main resources that would be helpful to survivors if made available through the DoD SHL included contact information for local resources such as shelters, hospitals, and other referral services (FBI, State, local civilian law enforcement, etc.), counseling and emotional support (including survivor groups and specific resources for male survivors), legal assistance, and religious points of contacts.

  – *"Counseling and emotional support."* (Army Active Duty)

- – *"Referral services especially for unique cases especially when the subject or case involves agencies outside of the DoD, such as FBI, State Department, local civilian law enforcement, Federal unions, etc.)"* (Air Force Civilian)

- SARCs indicated identifying both short-term resources as well as resources for long-term support may also be important.

  - – *"Resources for long-term support should be offered. A system which directs victims back to a SARC/VA in regards to reporting retaliation cases."* (Army Active Duty)

- Additionally, many SARCs wanted the ability for survivors to call and report anonymously to encourage more people to come forward and to have chat or instant message capabilities instead of just a phone line. This would also help with internationally based installations or bases where people cannot use the current toll-free hotline.

  - – *"Accept collected calls for Service members calling from overseas. Not everyone has access to make international calls or has a smart phone to make VOIP calls."* (Navy Civilian)

  - – *"The anonymous chat and the tools."* (Marine Corps Civilian)

- Many SARCs had no suggestions and said the program was effective as is.

In summary, VAs indicated:

- The main resources that would be helpful to survivors if made available through the DoD SHL included contact information for local resources such as shelters, hospitals, and other referral services (FBI, State, local civilian law enforcement, etc.), counseling and emotional support (including survivor groups and specific resources for male survivors), legal assistance, religious points of contacts, SARCs listed by state, and training materials.

  - – *"Contact information for local institutions that deal with sexual/domestic violence.*" (Air Force Active Duty)

  - – *"I would like to see specific training and resources for male victims. I would also like to see SARCs' POC listed there by State. I would like to see website broken down to Purpose, Intent, References and easy read Flowcharts, Resources, POCs, Training materials, Forms and Legal. If I am a victim and I look in that website, I want to know what can happen to the perpetrator if I report the assault. This may or may not be the reason why I do or don't report. Either way, I want to know this information. And a DISTRESS button that would function like a 911. This could be in a form of a chat or a checklist that is broken down to simple words that a victim can easily identified with."* (Army National Guard)

- Additionally, many VAs indicated they would like the ability for survivors to call and report anonymously to encourage more people to come forward and to have secure chat, instant message capabilities, or an app or other mobile friendly support rather than just a phone line.

  - *"The capability to remain anonymous can be huge for a victim*." (Air Force Active Duty)

- Furthermore, VAs said the SHL would be helpful if it had the ability to accept Restricted and Unrestricted Reports, the ability to schedule appointments with support personnel, and the ability to report hostile work environments or raise concerns.

  - *"Where they can schedule meetings and appointments directly."* (Army Active Duty)

  - *"Good resource for victims available on the DoD Safe Helpline is to put out base/command VAs and their SARCs."* (Navy Active Duty)

- VAs also pointed out overseas locations and shipboard personnel cannot use the 0800 number provided.

  - *"Having a Germany (OCONUS) 0800 number and/or a local DSN # that forwards to the US 1800 SHL. The SHL only has a US 1800 number, the suicide prevention hotline has a German (OCONUS) 0800 number and local DSN number that forwards, but the SHL does not*." (Army Civilian)

- Lastly, they highlighted the need to publicize the existence of the SHL so people know it is available.

- Many VAs had no suggestions and said the program was effective as is.

Keeping Up to Date on SHL Initiatives

SARCs and VAs were asked the extent to which they were kept up to date on SHL initiatives by their SAPR leadership.

As shown in Figure 32, overall, a little less than half (47%) of responders indicated they are *kept up to date on new SHL initiatives by SAPR leadership* to a large extent. To a large extent includes "Very large extent" and "Large extent."

Figure 32.

Percentage of Responders Indicating Extent Kept Up to Date on New SHL Initiatives by SAPR Leadership, by SARCs and VAs
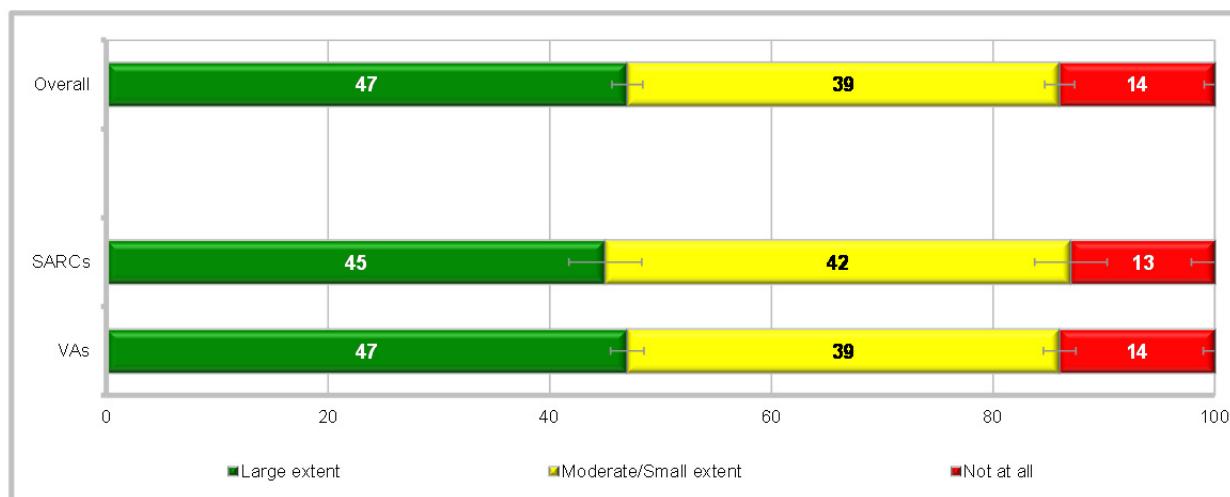
2015 QSAPR Q57　　　　　　　　　　　　　　　　　　*Margins of error range from ±1% to ±4%*

Percent of all certified SARCs and VAs

SARCs. As shown in Figure 32, a little less than half (45%) of SARCs indicated they are *kept up to date on new SHL initiatives by SAPR leadership* to a large extent.

There were no significant differences between Services for SARCs in 2015 on whether they are *kept up to date on new SHL initiatives by SAPR leadership*.

VAs. As shown in Figure 32, a little less than half (47%) of VAs indicated they are *kept up to date on new SHL initiatives by SAPR leadership* to a large extent.

Specific breakouts for VAs, by Service, are as follows:

- VAs in in the Navy and Marine Corps (both 53%) were more likely to indicate *kept up to date on new SHL initiatives by SAPR leadership*, whereas VAs in the Army (40%) were less likely.

Group Counseling Resources

This section addresses availability of group counseling resources.

Group Counseling Resources at Military Location

SARCs and VAs were asked if group counseling resources were available at their location.

As shown in Figure 33, overall, the majority (72%) of responders indicated *group counseling resources are available at their military location/area of operation*.

Figure 33.

Percentage of Responders Indicating Availability of Group Counseling Resources at Military Location/Area of Operation, by SARCs and VAs
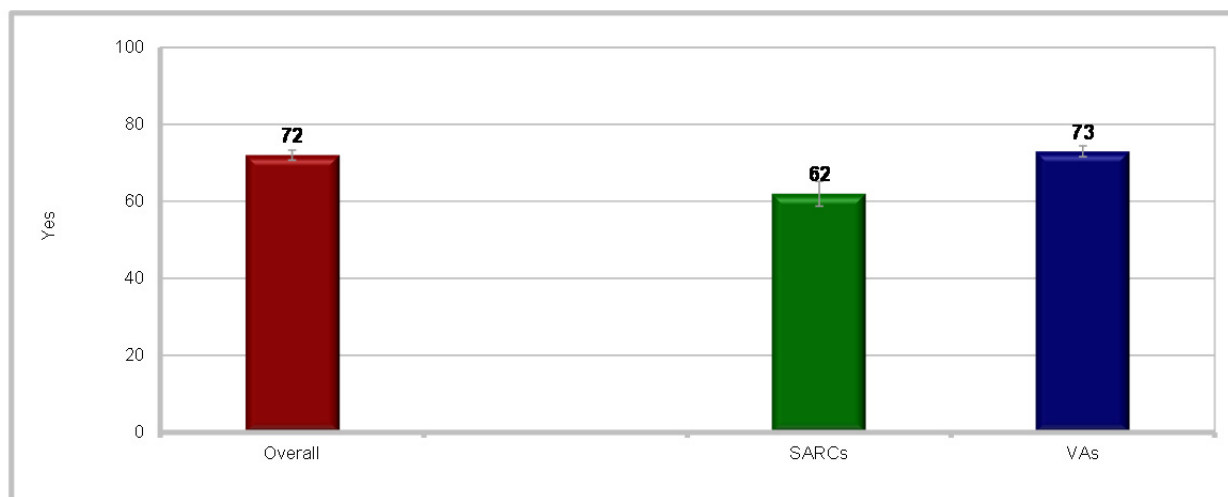
2015 QSAPR Q53

Margins of error range from ±2% to ±4%

Percent of certified SARCs and VAs who indicated the question was applicable

SARCs. As shown in Figure 33, a little less than two-thirds (62%) of SARCs indicated *group counseling resources are available at their military location/area of operation*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (72%) and Marine Corps (76%) were more likely to indicate *group counseling resources are available at their military location/area of operation*, whereas SARCs in the Air Force (26%) were less likely.

VAs. As shown in Figure 33, the majority (73%) of VAs indicated *group counseling resources are available at their military location/area of operation*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (81%) and Marine Corps (83%) were more likely to indicate *group counseling resources are available at their military location/area of operation*, whereas VAs in the Army (69%) and Air Force (58%) were less likely.

Group Counseling Resources Outside Military Location

SARCs and VAs were asked if group counseling resources were available outside their location through referrals.

As shown in Figure 34, overall, the majority (89%) of responders indicated *group counseling resources are available outside their military location/area of operation through assessment and referrals to private practice providers*.

Figure 34.

*Percentage of Responders Indicating Availability of Group Counseling Resources Outside
Military Location/Area of Operation Through Referrals, by SARCs and VAs*
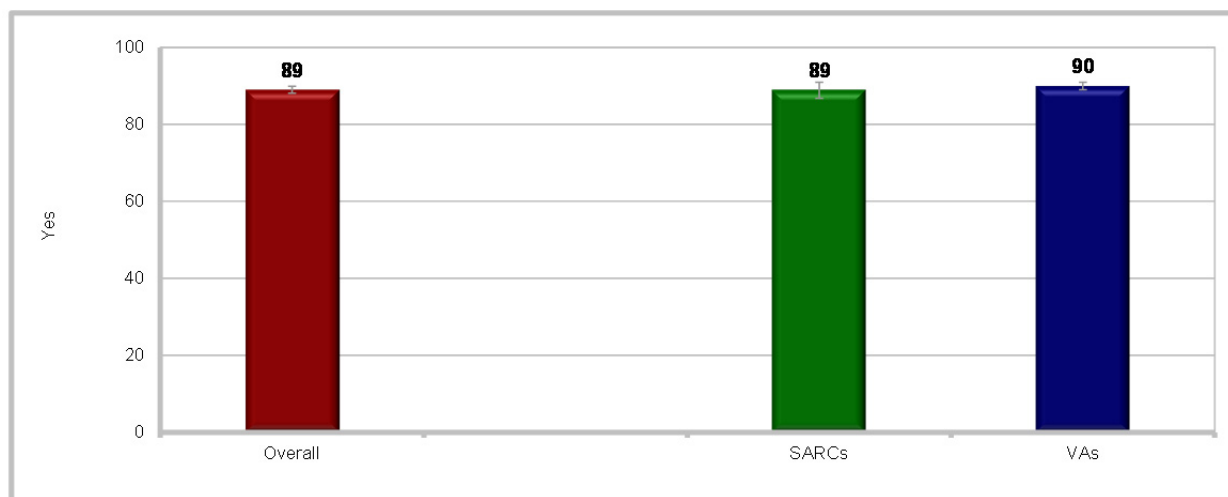
2015 QSAPR Q53   Margins of error range from ±1% to ±3%

Percent of certified SARCs and VAs who indicated the question was applicable

SARCs. As shown in Figure 34, the majority (89%) of SARCs indicated *group counseling resources are available outside their military location/area of operation through assessment and referrals to private practice providers*.

There were no significant differences between Services in 2015 for SARCs on whether *group counseling resources are available outside their military location/area of operation through assessment and referrals to private practice providers*.

VAs. As shown in Figure 34, the majority (90%) of VAs indicated *group counseling resources are available outside their military location/area of operation through assessment and referrals to private practice providers*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (92%) were more likely to indicate *group counseling resources are available outside their military location/area of operation through assessment and referrals to private practice providers*, whereas VAs in the Air Force (85%) were less likely.

Group Counseling Resources

This section addresses familiarity of responders with Safe HelpRoom and with referring survivors to it. Safe HelpRoom is a group chat service that allows survivors to connect in a moderated and secure online environment during scheduled sessions at SafeHelpline.org.

Safe HelpRoom

SARCs and VAs were asked about their familiarity with Safe HelpRoom.

As shown in Figure 35, overall, more than one-third (34%) of responders indicated they were *familiar with Safe HelpRoom*.

Figure 35.
Percentage of Responders Familiar with Safe HelpRoom, by SARCs and VAs
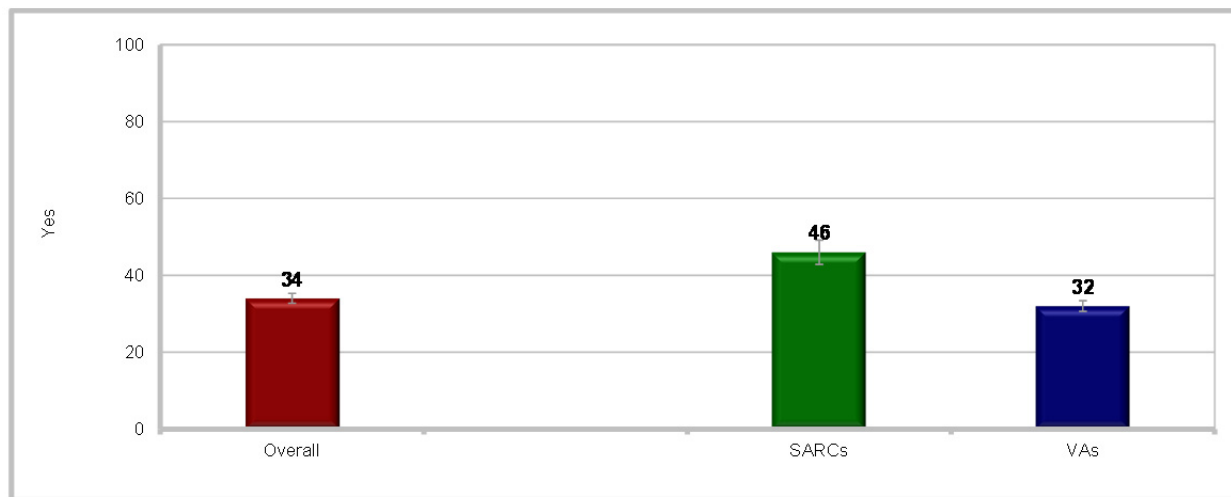
2015 QSAPR Q54   Margins of error range from ±2% to ±4%
Percent of all certified SARCs and VAs

SARCs. As shown in Figure 35, a little less than half (46%) of SARCs indicated they were *familiar with Safe HelpRoom*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (77%) and Air Force (65%) were more likely to indicate they were *familiar with Safe HelpRoom*, whereas SARCs in the Army (38%) were less likely.

VAs. As shown in Figure 35, a little less than one-third (32%) of VAs indicated they were *familiar with Safe HelpRoom*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (37%) were more likely to indicate they were *familiar with Safe HelpRoom*, whereas VAs in the Army (29%) were less likely.

Referring Survivors to Safe HelpRoom

SARCs and VAs who were familiar with Safe HelpRoom were asked if they had referred survivors to the Safe HelpRoom.

As shown in Figure 36, overall, a little less than one-third (30%) of responders who were familiar with Safe HelpRoom indicated they had *referred survivors to the Safe HelpRoom*.

Figure 36.
Percentage of Responders Referred Survivors to Safe HelpRoom, by SARCs and VAs
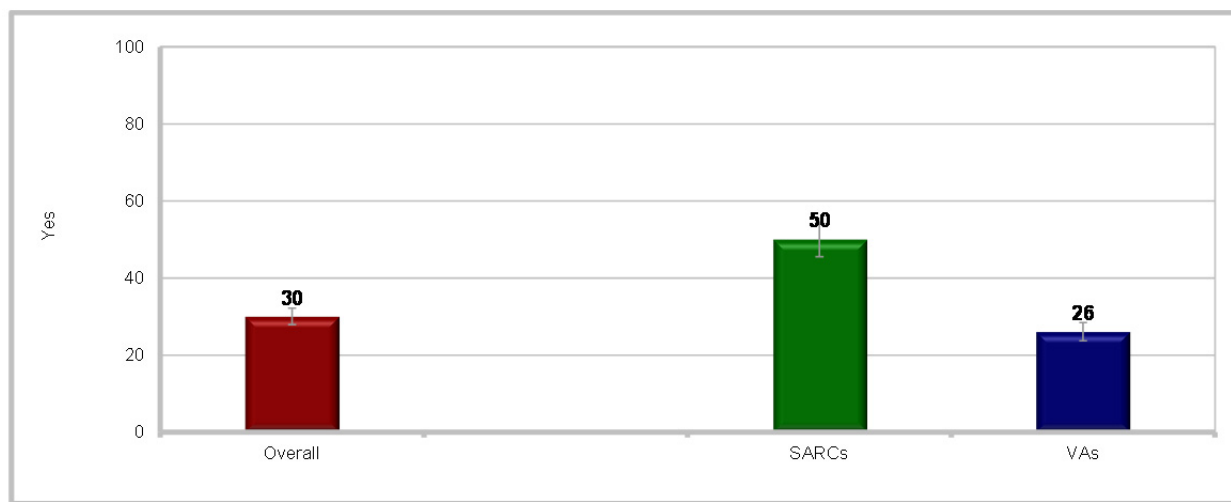
2015 QSAPR Q55   *Margins of error range from ±3% to ±5%*

Percent of certified SARCs and VAs who are familiar with Safe HelpRoom

SARCs. As shown in Figure 36, half (50%) of SARCs who were familiar with Safe HelpRoom indicated they had *referred survivors to the Safe HelpRoom*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (66%) and the Air Force (61%) were more likely to indicate they had *referred survivors to the Safe HelpRoom*, whereas SARCs in the Army (42%) were less likely.

VAs. As shown in Figure 36, a little more than one-quarter (26%) of VAs who were familiar with Safe HelpRoom indicated they had *referred survivors to the Safe HelpRoom*.

There were no significant differences between Services in 2015 for VAs on whether they had *referred survivors to the Safe HelpRoom*.

Results of Certification and D-SAACP

D-SAACP

This section addresses helpfulness of D-SAACP in delivering program services to survivors, keeping up to date on D-SAACP initiatives, and suggestions for improving D-SAACP.

Using D-SAACP

SARCs and VAs were asked the extent to which D-SAACP helps their program deliver survivor assistance services.

Results are shown in Table 26 for the most highly endorsed benefits of D-SAACP, to a large extent. To a large extent includes "Very large extent" and "Large extent." Results are shown in order of descending frequency for SARCs and VAs.

Overall, the majority of responders indicated D-SAACP has *professionalized survivor advocacy in military settings* (73%), has *standardized survivor assistance* (71%), and has *increased the skills of the VAs at their military location/area of operation in working with survivors* (71%). The majority of responders indicated D-SAACP has *enhanced their skills in working with survivors* as well as *increased the quality of survivor assistance at their military location/area of operation* (both 70%). Two-thirds of responders indicated D-SAACP has *led to increased survivors' trust and confidence in the reporting process* as well as *led to increased Service members' overall confidence in the reporting process* (both 66%).

SARCs. As shown in Table 26, a little more than two-thirds (68%) of SARCs indicated D-SAACP has *professionalized survivor advocacy in military settings* and a little less than two-thirds (62%) indicated D-SAACP has *increased the quality of survivor assistance at their military location/area of operation*. More than half of SARCs indicated D-SAACP has *standardized survivor assistance* (60%) and has *increased the skills of the VAs at their military location/area of operation in working with survivors* (59%). More than half of SARCs indicated D-SAACP has *enhanced their skills in working with survivors* (57%) as well as *led to increased survivors' trust and confidence in the reporting process* (56%), and *led to increased Service members' overall confidence in the reporting process* (55%).

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (72%) were more likely to indicate D-SAACP has *professionalized survivor advocacy in military settings*, whereas SARCs in the Air Force (56%) were less likely.

- SARCs in the Army (69%) were more likely to indicate D-SAACP has *increased the quality of survivor assistance at their military location/area of operation*, whereas SARCs in the Marine Corps (45%) and Air Force (43%) were less likely.

- SARCs in the Army (66%) were more likely to indicate D-SAACP has *standardized survivor assistance*, whereas SARCs in the Navy and Air Force (both 41%) were less likely.

- SARCs in the Army (66%) were more likely to indicate D-SAACP has *increased the skills of the VAs at their military location/area of operation in working with survivors*, whereas SARCs in the Navy (44%), Marine Corps (39%), and Air Force (40%) were less likely.

- SARCs in the Army (66%) were more likely to indicate D-SAACP has *enhanced their skills in working with survivors*, whereas SARCs in the Navy (36%), Marine Corps (37%), and Air Force (34%) were less likely.

- SARCs in the Army (63%) were more likely to indicate D-SAACP has *led to increased survivors' trust and confidence in the reporting process*, whereas SARCs in the Air Force (34%) were less likely.

- SARCs in the Army (62%) were more likely to indicate D-SAACP has *led to increased Service members' overall confidence in the reporting process*, whereas SARCs in the Navy (39%) and Air Force (33%) were less likely.[48]

VAs. As shown in Table 26, the majority of VAs indicated D-SAACP has *professionalized survivor advocacy in military settings* (74%), has *standardized survivor assistance* (72%), has *enhanced their skills in working with survivors* (72%), and has *increased the skills of the VAs at their military location/area of operation in working with survivors* (72%). The majority (71%) of VAs indicated D-SAACP as well as *increased the quality of survivor assistance at their military location/area of operation*. A little more than two-thirds (67%) of VAs indicated D-SAACP has *led to increased survivors' trust and confidence in the reporting process* as well as *led to increased Service members' overall confidence in the reporting process*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (75%) were more likely to indicate D-SAACP has *increased the skills of the VAs at their military location/area of operation in working with survivors* than VAs in the other Services.

- VAs in the Navy (73%) were more likely to indicate D-SAACP has *increased the quality of survivor assistance at their military location/area of operation* than VAs in the other Services.

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[48] Thirty-nine percent of VAs in the Marine Corps indicated D-SAACP has *led to increased Service members' overall confidence in the reporting process*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Marine Corps.

Table 26.

Percentage of Responders Indicating Helpfulness of D-SAACP, SARCs and VAs by Service

Percent Helpfulness of D-SAACP to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Professionalized survivor advocacy in military settings	68	72	61	60	56
Increased the quality of survivor assistance at their military location/area of operation	62	69	50	45	43
Standardized survivor assistance	60	66	41	55	41
Increased the skills of the VAs at their military location/area of operation in working with survivors	59	66	44	39	40
Enhanced their skills in working with survivors	57	66	36	37	34
Led to increased survivors' trust and confidence in the reporting process	56	63	43	40	34
Led to increased Service members' overall confidence in the reporting process	55	62	39	39	33
Margins of Error	*±4*	*±5*	*±13-14*	*±14-17*	*±9*
VAs					
Professionalized survivor advocacy in military settings	74	73	75	71	75
Enhanced their skills in working with survivors	72	71	74	68	73
Increased the skills of the VAs at their military location/area of operation in working with survivors	72	71	75	69	74
Standardized survivor assistance	72	72	74	70	72
Increased the quality of survivor assistance at their military location/area of operation	71	70	73	66	71
Led to increased Service members' overall confidence in the reporting process	67	66	69	68	65
Led to increased survivors' trust and confidence in the reporting process	67	67	68	63	65
Margins of Error	*±2*	*±3*	*±3-4*	*±5-6*	*±4-5*

Note. 2015 QSAPR Q56.

Keeping Up to Date on D-SAACP Initiatives

SARCs and VAs were asked the extent to which they were kept up to date on D-SAACP initiatives by their SAPR leadership.

As shown in Figure 37, overall, a little less than two-thirds (62%) of responders indicated their *SAPR leadership keeps them up to date on new D-SAACP initiatives* to a large extent.

Figure 37.

Percentage of Responders Indicating Extent Kept Up to Date by SAPR Leadership on New D-SAACP Initiatives, by SARCs and VAs
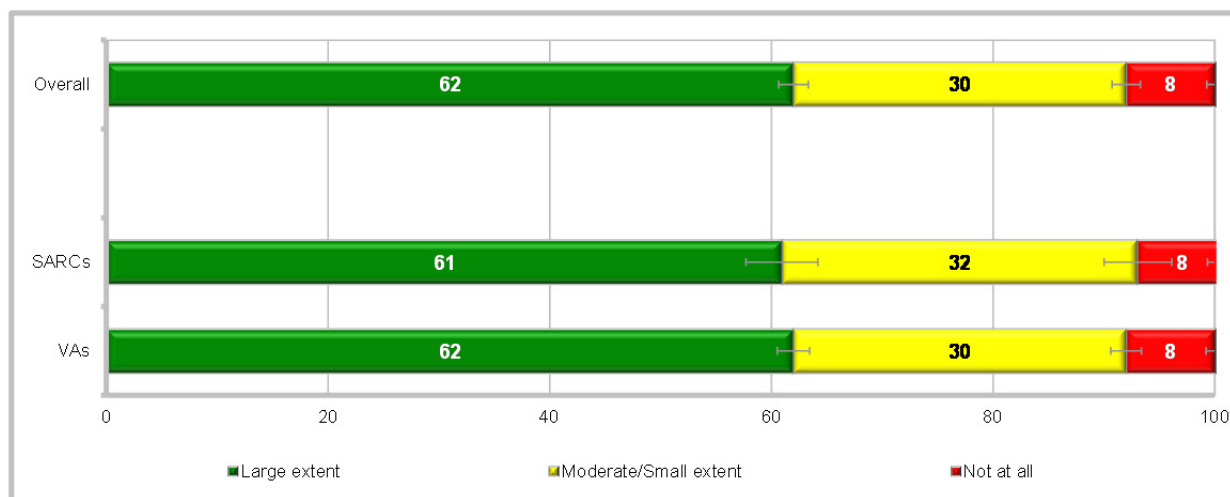
2015 QSAPR Q57   Margins of error range from ±1% to ±4%

Percent of all certified SARCs and VAs

SARCs. As shown in Figure 37, a little less than two-thirds (61%) of SARCs indicated their *SAPR leadership keeps them up to date on new D-SAACP initiatives* to a large extent.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Marine Corps (75%) were more likely to indicate their *SAPR leadership keeps them up to date on new D-SAACP initiatives*, whereas SARCs in the Air Force (49%) were less likely.

VAs. As shown in Figure 37, a little less than two-thirds (62%) of VAs indicated their *SAPR leadership keeps them up to date on new D-SAACP initiatives* to a large extent.

Specific breakouts for VAs, by Service, are as follows:

- VAs in in the Navy (66%) and Air Force (67%) were more likely to indicate their *SAPR leadership keeps them up to date on new D-SAACP initiatives*, whereas VAs in the Army (58%) were less likely.

March 2015 Revision to the D-SAACP Application

A specific instance of keeping up to date on D-SAACP initiatives involved the March 2015 revision of DD Form 2950. SARCs and VAs were asked if they had been informed about this revision. Many of the changes to the DD Form 2950 were based on suggestions from the field. For example, a major revision involved splitting the form into two forms, the DD Form 2950 for new applicants and the DD Form 2950-1 for renewal applicants. Other revisions included clarification of the instructions and the ability of the applicant to utilize their SARC's official mailing address. Pages were reformatted to document hours of victim advocacy along with

evaluation of sexual assault victim advocacy experience. The section for letters of
recommendation was rewritten to ensure that endorsements from the applicant's SARC,
supervisor, or commanding officer have met all policy requirements. On the DD Form 2950-1,
two additional pages were added to record the required 32 hours of continuing education needed
for recertification every two years.

As shown in Figure 38, overall, the majority (74%) of responders indicated they had been
informed about the March 2015 revision.

Figure 38.
*Percentage of Responders Indicating Informed About the March 2015 Revision to the D-
SAACP Application (DD Form 2950), by SARCs and VAs*
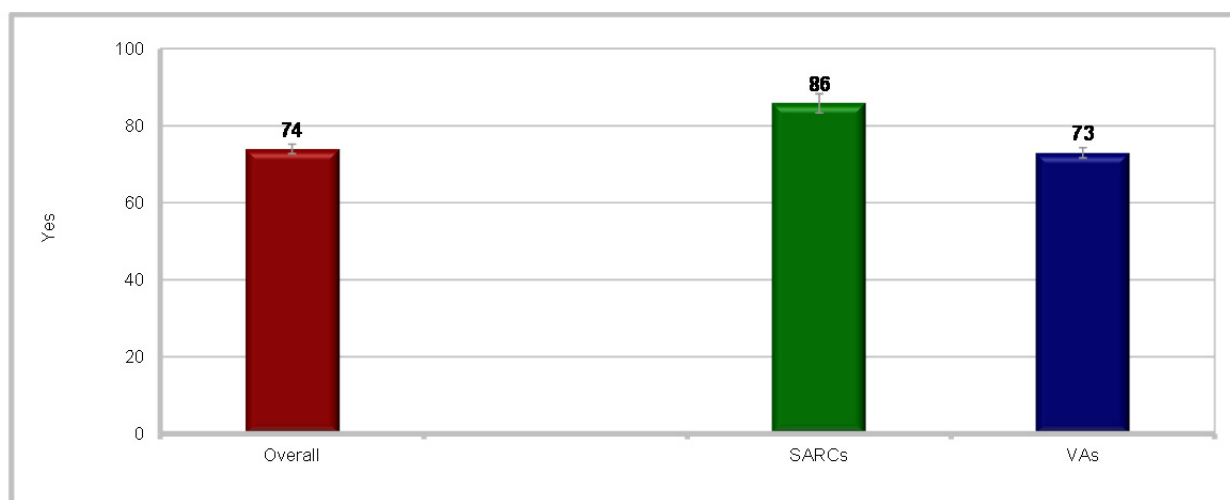
2015 QSAPR Q58   Margins of error range from ±2% to ±3%
Percent of all certified SARCs and VAs

SARCs. As shown in Figure 38, the majority (86%) of SARCs indicated they had been *informed
about the March 2015 revision*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (83%) were less likely to indicate they had been *informed about the
  March 2015 revision* than SARCs in the other Services.

VAs. As shown in Figure 38, the majority (73%) of VAs indicated they had been *informed about
the March 2015 revision*.

Specific breakouts for SARCs, by Service, are as follows:

- VAs in the Navy (77%) were more likely to indicate they had been *informed about the
  March 2015 revision*, whereas VAs in the Army (69%) were less likely.

Qualitative Suggestions for Improvement to D-SAACP

SARCs and VAs were asked for suggestions to improve D-SAACP.

SARCs. In summary, SARCs indicated:

- The most extensive issue with the D-SAACP program mentioned by SARCs was the application packets and recertification program. SARCs indicated the applications and packets are long, cumbersome, and expensive to complete currently, and place a large burden on the SARCs to perform background checks, ensure proper paperwork, and perform recertification training.

  – *"There should be alternate training opportunities outside of the on-line recertification course offered through ALMS [Army Learning Management System]. Peer to peer settings would offer a more appropriate vehicle for recertification purposes since most of us have had at this point 'field experience.'"* (Army Active Duty)

  – *"Recertification really needs to look at how they are accepting applications. Such as in two quarters I have 47 packets due and it makes it really hard to complete when I have some many other things going on. In the other quarters I might have 5 packets due. I am losing advocates because of this as well because I can't get the packets completed and then I have to have them just start over with a new packet. It is very frustrating. Other than that they have always been good with answering my questions and making corrections when needed."* (Army National Guard/Reserve)

- Some SARCs noted the guidelines for recertification and continuing education requirements are unclear and hard to meet. Many suggested the National Organization of Victim Assistance (NOVA) produce training support packages for SARCs that include templates or basic training that meets the standards instead of the current process of submitting material for approval, which will also ensure training is standardized across all branches of the military so the message and language is the same.

  – *"Conduct D-SAACP recertifications boards BEFORE the individual expires and make sure recertification cards are received BEFORE they expire. It is unprofessional and it makes no sense to hold the board after a person's certification expires. This puts our SARCs and VAs on the sidelines or on standby until the board adjourns and they start sending out emails stating you are approved. Also standardize the training. Currently anything counts as CEUs."* (Army Civilian)

  – *"Ensure all services support National Organization of Victims Assistance (NOVA) Training seminars, conferences, events, etc. NOVA is our accrediting agency, DOD must push down to services as policy, that NOVA training conferences/seminars/ events are fully supported professional development and/or continuing education credit producing training events which are fully sanctioned for participation by accredited D-SAACP (NOVA) SARCs or VA, and Program Managers. There shall be no service restrictions on attendance."* (Army Active Duty)

- Providing face-to-face training where available from NOVA would help increase the effectiveness of the training, and providing the availability for offline training would help when there may be limited online access, such as aboard ships. NOVA should also better provide resources to finding CEU information and allow community training to count as CEUs.

  – *"Training teams sent to installations in order to facilitate face-to-face trainings. SARCs do this, but there are locations with limited local resources and UVAs get tired of seeing the same person over and over again."* (Marine Corps Civilian)

- The credentialing board only meets four times a year, so there is a long lag time between submitting a packet and approval, with high turnovers sometimes of VAs (every 6-12 months), thus hindering the availability of certified personnel.

  – *"Remove it from the ARMY process completely. It takes way too long and we lose man hours waiting for NOVA to approve a SARC or VA packet, sometimes 90-plus days. I believe that if the post [position] puts the person on orders and the Brigade [position] assigns them a position, then that should be enough. Total waste of Army time."* (Army Civilian)

- Many SARCs had no suggestions and thought the program met all needs in the current state.

VAs. In summary, VAs indicated:

- The most extensive issue with the D-SAACP program mentioned by VAs was the application packets and recertification program. The recertification board needs to convene more regularly to speed up the process and the current long lag times show the program may not be valued or prioritized as it deserves.

  – *"The ability to re-credential online. Just complete courses through their website and submit an electronic application needing to be electronically signed by the VA and SARC. The SARC would have access to all their VAs' statistics in a neat and simple to use website. D-SAACP has done well. They've helped standardize everything, which really helps. Everyone used to have their own thing going on."* (Navy Active Duty)

- The process and paperwork is complex and onerous for the SARC, and simplifying it by having a checklist or clear process, including reminders of expiration, would help ease the burden. The training requirements are often seen as time-consuming and burdensome as part of a collateral duty.

  – *"My recertification process was painful due to the fact I had to resubmit supporting documents several times that I had already submitted the first time."* (Army National Guard/Reserve)

- Many of the online offerings are seen as "check-the-box" and not worthwhile, and suggest there be more resources to conduct in-person training that provides more quality engagements.

  – *"There needs to be more face-to-face training available. Most active duty VAs/SARCs have absolutely no experience with survivors of sexual assault. Allowing them to do only training is not effective at all. Most just scroll through the slides and do not learn anything. Training should be in a class room setting with experienced victim advocates who have actually worked with survivors."* (Army Civilian)

- Many VAs requested there be more ongoing resources for training instead of relying on last minute announcements for training. Also, standardizing where resources are available would make them easier to find and available to everyone equally. More outreach and communications by the program on opportunities and updates would help ease the burden on VAs as well.

  – *"The problem I had with maintaining my D-SAACP was the training. We were being told training that we were doing would count, but then the D-SAACP training requirements changed at the very last minute, and half of the training I did wasn't valuable anymore towards the certification. D-SAACP needs to standardize what will count and not count as CEU for this certification, so we as VA can spend our time taking training that will count in the long run."* (Air Force Active Duty)

  – *"It is difficult as a collateral duty VA to make time for the required training, and there is little incentive to do so. In my opinion, over time the SAPR program will lose VAs due to failure to maintain the training hours resulting in a shortage of qualified VAs. There is also no clear mechanism for recertification once the qualification has lapsed."* (Air Force Active Duty)

- VAs also pointed out many people who are not actively involved in the program maintain the certification and there should be a better way to monitor who maintains the certifications so they remain relevant.

  – *"I feel as if hours spent helping victims should count towards recertification, simply because I believe you learn more when actually helping somebody."* (Air Force Active Duty)

  – *"TAKE AWAY THE ASI [Additional Skill Identifier] IF THEY ARE NOT UP TO DATE. That comment needs caps, I have seen too many people go through the course just for promotion and not care about the program, then not get their certification but still keep their ASI. It's disgusting."* (Army Active Duty)

- Many identified there was not a clear process for Reservists in terms of relevancy of content or coverage.

  – *"Separate training course for Reserve/National Guard members. There needs to be a class that spends some time on all the Military Process we were trained on but should*

include how to give Annual Training courses to our troops and what civilian entities we can build connections with back at our home station." (Army National Guard)

– *"I would like to see a workshop with other different Guard's SHARP personnel to share experiences, challenges within their respective States. I think there's a wealth of lessons learned within the SHARP Guard communities because of the uniqueness of each States."* (Air Force National Guard/Reserve)

• Many VAs had no suggestions and thought the program met all needs in the current state.

Certification

This section addresses support for gaining required number of hours for certification, suggestions to improve the certification program, time for VAs to progress to the next certification level, and current level of certification of the majority of VAs.

Support for Certification

SARCs and VAs were asked if the chain of command supports their requests to obtain their required hours for certification.

As shown in Figure 39, overall, the vast majority (91%) of responders indicated their *chain of command supports their requests to gain the required hours of continuing education training throughout the two years of certification.*

Figure 39.
Percentage of Responders Indicating Chain of Command Support for Continuing Education, by SARCs and VAs
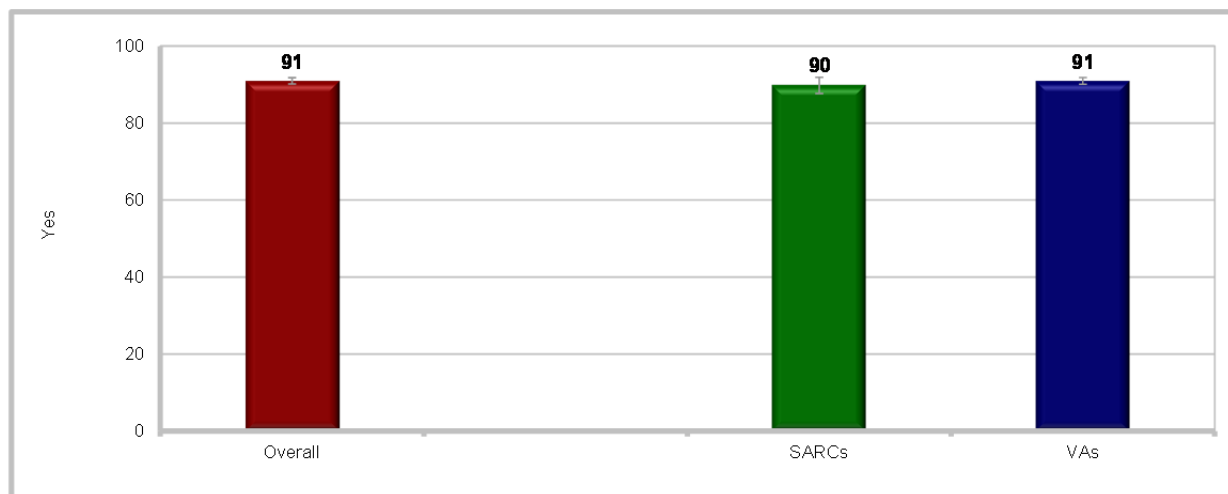
SARCs. As shown in Figure 39, the majority (90%) of SARCs indicated their *chain of command supports their requests to gain the required hours of continuing education training throughout the two years of certification*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (98%) were more likely to indicate their *chain of command supports their requests to gain the required hours of continuing education training*, whereas SARCs in the Army (89%) were less likely.

VAs. As shown in Figure 39, the vast majority (91%) of VAs indicated their *chain of command supports their requests to gain the required hours of continuing education training throughout the two years of certification*.

Specific breakouts for SARCs, by Service, are as follows:

- VAs in the Air Force (94%) were more likely to indicate their *chain of command supports their requests to gain the required hours of continuing education training*, whereas VAs in the Army (90%) were less likely.

Time for Certification

SARCs were asked if their VAs will gain enough time and experience to move to the next level. Overall, more than half (57%) of SARCs indicated their *VAs will gain enough time and experience to progress to a higher certification level upon renewal*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (65%) were more likely to indicate their *VAs will gain enough time and experience to progress to a higher certification level upon renewal*, whereas SARCs in the Navy (31%) and Air Force (41%) were less likely.

Supporting Qualitative Data. SARCs who responded that their VAs would not gain enough time and experience to progress to a higher certification level upon renewal were asked to indicate why. In summary, SARCs indicated:

- The most common reason VAs will not gain enough time and experience to progress to a higher certification level is there are not enough cases to gain the needed hours and the turnover rate for VAs is high enough that they are not in the position long enough to build up the hours.

  - *"We have many VAs. It is not possible for all of them to get enough hours as the certification requires for higher levels."* (Air Force Civilian)

- Specifically, this is an issue because many VAs may have this as a collateral duty and cannot put in the time to meet the hours required even if there was a higher case load. Because it is collateral duty and most VAs do not get to work with survivors, they may

not prioritize the upkeep of their certification and do not understand the importance of a higher level certification.

– *"Our UVAs will not work with more than 1 or 2 individuals if any at all. If they do they will not meet the over 3,000 hours to move up to a higher certification. This is not their full time job."* (Marine Corps Civilian)

• Furthermore, because of the rank and position requirements for being a VA, it is likely many VAs will never be assigned a case. One SARC mentioned a few VAs were able to obtain the needed hours through volunteering at local rape crisis centers or by working cases on deployments.

– *"I have found that since [specific positions] work more hand-in-hand with SARCs on a daily basis they feel more comfortable with them handling the case. So while the VA is just as capable, it is more often the SARC that gets tasked with seeing a case from start to end. Additionally, since the VA is also collateral they are often performing their other duties and spend even less time with the SHARP program. This leads to them losing valuable knowledge and skills when it comes time for responding to a case."* (Army Active Duty)

Current Level of Certification

Those SARCs who indicated their VAs would not gain enough time and experience to progress to a higher certification level upon renewal, were asked the current level of certification of the majority of VAs at their location. As shown in Figure 40, overall, the vast majority (94%) of SARCs indicated the majority of their VAs at their military location/area of operation hold *Level I* certification. Fewer VAs hold *Level II* (4%), *Level III* (1%), or *Level IV* (1%).

Figure 40.
Percentage Indicated Current Level of Certification of Majority of VAs at Military Location, by SARCs
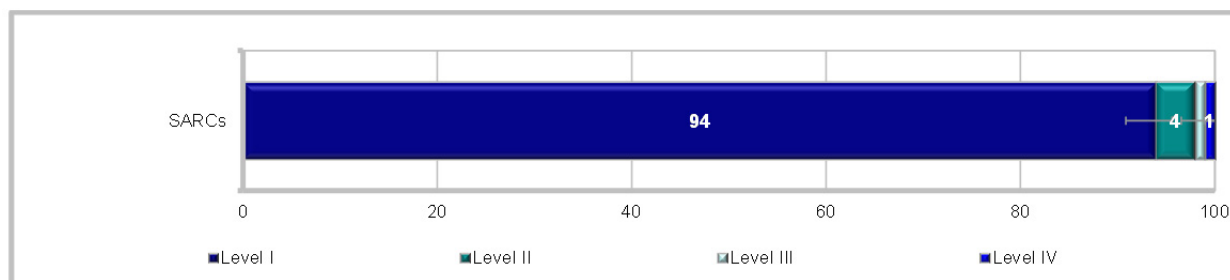
Percent of certified SARCs whose VAs will not progress to a higher certification level upon renewal

Specific breakouts for SARCs, by Service, are as follows:

• SARCs in the Air Force (99%) were more likely to indicate the majority of their VAs hold *Level I* certification, whereas SARCs in the Army (90%) were less likely.

- SARCs in the Army (7%) were more likely to indicate the majority of their VAs hold *Level II* certification, whereas SARCs in the Air Force (<1%) were less likely.

Results of SVCs/VLCs

SARCs and VAs were asked the extent to which they interact with and understand the role of SVCs/VLCs, if SVCs/VLCs are readily available and provide in-person services to survivors, if commanders and supervisors understand the role of SVCs/VLCs, and if they consider SVCs/VLCs a valuable resource.

Results are shown in Table 27 to a large extent in order of descending frequency for SARCs and VAs. To a large extent includes "Very large extent" and "Large extent."

Overall, a little less than two-thirds of responders indicated they *understand the role of SVCs/VLCs* (65%), as well as indicated *SVCs/VLCs are a valuable resource to survivors at their military location/area of operation* (64%), and *SVCs/VLCs are readily available for survivors* (62%). More than half of responders indicated *SVCs/VLCs provide in-person services to survivors at their military location/area of operation* (55%) as well as indicated they *understand the role of SVC/VLC* (53%). More than one-quarter (29%) of responders indicated they *interacted with a SVC/VLC on a case in the past 12 months*.

SARCs

As shown in Table 27, the majority of SARCs indicated they *understand the role of SVCs/VLCs* (75%), as well as indicated *SVCs/VLCs are a valuable resource to survivors at their military location/area of operation* (71%). Two-thirds (66%) of SARCs indicated *SVCs/VLCs are readily available for survivors*. A little less than two-thirds (64%) indicated *SVCs/VLCs provide in-person services to survivors at their military location/area of operation*, and more than half (60%) indicated they *understand the role of SVC/VLC*. More than half (56%) of SARCs indicated they *interacted with a SVC/VLC on a case in the past 12 months*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Air Force (86%) were more likely to indicate they *understand the role of SVCs/VLCs*,[49] whereas SARCs in the Army (71%) were less likely.

- SARCs in the Army (69%) were less likely to indicate *SVCs/VLCs are a valuable resource to survivors at their military location/area of operation* than SARCs in the other Services.

- SARCs in the Navy (76%) were more likely to indicate the *role of SVCs/VLCs is understood by commanders and supervisors* than SARCs in the other Services.

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[49] Eight-six percent of SARCs in the Marine Corps also indicated *they understand the role of SVCs/VLCs*. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for Marine Corps.

- SARCs in the Navy (74%) and Air Force (69%) were more likely to indicate they *interacted with a SVC/VLC on a case in the past 12 months*, whereas SARCs in the Army (51%) were less likely.

VAs

As shown in Table 27, a little less than two-thirds of VAs indicated they *understand the role of SVCs/VLCs*, as well as indicated *SVCs/VLCs are a valuable resource to survivors at their military location/area of operation* (both 63%), and *SVCs/VLCs are readily available for survivors* (62%). More than half of VAs indicated *SVCs/VLCs provide in-person services to survivors at their military location/area of operation* (53%) as well as indicated they *understand the role of SVC/VLC* (52%). More than one-quarter (26%) of VAs indicated they *interacted with a SVC/VLC on a case in the past 12 months*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (69%) and Air Force (75%) were more likely to indicate they *understand the role of SVC/VLC*, whereas VAs in the Army (54%) were less likely.

- VAs in the Navy (68%) and Air Force (74%) were more likely to indicate *SVCs/VLCs are a valuable resource to survivors at their military location/area of operation*, whereas VAs in the Army (55%) were less likely.

- VAs in the Navy (67%) and Air Force (69%) were more likely to indicate *SVCs/VLCs are readily available for survivors*, whereas VAs in the Army (54%) were less likely.

- VAs in the Navy and Air Force (both 59%) were more likely to indicate *SVCs/VLCs provide in-person services to survivors at their military location/area of operation*, whereas VAs in the Army (48%) were less likely.[50]

- VAs in the Navy and Air Force (both 59%) were more likely to indicate the *role of SVCs/VLCs is understood by commanders and supervisors*, whereas VAs in the Army (44%) were less likely.

- VAs in the Navy (29%) were more likely to indicate they *interacted with a SVC/VLC on a case in the past 12 months*, whereas VAs in the Army (22%) were less likely.

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[50] Forty-eight percent of VAs in the Marine Corps also indicated *SVCs/VLCs provide in-person services to survivors at their military location/area of operation*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Marine Corps.

Table 27.

Percentage of Responders Indicating Interactions with SVCs/VLCs, SARCs and VAs by Service

Percent Interactions with SVCs/VLCs to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Understand the role of SVCs/VLCs	75	71	85	86	86
SVCs/VLCs a valuable resource to survivors at their military location/area of operation	71	69	75	78	75
SVCs/VLCs readily available for survivors	66	64	65	73	68
SVCs/VLCs provide in-person services to survivors at their military location/area of operation	64	66	56	73	58
The role of SVCs/VLCs is understood by commanders and supervisors	60	58	76	63	65
Interacted with a SVC/VLC on a case in the past 12 months	56	51	74	61	69
Margins of Error	*±4*	*±5*	*±13-16*	*±14-15*	*±7-9*
VAs					
Understand the role of SVCs/VLCs	63	54	69	64	75
SVCs/VLCs a valuable resource to survivors at their military location/area of operation	63	55	68	59	74
SVCs/VLCs readily available for survivors	62	54	67	60	69
SVCs/VLCs provide in-person services to survivors at their military location/area of operation	53	48	59	48	59
The role of SVCs/VLCs is understood by commanders and supervisors	52	44	59	55	59
Interacted with a SVC/VLC on a case in the past 12 months	26	22	29	23	28
Margins of Error	*±2*	*±2-3*	*±3-4*	*±5*	*±4*

Note. 2015 QSAPR Q63.

Suggestions to Improve Assistance to Survivors

Responders were given the opportunity to provide suggestions to improve survivor assistance via an open-ended question.

SARCs

In summary, SARCs indicated:

- Many SARCs noted there is an overall need for additional resources to support the program and specifically that SARCs should be full-time permanent positions as opposed

to additional responsibilities in order to fully support survivors without jeopardizing mission responsibilities.

– *"Authorize those units (above Brigade level) to have a full-time SARC or Program Manager in their manning. A full time position will provide more time to be allocated towards the SAPR/SHARP mission. I would also look at making the full time SARCs DoD Civilians so that there is continuity in the program. With having a military SARC rotating out every two years, it causes undue stress and heartache on the program (DSAID access, credentialing, etc.)."* (Army Active Duty)

• Many SARCs recognized the importance and quality of support provided by SVCs and VLCs, but say there are not enough and they are often stretched too thin across their responsibilities, such as being required to cover multiple bases.

– *"VLCs are a valuable resource! I can't imagine how we operated without them to be honest! A victim having their own attorney does help build trust with the program. However, there are not enough of them."* (Navy Civilian)

• Many smaller installations do not have a dedicated SVC or VLC and they are not available and on call 24/7, which can be a detriment to survivor response times. SVCs and VLCs are identified as one of the most valuable resources for survivor support, so ensuring there are enough to be easily accessible and provide timely support is important for ensuring the quality of the program and survivor assistance.

– *"I have quite a few clients whose VLC is in another state and they are in need of a person there with them. The VLCs do their best to accommodate the clients but for some clients, it isn't working with that long distance situation."* (Navy Civilian)

• SARCs in the National Guard pointed out some of the policies around SVCs limit the support they can provide, specifically that they can only help survivors if the assault occurred during duty status, and they recommend updating this policy to be more supportive of survivors.

– *"We only have regional SVCs and they can't help NG victims unless the assault occurred DURING a duty status. Considering our NG Soldiers are only in a duty status for 39 days a year, roughly 10% of the year, SVCs are not even available to the majority of victims that approach our office for services. If we care so much about of Soldiers and Airmen, why do we write our policies in such a way that they are not eligible for services if they aren't in a duty status?"* (Army National Guard/Reserve)

• Many SARCs requested more focused training to help with responding to survivors for themselves as well as first responders and those in leadership, and to have more networking opportunities, such as a large SAPR conference that includes all key personnel and organizations that help with a sexual assault response.

–   *"I come up with classes for my VAs, but would be great for more focused training maybe the Army can provide to better assist. Such as, listening skills (Proactive listening)."* (Army Active Duty)

• In order to ease the burden on the survivor, many also requested there be a way to protect the privacy of the survivors during reporting and the following processes and ensure it is as easy as possible for them, such as giving them more time to sign the DD Form 2910 to decide if they want a Restricted or Unrestricted Report.

–   *"First of all to have a policy in place from the top down that mandates privacy and confidential reporting. Having said that, space must be allocated in order for this to happen."* (All Other Civilian)

–   *"Sometimes it is very hard for males to make a report. The first thing is to make sure that the SHARP SARC/VA are there for them and that they do have services and resources available for them and that their privacy is protected as well. Maybe more information to be made available for males."* (Army Active Duty)

• Many SARCs had no suggestions.

VAs

In summary, VAs indicated:

• Many of the VAs noted there is an overall need for additional resources to support the program, and specifically that VAs should be full-time permanent positions as opposed to additional responsibilities in order to fully support survivors without jeopardizing mission responsibilities and to show that the program is being taken seriously.

–   *"Make Victim Advocacy a full-time duty instead of a collateral duty at all levels."* (Army Active Duty)

–   *"Create more full time positions for SARCs and VAs. I fully believe that if there were full time VAs, the assistance provided to victims would greatly increase. To be honest, it is hard to take the time to keep up to date with policies and resources as a collateral VA. I'm lucky to have a great SARC, others might not be so lucky, and victims are the ones to suffer."* (Army Active Duty)

• Additional support from the SARC offices, behavioral health professionals, and additional SVCs on location were highlighted as areas for resources to be increased.

–   *"We need to have these resources available at our base. It is difficult for victims to have to wait for these resources, especially since they have to be requested through the SARC and then up to the main HQ."* (Air Force Active Duty)

• Specific issues with the National Guard were highlighted, especially that they have different rules and procedures and therefore would need different training and support.

– *"For National Guardsmen it needs to be linked to the Veterans Affairs system so that soldiers/airmen can get needed support that the organization cannot provide due to the nature of the reserves. Treat IDT (drill weekends) and AT (Active duty training) the same, thus qualifying them for services."* (Army National Guard/Reserve)

- Another suggestion to improve resources is to ensure there is a bigger presence of support personnel at smaller bases and installations to the extent possible, and procedures for remote locations, where resources may not be readily available, need to be better defined and disseminated.

  – *"Have a dedicated SVC at smaller installations that doesn't have to balance other responsibilities."* (Army Active Duty)

- VAs requested there be more training and education in specific areas such as suicide and psychological effects of sexual assault, and their training be more comprehensive and interactive than PowerPoint slides to better prepare them for situations.

  – *"With SAPR, myself and my UVAs would like more of the suicide training besides the normal NKO or once a year GMT training. This should also be part of our requirements just because we are one of the first responders, and some people do not want to get other people involved—like the suicide prevention counselors."* (Navy Active Duty)

- Many highlighted getting senior leadership on board would help the program be taken more seriously because they often set the tone for the base or installation. More comprehensive briefings were suggested as one way to approach this.

  – *"Lack of leadership support at the squadron level."* (Air Force Civilian)

  – *"Get the SVCs out to units to provide mandatory annual leadership-level training."* (Air Force Active Duty)

- Lastly, because many bases and installations are joint environments, VAs suggested the SAPR program be more unified through the Services so there are better lines of communications between Services and proportionally equal amounts of resources to support.

  – *"Make the program one unified program throughout all of the Services. The military requires members to often work in joint environments, leaving some members at the mercy of another Service's program, which is not up to date with the Air Force. I was deployed with a primarily Army unit and as a victim advocate, I was constantly running up against their legal office with what the Army would provide vs. what is the standard in the Air Force. A Service member is a Service member and should not be treated any differently when it comes to victim advocacy and sexual harassment/ assault and prevention based upon his or her Service. The military needs to do better than this."* (Air Force Active Duty)

Results of Assistance to Male Survivors

Meeting Needs of Male Survivors

SARCs and VAs were asked the extent to which programs, policies, commanders, and providers meet the needs of male survivors.

Results are shown in Table 28 to a large extent in order of descending frequency for SARCs and VAs. To a large extent includes "Very large extent" and "Large extent."

Overall, the majority of responders indicated the following programs, policies, commanders, and providers meet the needs of male survivors: *commanders support prevention programs addressing bullying and hazing* (78%), *healthcare providers meet the unique needs of male survivor* (77%), *responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male survivors* (76%), *current policies and programs provide sufficient guidance for supporting male survivors* (73%), and *programs meet the specific needs of male survivors* (73%). Less than half (47%) of responders indicated *male survivors are less likely to be believed by their peers*.

SARCs

As shown in Table 28, the majority of SARCs indicated *healthcare providers meet the unique needs of male survivors* (75%), as well as *responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male survivors* (74%), and *commanders support prevention programs addressing bullying and hazing* (71%). A little more than two-thirds (68%) of SARCs indicated *programs meet the specific needs of male survivors* and two-thirds (66%) indicated *current policies and programs provide sufficient guidance for supporting male survivors*. A little more than half (51%) of SARCs indicated *male survivors are less likely to be believed by their peers*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Army (79%) were more likely to indicate *healthcare providers meet the unique needs of male survivors*, whereas SARCs in the Navy (59%) and Air Force (64%) were less likely.

- SARCs in the Army (79%) were more likely to indicate *responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male survivors*, whereas SARCs in the Air Force (63%) were less likely.[51]

- SARCs in the Army (74%) were more likely to indicate *commanders support prevention programs addressing bullying and hazing*, whereas SARCs in the Air Force (61%) were less likely.

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[51] Fifty-one percent of SARCs in the Navy indicated *responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male victims*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for Navy.

- SARCs in the Air Force (59%) were less likely to indicate *programs meet the specific needs of male survivors* than SARCs in the other Services.

- SARCs in the Army (70%) were more likely to indicate *current policies and programs provide sufficient guidance for supporting male survivors*, whereas SARCs in the Air Force (51%) were less likely.[52]

VAs

As shown in Table 28, the majority of VAs indicated the following programs, policies, commanders, and providers meet the needs of male survivors: *commanders support prevention programs addressing bullying and hazing* (79%), *healthcare providers meet the unique needs of male survivor* (77%), *responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male survivors* (76%), *current policies and programs provide sufficient guidance for supporting male survivors* (74%), and *programs meet the specific needs of male survivors* (73%). Less than half (46%) of VAs indicated *male survivors are less likely to be believed by their peers*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (83%) were more likely to indicate *commanders support prevention programs addressing bullying and hazing*, whereas VAs in the Army (75%) were less likely.

- VAs in the Navy (79%) were more likely to indicate *responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male survivors*, whereas VAs in the Army (73%) were less likely.

- VAs in the Navy (79%) were more likely to indicate *current policies and programs provide sufficient guidance for supporting male survivors*, whereas VAs in the Army (69%) were less likely.[53]

- VAs in the Navy (80%) were more likely to indicate *programs meet the specific needs of male survivors*, whereas VAs in the Army (66%) were less likely.

- VAs in the Marine Corps (38%) were less likely to indicate *male survivors are less likely to be believed by their peers* than VAs in the other Services.

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[52] Seventy-three percent of SARCs in the Marine Corps indicated *current policies and programs provide sufficient guidance for supporting male victims*. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for Marine Corps.
[53] Seventy-nine percent of VAs in the Marine Corps also indicated *current policies and programs provide sufficient guidance for supporting male victims*. This percentage is not statistically higher than the percentages in the other Services due to a higher margin of error for Marine Corps.

Table 28.

Percentage of Responders Indicating Meeting Needs of Male Survivors, SARCs and VAs by Service

Percent Meeting Needs of Male Survivors to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Healthcare providers meet the unique needs of male survivors	75	79	59	76	64
Responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male survivors	74	79	62	73	63
Commanders support prevention programs addressing bullying and hazing	71	74	68	71	61
Programs meet the specific needs of male survivors	68	70	71	77	59
Current policies and programs provide sufficient guidance for supporting male survivors	66	70	57	73	51
Belief that male survivors are less likely to be believed by their peers	51	50	58	44	59
Margins of Error	*±4*	*±4-5*	*±13-15*	*±13-15*	*±9*
VAs					
Commanders support prevention programs addressing bullying and hazing	79	75	83	80	76
Healthcare providers meet the unique needs of male survivors	77	75	79	79	75
Responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male survivors	76	73	79	78	77
Current policies and programs provide sufficient guidance for supporting male survivors	74	69	79	79	73
Programs meet the specific needs of male survivors	73	66	80	75	76
Belief that male survivors are less likely to be believed by their peers	46	45	48	38	50
Margins of Error	*±2*	*±3*	*±3-4*	*±5-6*	*±4*

Note. 2015 QSAPR Q65.

Familiarity with 1in6.org Resource for Male Survivors

SARCs and VAs were asked if they were familiar with *1in6.org*.[54] The organization, 1in6, provides support to adult men who were sexually abused in childhood. The organization's name reflects the statistic that approximately one in every six adult males has some history of sexual abuse from childhood. The website provides resources for helping men recover from negative

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[54] This is not a DoD endorsement of this organization.

experiences. 1in6 also provides training and awareness campaigns for professionals and other supporters of someone who was abused.

As shown in Figure 41, overall, a little more than one-tenth (12%) of responders were *very familiar* with *1in6.org* and a little less than two-thirds (62%) were *not at all familiar* with *1in6.org*.

Figure 41.
Percentage of Responders Familiar with 1in6.org, by SARCs and VAs
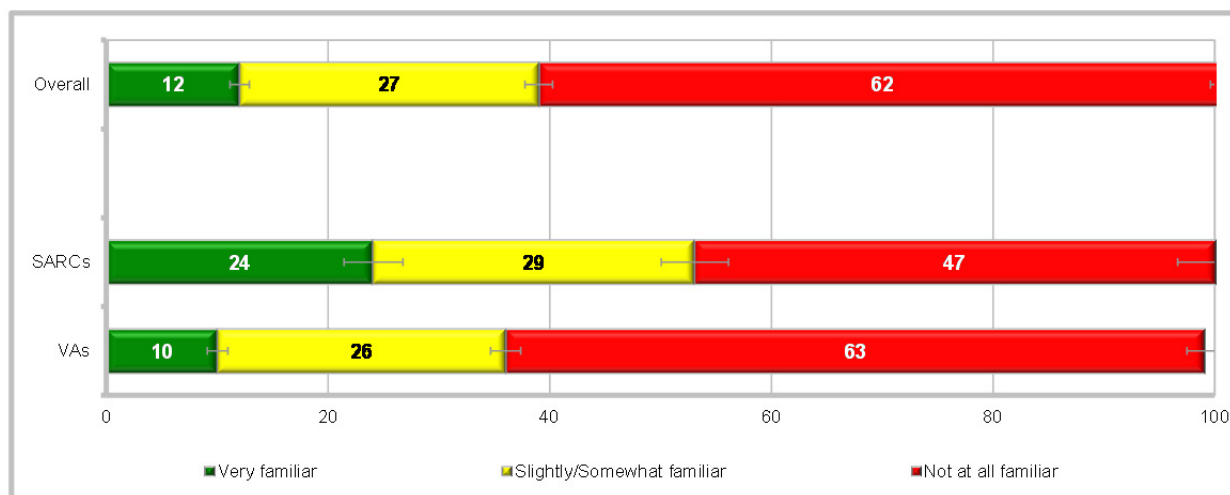
2015 QSAPR Q66   *Margins of error range from ±1% to ±4%*

Percent of all certified SARCs and VAs

SARCs

As shown in Figure 41, a little less than one-quarter (24%) of SARCs were *very familiar* with *1in6.org* and a little less than half (47%) were *not at all familiar* with *1in6.org*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (44%), Marine Corps (43%), and Air Force (44%) were more likely to indicate they were *very familiar* with *1in6.org*, whereas SARCs in the Army (16%) were less likely.

- SARCs in the Army (54%) were more likely to indicate they were *not at all familiar* with *1in6.org* than SARCs in the other Services.

VAs

As shown in Figure 41, one-tenth (10%) of VAs were *very familiar* with *1in6.org* and a little less than two-thirds (63%) were *not at all familiar* with *1in6.org*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (15%) were more likely to indicate they were *very familiar* with *1in6.org*, whereas VAs in the Army (8%) were less likely.

Familiarity with MaleSurvivor.org Resource for Male Survivors

SARCs and VAs were asked if they were familiar with *malesurvivor.org*.[55] MaleSurvivor is an organization that provides resources to male survivors of sexual trauma. They provide facilitated sessions to assist with recovery, professional training, community outreach efforts, and support for those who care for a survivor. They also provide an extensive list of local resources available to survivors and caregivers.

As shown in Figure 42, overall, a little more than one-tenth (12%) of responders were *very familiar* with *malesurvivor.org* and more than half (59%) were *not at all familiar* with *malesurvivor.org*.

Figure 42.
Percentage of Responders Familiar with malesurvivor.org, by SARCs and VAs
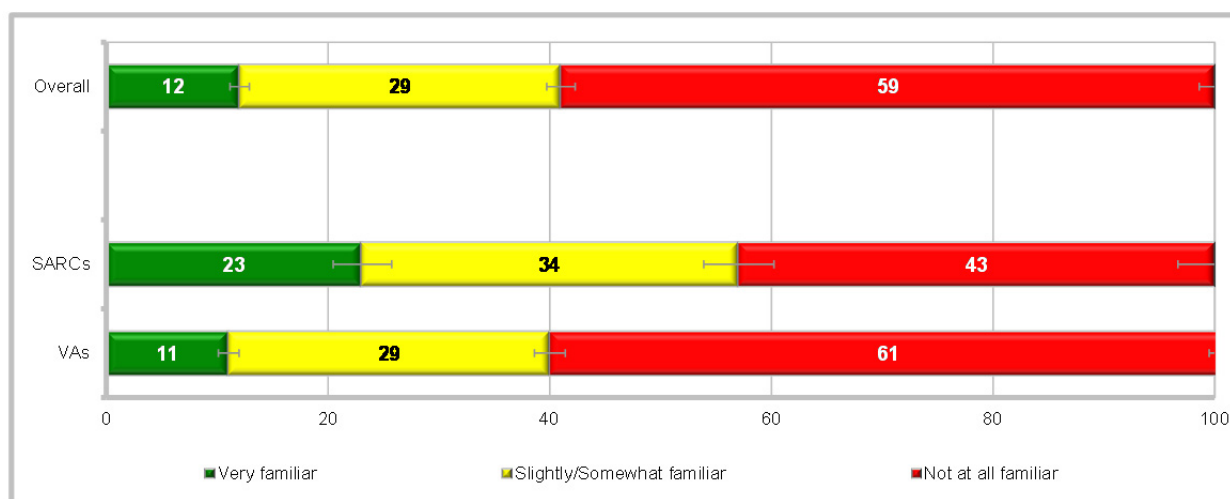
2015 QSAPR Q66   Margins of error range from ±1% to ±4%
Percent of all certified SARCs and VAs

SARCs

As shown in Figure 42, a little less than one-quarter (23%) of SARCs were *very familiar* with *malesurvivor.org* and less than half (43%) were *not at all familiar* with *malesurvivor.org*.

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Navy (42%) and Air Force (39%) were more likely to indicate they were *very familiar* with *malesurvivor.org*, whereas SARCs in the Army (17%) were less likely.

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[55] This is not a DoD endorsement of this organization.

- SARCs in the Army (49%) were more likely to indicate they were *not at all familiar* with *malesurvivor.org* than SARCs in the other Services.

VAs

As shown in Figure 42, a little more than one-tenth (11%) of VAs were *very familiar* with *malesurvivor.org* and a little less than two-thirds (61%) were *not at all familiar* with *malesurvivor.org*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Air Force (15%) were more likely to indicate they were *very familiar* with *malesurvivor.org*, whereas VAs in the Army (9%) were less likely.

- VAs in the Army (63%) were more likely to indicate they were *not at all familiar* with *malesurvivor.org* than VAs in the other Services.

Qualitative Suggestions to Improve Assistance to Male Survivors

SARCs and VAs were asked for written suggestions to improve assistance to male survivors.

SARCs

In summary, SARCs indicated:

- For improving responses to the needs of male survivors of sexual assaults, SARCs most often recommended increasing and modifying current training to be more geared toward male survivors.

    - *"All of us need to talk more about it, most training is based on female victims and males in the offender role."* (Army Active Duty)

- During training and discussions, using more videos, scenarios, and speakers where the survivor is male and using more gender neutral language may help people recognize and understand how male sexual assault may differ from female sexual assault is often the focus.

    - *"Definitely more discussion on it. This year's training was the first year to address it specifically. Experts like [name] are instrumental in providing research on such assault. The medical model is feminized and it seems the topic is split within culture and generation—as most older civilians have difficulty believing or talking about it."* (Air Force Civilian)

- Many SARCs highlighted the need to remove the perceived stigma of reporting male sexual assaults by reducing bullying and hazing that occurs and by offering resources geared toward males.

  – *"Include as part of the standardized annual training packets examples of what some believe are rites of passage (hazing incidents) that are really sexual assault."* (Army Civilian)

- To support reporting, many SARCs also pointed out that having more male VAs, SARCs, and sexual assault support who are male could help increase comfort in reporting.

  – *"For the most part, this will just take time. This subject is SO very sensitive—maybe more male victims' advocates will help—I'm currently looking to re-balance and have an equal balance of male/female VAs in our unit. Or, maybe just keeping it equally balanced in future trainings instead of highlighting it—always include the male AND female information in all trainings."* (Air Force National Guard/Reserve)

VAs

In summary, VAs indicated:

- For improving responses to the needs of male survivors of sexual assaults, VAs most often recommended increasing and modifying current training to better represent male survivors.

  – *"Better training resources for responding to sexual assaults involving male victims."* (Navy Active Duty)

  – *"Teach SARCs and VAs how to talk to predominantly male crowds, and teach them how to conduct sensitivity training to units. There should really be a significant portion of annual training dedicate solely to the facts, figures, treatment, and support of male victims. It's a shame that we've got 10-some years of SAPR existence and we usually have no more than a single slide of only marginally tangible male data."* (Air Force Active Duty)

- During training and discussions, using more videos, scenarios, and speakers where the victim is male can help people recognize and understand how male sexual assault may differ from female sexual assault such as hazing behaviors that are often involved in male cases.

  – *"The training slides need to have more about it. Even the scenarios and videos are all about women being assaulted or harassed."* (Army Active Duty)

  – *"Make more videos of how males get hazed and make it an annual requirement for every soldier to watch these videos. I helped teach a class and we showed one of the hazed one with a male victim and the males in the class all commented on how it was nice to see us showing it in training; puts things in perspective."* (Army Active Duty)

- Having male survivors speak during training or events can both help publicize and de-stigmatize the issue of reporting. Additionally, many mentioned the SAPR program should ensure that resources are available and advertised to all survivors regardless of gender.

  - *"Provide male specific scenarios based training. Most SAPR training is female victims scenarios. Have male survivor speakers come to installations to speak and provide awareness."* (Navy Civilian)

- One issue mentioned often is the perceived stigma surrounding male sexual assault; it prevents many male survivors from reaching out for help. To ease the strain of reporting for male survivors, VAs often recommended ensuring both male and female VAs and SARCs are available and to make anonymous reporting and investigation an option to help make the situation more comfortable.

  - *"That we find a better way to protect the privacy of the client when they visit the SHARP Facility or Resource Center. If this can be done, believe more male clients would come forward. Possible course of action is to change the name on the outside of the building or a facility that they can get to from an underground parking."* (Army Active Duty)

- Many VAs expressed they have not seen a large number of male survivors and there is not a lot of information on best practices and approaches to handling male survivors. Some expressed the desire to bring in outside speakers or attend conferences where male sexual assault is a topic in order to become better informed.

  - *"More training aimed at the destigmatization of male victims. Training should focus on helping the community understand male victims and empathize with them."* (Army Active Duty)

Results of Interactions with Other Services

In today's operational environment it is likely SARCs and VAs from one Service will work with survivors and/or support staff from other Services. SARCs and VAs were asked if they work with survivors and agencies from other Services. They were also asked about the quality of guidance for working with other Services and the support received from commanders.

Interaction with Other Services

Results are shown in Table 29 to a large extent in order of descending frequency for SARCs and VAs. To a large extent includes "Very large extent" and "Large extent."

Overall, a little less than one-quarter (24%) of responders indicated they *work with agencies from other Services* and one-fifth (20%) indicated they *provide support to survivors who are members of another Service*. A little less than one-fifth (18%) of responders indicated they *experience different levels of support from commanders in other Services supported* and 15% indicated they *experience conflicting guidance from other Services*.

SARCs

As shown in Table 29, more than one-third (36%) of SARCs indicated they *work with agencies from other Services* and a little less than one-quarter indicated they *provide support to survivors who are members of another Service* as well as *experienced different levels of support from commanders in other Services supported* (both 24%). A little less than one-fifth (19%) of SARCs indicated they *experience conflicting guidance from other Services*.

There were no significant differences between Services for SARCs in 2015 on *interacting with other Services*.

VAs

As shown in Table 29, a little less than one-quarter (23%) of VAs indicated they *work with agencies from other Services* and a little less than one-fifth indicated they *provide support to survivors who are members of another Service* (19%) as well as *experienced different levels of support from commanders in other Services supported* (17%). Fourteen percent of VAs indicated they *experience conflicting guidance from other Services*.

Specific breakouts for VAs, by Service, are as follows:

- VAs in the Navy (23%) were more likely to indicate they *provide support to survivors who are members of another Service* than VAs in the other Services.

- VAs in the Air Force (11%) were less likely to indicate they have *experienced conflicting guidance from other Services* than VAs in the other Services.

Table 29.
Percentage of Responders Interacting with Other Services, SARCs and VAs by Service

Percent Interacting with Other Services to a Large Extent					
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**
SARCs					
Work with agencies from other Services	36	35	30	37	38
Provide support to survivors who are members of another Service	24	24	24	16	25
Experience different levels of support from commanders in other Services supported	24	24	18	17	27
Experience conflicting guidance from other Services	19	19	19	22	19
Margins of Error	*±3-4*	*±4-5*	*±11-12*	*±12-14*	*±8-10*
VAs					
Work with agencies from other Services	23	21	24	22	25
Provide support to survivors who are members of another Service	19	18	23	15	19
Experience different levels of support from commanders in other Services supported	17	17	18	16	14
Experience conflicting guidance from other Services	14	13	16	16	11
Margins of Error	*±2*	*±2-3*	*±3-4*	*±5-6*	*±3-4*

Note. 2015 QSAPR Q68. Results exclude those who indicated "Not applicable."

Results of DSAID

The Defense Sexual Assault Incident Database (DSAID) is a centralized, case-level database for the collection and maintenance of information regarding sexual assaults. SARCs were asked the extent to which they use DSAID for various tasks.

Using DSAID

Results are shown in Table 30 to a large extent in order of descending frequency for SARCs. To a large extent includes "Very large extent" and "Large extent."

Overall, a little less than half (49%) of SARCs indicated they use DSAID for *tracking cases for reporting purposes*. Forty percent of SARCs indicated they use DSAID to *organize data for each case*, and more than one-third indicated they use it for *records management* (39%) and *case management activities* (37%). More than one-quarter of SARCs indicated they use DSAID for *survivor advocacy activities* as well as for *tracking survivors' locations* (both 29%). A little more than one-fifth of SARCs indicated they use DSAID for the following reasons: *sexual assault prevention activities*, *managing training*, and *managing resources* (all 22%).

Specific breakouts for SARCs, by Service, are as follows:

- SARCs in the Marine Corps (70%) and Air Force (71%) were more likely to indicate they use DSAID for *tracking cases for reporting purposes*, whereas SARCs in the Army (40%) were less likely.

- SARCs in the Marine Corps and Air Force (both 55%) were more likely to indicate they use DSAID for *organizing data for each case*, whereas SARCs in the Army (35%) were less likely.[56]

- SARCs in the Navy (58%) were more likely to indicate they use DSAID for *records management* than SARCs in the other Services.

- SARCs in the Army (25%) were more likely to indicate they use DSAID for *sexual assault prevention activities*, whereas SARCs in the Navy (11%) and Air Force (12%) were less likely. [57]

- SARCs in the Air Force (13%) were less likely to indicate they use DSAID for *managing training* than SARCs in the other Services.

- SARCs in the Air Force (15%) were less likely to indicate they use DSAID for *managing resources* than SARCs in the other Services.[58]

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[56] Fifty-five percent of SARCs in other DoD Agencies also indicated they use DSAID *organizing data for each case*. This percentage is not higher than the percentages in the other Services due to a higher margin of error for other DoD Agencies.

[57] Ten percent of SARCs in other DoD Agencies indicated they use DSAID *sexual assault prevention activities*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for other DoD Agencies.

[58] Thirteen percent of SARCs in other DoD Agencies indicated they use DSAID *for managing resources*. This percentage is not statistically lower than the percentages in the other Services due to a higher margin of error for other DoD Agencies.

Table 30.
Percentage of Responders Using DSAID for Various Activities, SARCs by Service

Percent Using DSAID for Various Activities to a Large Extent						
Within Service Comparisons 🟦 Higher Response 🟪 Lower Response	**Overall**	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Other DoD**
Tracking cases for reporting purposes	49	40	61	70	71	59
Organizing data for each case	40	35	47	55	55	55
Records management	39	37	58	53	31	52
Case management activities	37	35	45	41	40	44
Survivor advocacy activities	29	27	23	43	30	25
Tracking survivors' locations	29	28	28	41	34	27
Sexual assault prevention activities	22	25	11	26	12	10
Managing training	22	23	28	31	13	19
Managing resources	22	23	18	35	15	13
Margins of Error	*±3-4*	*±4-5*	*±10-14*	*±14-15*	*±6-9*	*±17-23*

Note. 2015 QSAPR Q69.

Qualitative Suggestions to Improve DSAID

SARCs were asked for suggestions to improve DSAID. In summary, SARCs indicated:

- Many SARCs noted that because the DSAID was created as a data collection tool, they do not believe it provides the needed or desired functionality as a case management tool. Data input often takes hours to enter for a single case because of the cumbersome nature of the data entry fields and data cannot be easily edited after it has been uploaded.

  – *"While improvements have been made to DSAID, it really is still designed first and foremost, to gather data. Even the 'case management functions' are really designed to ensure data has been gathered/entered and tracked for higher leadership purposes, not for genuine case management purposes in the field."* (Navy Civilian)

- Quite a few suggested the access be opened up to more people, especially in the chain of command, with a limited view or edit capabilities to better serve their needs. Specifically, many requested the ability to run limited reports (e.g., without PII) or provide standard reports to all Services. Similarly, updating VAs' training should allow bulk entry instead of needing to do a single entry at a time. Alternatively, VAs could have limited access to be able to self-report their own training. The entire program runs slowly, malfunctions especially during uploads, and often loses data during upgrades.

- – *"Limited access to UVAs [to DSAID] would enable the UVAs to provide a second set of eyes to ensure all aspects are covered. Also, UVAs could enter training into the system once completed to ensure that all training is being entered when SARC access is not available due to operational commitments."* (Navy Active Duty)

- – *"Give limited/restrictive access to full-time civilian SAPR VAs so they can assist with entering/updating ONLY Victim Advocate Profile/Training records."* (Navy Civilian)

- – *"DSAID was not created for SAPR. We need a database that is SAPR friendly. The resource tab is not user friendly and takes a great deal of time to enter. DSAID is slow and takes forever to enter a case."* (Marine Corps Civilian)

- – *"The DSAID system sometimes go down for maintenance and when it comes back up, open cases that were previously close in the system."* (Army Active Duty)

- – *"DSAID works when it wants to work."* (Army Active Duty)

- SARCs suggested the DSAID program could better interface with other systems so it can pull in data from them, specifically CID, NCIS, and PASS. Many pointed out an issue with not being able to close cases if certain information is missing (e.g., incident location) and the SARC would no longer be able to update the file, or if the survivor no longer wants the services, the case remains open.

  - – *"Allow the SARC to close the case even if the investigation is open. Sometimes victims no longer want advocacy services, but we cannot close our end if the investigation is still open. One is not dependent on the other. Also, we should be able to close the case with or without all of the offenders' demographics. That is not our role to find that portion out."* (Army Civilian)

- A few suggested additional training on the system could help ease the issues with data entry. However, many noted even after receiving training for the program, it would take months before they got access to the system, and quite a few responders did not currently have access to the system.

  - – *"I have been a SARC for 2+ years and after I completed the online training a year and a half ago I just got into DSAID for the first time ever. DSAID works when it wants to work."* (Army Active Duty)

- Another suggestion was to add a field for case notes or administrative comments to help keep continuity of information when a case is transferred or when a SARC transitions in or out of the position.

  - – *"Outdated and slow. Doesn't seem to be that helpful if you transfer a case due to lack of case notes."* (Navy Civilian)

- Lastly, a few in the National Guard pointed out that the entire system focuses on active duty and more guidance is needed for Reserve Component agencies.

    – *"DSAID is VERY Active duty centric! Need to add more for Reserve Component agencies. We have multiple locations all across the country and do not have the same access to installation resources, etc., and DSAID is not Reserve friendly in many of their drop down menus and will not accept entries off of the drop down menus in multiple areas."* (Army Civilian)

- Many provided no suggestions.

Final Comments

SARCs and VAs were thanked for participating in the survey and asked whether they had comments or concerns they were not able to express in answering the survey. They were asked to enter any such comments or concerns in the space provided. As this was a question that solicited any comments or concerns SARCs and VAs had, there was a wide range of responses. As such, it is not possible to summarize every concern raised by responders here. Nonetheless, the following comments and concerns were voiced by several responders. In some cases the comments reflect suggestions made earlier, but are repeated here because responders found the ideas important to share.

SARCs

In summary, SARCs indicated:

- Many SARCs indicated they require more resources generally in order to perform their duties satisfactorily. It would be useful for SARCs to be able to attend conferences and to have ways of communicating with a community of SARCs in order to share information and best practices.

    – *"We NEED additional manpower for SAPR offices. We are constantly getting more and more requirements. Victim care suffers when these additional requirements are added without help. As a SARC, my day is full of admin duties, not just SAPR but everything that goes along with managing an office. An admin position would be beneficial so that the full-time VA and the SARC can focus on victim care and training. Even a position to provide and oversee the SAPR training on the installation would be great. Come August/September, this office is inundated with annual training questions and 'emergencies.' It's just beginning to be too much."* (Air Force Civilian)

    – *"SHARP needs more funds and more to cover transportation, training, outreach, conferences, promotional items, preventions programs, and more additional activities."* (Army Active Duty)

    – *"There should be a SARC type conference where SARCs are brought together and share ideas with all for the betterment of the program. There should be a SARC*

*hotline in which we SARCs can contact and share information of unethical in nature
that puts us on the spot and forces us to be in violation with our DoD Ethics listed
under DD 2950. I do not violate ethics, but by not tagging along, I burn bridges with
higher headquarters."* (Army Civilian)

- Many SARCs indicated SAPR programs may be too focused on active duty military and
  often do not consider National Guard/Reserve units, or unusual circumstances.

  - *"The entire program is geared 100% towards the active duty components. It is
    extremely frustrating to read regulations and policies that were written without ANY
    regard for the NG. When asked for clarification we are commonly told to 'interpret'
    the information for the Guard. This isn't the answer. Policies and regulations need
    to be able to adequately reflect the needs of our members. It blows my mind that
    there are 'services' available to our Service members that they cannot actually
    access. Especially with a military nexus is heavily involved, yet because they weren't
    in a duty status (even though their military involvement was THE ONLY LINK to their
    assault) they cannot have an LOD [line of duty], cannot go through the VA for MST
    [Military Sexual Trauma] services and cannot go to a MTF {Military Treatment
    Facility]. They are required to go through their private insurance and any referral
    that a DPH can get them."* (Army National Guard)

  - *"There is not enough guidance on how to support GSU [geographically separated
    units] locations, specifically those that may not be close to a base for medical
    support. What agreements need to be made for SAFE kits? How do we go about
    coordinating SA/MOAs/MOUs? We need more training on the admin process for
    that. Also, there is limited guidance on bases with Joint-Service tenant units. Does
    the host base support victims initially and then transfer ALL cases to the sister service
    at another base? What is the expectation?"* (Air Force Active Duty)

- Many SARCs indicated frustration with the timing of trainings, indicating training
  materials should be distributed to SARCs earlier.

  - *"Additionally, updated training guidance needs to be published months prior to the
    new TY [training year] in order for units and program management to effectively
    plan and publish guidance. It is unacceptable in my opinion to have training
    guidance distributed halfway through a TY and expect it to be implemented by the end
    of the year."* (Army National Guard/Reserve)

  - *"The training guidelines need to come out sooner than they have been. If the
    program is so important then leadership should show that by putting the training
    guidance out in a timely manner."* (Air Force National Guard/Reserve)

- SARCs also indicated the quantity of training hours required may be too high and the
  quality of the training means it is not as effective as it should be.

  - *"This program is important. No doubt about it. However, the training is too often
    and too much. Once a year is plenty. People get the impression that everyone in the*

military is getting raped. That's not the case. 1/2 the population sees the importance, 1/2 the population is so tired of the training they are turning a blind eye. Mass briefings and repetitive information is not the way to go. If the Wing SARC position is actually funded and moves forward, what I believe would be best is more of a 1-on-1 approach with the SARC going out into the groups and squadrons and adjust their trainings and meetings to each different and special culture that exists in each section." (Air Force National Guard/Reserve)

– *"SARCs and VAs and Collateral Duty Battalion VAs are overwhelmed with all the work that is placed on them. We spend SOOOO MUCH time training the Battalion level and then they leave. It is VERY tiring and not good business... not to mention a waste of money. WE ARE WORN OUT. MANY OF US ARE LOOKING FORWARD TO MOVING OUT OF THE SHARP PROGRAM! Please make SHARP an MOS. It is a highly stressful job!"* (Army National Guard/Reserve)

- SARCs indicated additional guidance on procedures for dealing with retaliation would be helpful.

  – *"Retaliation: Commanders are challenged to maintain an environment that protects victims from retaliation while maintaining a focus on mission, readiness, and morale. To promote a climate of transparency and trust, retaliation investigations must be conducted by an investigating officer appointed from a senior commander removed from the offender as well as the casualty/victim. This is a must. Retaliation occurs, however victims fear further reprisal if they report, due to Unlawful Command Influence, perceived or factual of investigating officer, rated or senior rated by the appointing authority also having command of the alleged offender, perpetrator."* (Army Active Duty)

  – *"Efforts to mitigate and report retaliation has been great. However, I feel there should be more guidance and procedures produced within our current regulations to have standard reporting available."* (Army National Guard/Reserve)

VAs

In summary, VAs indicated:

- Some VAs indicated they believe the position of VA should be filled by a civilian.

  – *"All VAs and SARCs should be civilians that do not have to report to the chain of command. My Battalion Commander would limit or not allow mandatory training and believed he was a subject matter expert because of rank. This changed when we received a civilian SARC."* (Army Active Duty)

- Some VAs indicated the choosing of personnel for VA positions might be done more carefully.

  – *"Since becoming a SHARP VA in 2013 I have noticed a disturbing trend in the Battalion and Brigade level SARCs. Most of the time these positions are filled by Sergeant Majors that are retiring very soon. The mentality of a Sergeant Major that is separating soon doesn't do the SHARP program any good. Additionally this creates a lack of continuity with a quick changeover of personnel."* (Army Active Duty)

  – *"The Installation SARP where I work does nothing for the VAs on the installation. If the SARP would help train all the personnel within the SHARP program here, then we would all be on the same page. I get more training from the Garrison SARP. They need to get rid of the installation SARP and get someone who knows their job and help all other VA's."* (Army Civilian)

- Some VAs indicated leadership might be able to do more to prevent retaliation for reporting sexual assault. VAs also indicated they cannot properly function as VAs when survivors are afraid of reprisal and leadership does not take immediate action.

  – *"Lack of leadership support deters soldiers at the lowest level from reporting sexual harassment/assault issues. Even when soldiers do report, they are very fearful of reprisal actions from their leadership and peer harassment. I have fought to maintain a personal relationship with soldiers at the lowest level to make them comfortable to talk to me of any issues within their ranks. Companies fight with training schedules to complete annual SHARP training and set the SHARP duties as an additional duty that must be 'a check the block' duty."* (Army Active Duty)

  – *"Changes need to be made to protect victims against retaliation. This is often brought up as a primary reason for not reporting. In a case against a chief or divisional officer it is often his word against hers and little physical proof is available."* (Navy Active Duty)

  – *"Clearer guidance and training, when it comes to victim rights, care, accountability, harm reduction, retaliation, reprisal, roles and responsibilities. The latest DODI and the regulations are not speaking the same language."* (Army Civilian)

- VAs also indicated reprisal against VAs may be an issue that has not been dealt with.

  – *"Additionally, I have seen multiple cases of reprisal for those hard working VAs that stood up for a victim, but since the cases were directed at superior officers/NCOs, the VA was viewed as a traitor to the officer/NCO corps. Most VAs and SARCs appear to have their future careers hurt by this position. Because of this, I do not intend on mentioning in future unit my SHARP qualifications."* (Army Active Duty)

– *"Would like to see how policy and measures will be implemented possibly dealing with the retaliation of victim advocate/SARCs when provide care for victims of sexual assault."* (Navy Civilian)

– *"I feel that SAPR positions should either be a special duty assignment or its own career field where the staff reports to local SAPR management staff, who in turn reports to higher-level SAPR staff. This would be an alternative to SAPR staff reporting to the command of the unit in which they work. I have had SAPR specialists who do this as a collateral duty state to me that they want an anonymous reporting method in which commands can be held accountable for the way a case is being handled. They fear retaliation if they come forward because that command is their rater."* (Army Civilian)

• One VA speculated that command might not prosecute a survivor for offenses, such as drug use, for fear of being accused of reprisal.

– *"How many victims who broke rules are never held accountable for those broken rules, but the accused is held accountable of all and convicted as they should be, but should the victim get an automatic pass. The sexual assault didn't cause the person to be a weed smoker or narcotic user, but then they get sexually assaulted, which is wrong, the accused gets convicted but the victim who we know is a drug user gets a pass. If victim gets an expedited transfer, all the violations that were committed at the previous installation get left there, but the accused gets convicted, which they should, but the victim gets to walk because the new chain of command is afraid to prosecute may appear like retaliation or they just don't want to cause the victim has been through enough. That's great and all but the rules are still the rules and they were broken."* (Army Active Duty)

• Some VAs indicated the quantity and quality of the trainings could be revised to be more effective.

– *"Kill the PowerPoint. Seriously. The 'red line' and countless metaphors provided by the Air Force for 2015 droned on and made laughable impact. The excessive length, eye chart copy/past of policy, and painful diagrams ruined the impact the Army's annual training could have had. Know what works? Talking. Without PowerPoints. The small group discussions in the USAF were a decent approach, but BIT was far more successful."* (Air Force Active Duty)

– *"When it comes to training we have a big problem. Commanders and officers in general are not participating in training. (They show up but they do not participate). They refuse to get in the weeds, ask question, etc., which make the soldiers uncomfortable with asking question or participating at all because their commanders are there stoned faced. It makes training harder for everyone. I recommend all officers attend the training so they know their reps are not being crude when they talk on the soldiers levels. If a soldier asks a question, me as a SHARP/VA should not be interrupted because one of the commanders feels that's not an appropriate question.*

Guidelines need to be established so that commanders know when it comes to training all is fair game." (Army Active Duty)

– *"I receive a lot of feedback about the amount of time needed for yearly SAPR training. I always try to keep positive and let people know that every day, we are addressing sexual assault on some level. However, the amount of training (two phases) and the option of not letting people get this training by year end without meeting in person is a hardship for some people not attending drill weekends regularly or with deployments."* (Air Force Civilian)

- Some VAs indicated the SHARP program may be too focused on active duty military and does not consider National Guard/Reserve units.

– *"The Line of Duty process related to Restricted and Unrestricted Reports for Reservists is HORRENDOUS, NO DIRECTION/GUIDANCE, MASS CONFUSION (even at what appears to be the MAJCOM level). The process for LODs [line of duty determinations] for Restricted Reports is an EXCEPTIONAL MESS, due to privacy concerns. The Reservists need a full time SARC at the MAJCOM level to address reserve issues ON A DAILY BASIS. If there is one, I don't know who it is. The AFI DOES NOT provide clear guidance for the Reserve—clear as mud! A traditional Reservist serving as a SARC DOES NOT WORK."* (Air Force Active Duty)

– *"To give the SHARP program and the victims the time, dedication, and complete knowledge inside and out of the program, then all Army Reserve brigades must have a Full Time Civilian SARC position created. In my opinion, taking a program that is so very important and much needed and then relegating it to a collateral duty with Miltechs is disgusting and comes across as just checking the block off."* (Army Civilian)

– *"Until there is a detailed analysis on how the National Guard can provide valuable services for victims of sexual assault and what other resources will be needed to provide said services, the program will be nowhere as effective as it can be. Applying an active duty standard to a Reserve Component element without providing the resources required to perform it is not conducive to good policy."* (Army National Guard/Reserve)

Chapter 11:
Summary and Discussion

Introduction

The principal purpose of the *2015 QSAPR* is to provide information to DoD SAPRO and the Service SAPR offices on the experiences and perspectives of primary responders—the SARCs and SAPR VAs (referred to hereafter as VAs) performing daily duties. The perspectives of SARCs and VAs are invaluable in assessing how well DoD SAPRO and the Service SAPR offices are doing in implementing DoD guidelines and requirements, the extent to which SARCs and VAs have the resources needed, and what improvements SARCs and VAs believe to be necessary. The *2015 QSAPR* compliments other research being carried out on sexual assault issues within the Armed Forces as it allows DoD SAPRO to further understand the issues that may discourage reporting or negatively affect perceptions of the SAPR program.

The target population for the survey was all SARCs and VAs who were certified by the D-SAACP as of June 22, 2015. Responders were considered eligible if they were both certified and serving in the appropriate position as of the first day of the survey fielding, September 8, 2015. Responders could participate in the survey from September 8 to October 15, 2015. Surveys were completed by 5,322 eligible responders, yielding an overall weighted response rate of 20%. Based on the weighted survey results, eleven percent of responders identified themselves as SARCs and 89% as VAs. Seventy-six percent were active duty military, 17% National Guard/Reserve members, and 7% DoD or Service civilian employees.

This discussion looks at four key areas: performing work as a SARC or VA; the role of Case Management Groups (CMGs) in monitoring retaliation for reporting sexual assault; SARCs' and VAs' perspectives on support for male survivors of sexual assault; and how well they perform sexual assault prevention activities.

Performing Duties

As noted in Chapter 2, there is a wide range in the numbers of people served by SARCs and VAs. The average number of military personnel served by SARCs is 4,109 (median is 900, standard deviation is 317), while the average number of military personnel served by VAs is 1,409 (median is 224, standard deviation is 65). The average number of civilians (including DoD or Service civilians, contractors, spouses, and dependents) served by SARCs is 2,646 (median is 120, standard deviation is 249), while the average number of civilians served by VAs is 907 (median is 5, standard deviation is 62).

SARC and VA caseloads cover a range of survivors, including family members (e.g., spouses, dependents), adult sexual assault survivors victimized by someone they were dating (excluding those not living together or had a child together), DoD or Service civilians, DoD or Service contractors and military dependents under 18 years of age who were sexually assaulted by someone other than a parent or caregiver (e.g., another child, neighbor, coach, etc.).

For most responders, being a SARC or VA is a collateral duty. A little more than one-third (36%) of SARCs indicated their sole duty is as a SARC, while 17% indicated it is their primary responsibility, and a little less than half (47%) indicated it is a collateral duty. Three percent of VAs indicated their sole duty is as a VA, while 9% indicated it is their primary responsibility, and the majority (89%) indicated it is a collateral duty.

As such, many responders indicated their SARC and VA duties do not take precedence: their primary duties are the basis for performance evaluations. Often SARCs and VAs have several collateral duties; responders indicated repeatedly they believe the SARC and VA positions should not be a collateral duty. SARCs and VAs also indicated they find it difficult to keep up to date with required training while devoting their time to their daily duties. Both SARCs and VAs indicated most of their time as SARCs or VAs is spent demonstrating awareness of the impact of sexual assault on survivors.

VAs in particular indicated they often require support from co-workers in order to be able to perform their VA duties properly. For example, often co-workers are needed to help out when a VA is called away. Those who do not have this support feel less able to fulfill their duties. Many VAs also indicated they do not feel they receive the support needed from leadership and feel that leadership does not always support the program when necessary. This can possibly be a result of commanders not fully appreciating the nature of VA duties. Many VAs are also in locations where they are required to drive several hours to attend to a survivor or cannot carry a phone as required due to primary duties.

Communication is important for the SAPR program to work effectively. Results of the *2015 QSAPR* indicated areas where SARCs and VAs might be lacking in knowledge of the most recent tools and strategies. For example, a little less than half (47%) of responders indicated they are kept up to date on new DoD Safe Helpline initiatives by SAPR leadership to a large extent. A little less than two-thirds (62%) of responders indicated their SAPR leadership keeps them up to date on new D-SAACP initiatives to a large extent. Some VAs also indicated they find it difficult to stay up to date with policies, especially when being a VA is a collateral duty. In these cases, it may be important for the local SARC to take a larger role in ensuring VAs are up to date.

Overall, SARCs and VAs were positive about the support they receive from commanders, supervisors, and support staff. However, many SARCs indicated that not everyone in the program is always "on the same page" when it comes to commanders providing the minimum support required for compliance, and they indicated accountability could be improved at all levels. SARCs also mentioned issues with the availability of FAP and OSI support, and that the program generally does not always seem to work as well for the Reserves as for active duty. VAs indicated increased support for the program at all levels would be beneficial and commanders are not always aware of the nature of Restricted and Unrestricted Reports. VAs also indicated more training is required for first responders and many smaller bases may not have the resources needed to support survivors. Both VAs and SARCs indicated substance abuse programs should be part of prevention, awareness, and survivor support.

Retaliation

> "Too many Service members, the data shows, feel that when they report or try to
> stop these crimes, they're being ostracized or retaliated against in some way."
> Secretary of Defense Ashton Carter.[59]

Case Management Groups (CMGs) charged by the commander, monitor the occurrence of
retaliation and taking action if it occurs. Overall, between 67% and 82% of SARCs indicated the
chair of their installation CMG asks if survivors, SARCs/VAs, bystanders, or other responders
perceived retaliation for reporting sexual assault. Note this does not reflect rates of retaliation
for these individuals. While SARCs and VAs indicated the majority of CMG chairs ask if
retaliation allegations were made, it is possible some installations may have had no reports of
sexual assault, hence no potential for retaliation. Nevertheless, the results of *2015 QSAPR*
indicate an opportunity to emphasize this important role for CMGs and ensure they aggressively
monitor potential retaliation.

Overall, a little more than half (54%) of SARCs who indicated the CMG chair asked members
about awareness of retaliation also indicated allegations were forwarded to an appropriate
authority. Four percent indicated allegations were not forwarded at the request of the survivor,
3% indicated allegations were not forwarded due to some other reason, and more than one-third
(38%) were not sure whether the allegations were forwarded.

Of the 54% of SARCs who indicated allegations of retaliation were forwarded, the majority
(71%) indicated allegations went to the command team, a little less than half (48%) indicated
allegations were forwarded to the Inspector General, 42% indicated allegations were forwarded
to a MCIO (e.g., CID, NCIS, OSI), a little less than one-fifth (18%) indicated allegations were
forwarded to Military Equal Opportunity, one-tenth (10%) indicated allegations went to another
authority, and 13% indicated they were not sure to whom allegations were forwarded.[60]

Retaliation is an important issue for responders: many SARCs and VAs indicated they believe
more needs to be done by leadership to ensure survivors are free from retaliation and many
SARCs indicated more training on retaliation would be beneficial. The majority of both SARCs
(73%) and VAs (74%) indicated the capability to report retaliation allegations related to
reporting sexual assault through the DoD Safe Helpline would be a useful resource. SARCs and
VAs indicated better guidelines are needed for dealing with retaliation. VAs also indicated they
cannot properly complete their duties when survivors are afraid of reprisal and when there is the
perception that leadership is unwilling to prevent it or punish those who carry out reprisals. The
issue of reprisal against VAs was also raised as something that could be better addressed.

Support to Male Survivors

Although SARCs and VAs were generally positive about the extent to which health care
providers, responders, and commanders meet the needs of male survivors, a little more than half

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[59] http://www.defense.gov/News-Article-View/Article/604562.
[60] SARCs could indicate that allegations were forwarded to more than one authority, hence the totals sum to more
than 100%.

(51%) of SARCs and a little less than half (46%) of VAs indicated male survivors are less likely to be believed by their peers. Responders were often not familiar with resources available to male survivors. A little less than two-thirds of responders were not familiar with the online resources for male survivors, 1in6.org and malesurvivor.org.

SARCs and VAs suggested increasing and modifying current training to be more geared toward male survivors, including using more gender neutral terms when discussing survivors of sexual assault, and inclusion of male speakers at events. There is also a need to remove the stigma of reporting sexual assault for men and this could be helped by increasing the number of VAs and SARCs that are men. Many VAs also indicated they do not have satisfactory guidelines on how to treat male survivors and SARCs indicated that lack of data on male survivors is an issue.

Conducting Prevention Activities

The DoD expanded and provided additional guidance on one of the five Lines of Efforts (LOEs), the Prevention LOE, in its 2014-2016 Sexual Assault Prevention Strategy. The 2014-2016 Sexual Assault Prevention Strategy is an update to the 2008 Strategy and is the culmination of SAPRO's efforts to identify evidence-based prevention practices and lessons learned from its ongoing assessment efforts.

SARCs and VAs across the Services learned about the 2014-2015 Strategy from different sources. Service emails were the most frequently cited source for learning about the 2014-2016 Strategy for both SARCs (54%) and VAs (47%). However, one-tenth (10%) of SARCs and 15% of VAs had not heard about the Strategy at all. Of those who indicated they found out about the Strategy by some "other" means, several found out by simply searching for information online.

SARCs and VAs spend time on prevention during various trainings and activities. Overall, less than half (44%) of responders indicated they spent more than 50% of the mandatory training time (provided to units) on prevention training (53% of SARCs and 43% of VAs). Few (6%) responders indicated they devote none of the mandatory training time to prevention (1% of SARCs and 6% of VAs). Additionally, the majority of responders (85%) indicated they spend at least some of the time during outreach activities on prevention (92% of SARCs and 84% of VAs), at least some of the time during deployment training on prevention (67% overall, 76% of SARCs and 66% of VAs), at least some of the time while facilitating discussion groups on prevention (84% overall, 90% of SARCs and 83% of VAs), and at least some of the time during other training activities on prevention (71% overall, 86% of SARCs and 69% of VAs). In the comments sections on additional training, both SARCs and VAs indicated they also use skits to teach prevention.

When asked how commanders and supervisors support prevention, SARCs were most likely to indicate they do so by holding unit members accountable for preventing sexual assault (82%). SARCs were least likely to indicate they do so by proactively suggesting ideas on prevention to SAPR staff (59%).

Regarding community resources, responders were most likely to indicate they coordinate with the Military Equal Opportunity Program (SARCs 47%; VAs 23%), on-base police (SARCs 47%; VAs 18%) and the on-base family advocacy program (SARCs 47%; VAs 20%). Both SARCs

and VAs were least likely to indicate they coordinate with local civilian police (SARCs 26%; VAs 10%) and local domestic violence centers (SARCs 24%; VAs 10%).

SARCs and VAs were asked if they were familiar with SAPR Connect, the online Community of Practice to collaborate and share ideas to enhance sexual assault prevention programs. Overall, less than half (41%) of responders were familiar with SAPR Connect (48% of SARCs and 40% of VAs).

Of the responders who indicated they were familiar with SAPR Connect, 82% indicated they had visited it at least once in the past 12 months (85% of SARCs; 81% of VAs), 80% indicated they learned something from the online community of practice that helped them improve their sexual assault prevention activities (79% of SARCs; 80% of VAs), 48% indicated they used resources on SAPR Connect to plan and implement the Sexual Assault Awareness Month in April 2015 (43% of SARCs; 49% of VAs), and 34% indicated they participated in webinars at least once in the past 12 months (49% of SARCs; 32% of VAs).

SARCs were asked how frequently commanders supported various events that emphasized sexual assault prevention. Overall, half (50%) of SARCs indicated commanders support outreach activities such as Sexual Assault Awareness Month, Community Relations, or similar events. While many commanders seemed engaged and supportive of the program, some SARCs commented that commanders either only showed up for mandatory training or did the minimum required of them.

SARCs and VAs were asked the frequency with which they experienced various barriers to implementing prevention strategies. Lack of time was the most frequently cited barrier (SARCs 36%; VAs 24%), along with not enough continuing education opportunities to enhance prevention activities (SARCs 33%; VAs 18%), and lack of clear guidance on implementation (SARCs 31%; VAs 18%).

A number of SARCs and VAs indicated they cannot properly fulfill all the duties required of them. Overall, a little less than two-thirds (62%) of responders felt they can adequately address both survivor support and prevention activities (50% of SARCs; 63% of VAs), a little more than one-fifth (22%) of responders felt they have enough time to support survivors, but not all aspects of prevention activities (29% of SARCs; 21% of VAs), 7% of responders felt they have enough time for prevention activities, but not for all aspects of survivor support (6% of SARCs; 7% of VAs), and 9% of responders felt they do not have enough time to address either set of duties adequately (15% of SARCs; 9% of VAs).

As most SARCs have other duties, many spend a significant amount of time on other duties. On average, SARCs indicated they spend 29% of their time in a typical month on other duties not associated with the SAPR program. SARCs spend 26% their time on training and outreach, 18% on survivor assistance, 13% on prevention activities, 12% of their time on other SAPR duties not listed, and 7% of their time entering data in DSAID.

Conclusion

The value of feedback from responders is highlighted by the growth in the program is the past few years. While results from previous surveys are not comparable due to differences in questions, the sheer number of SARCs since 2012 illustrates the emphasis the Department has placed on the SAPR program. In the *2012 QSARC*, DMDC estimated there were 578 SARCs across the Department. That has grown fivefold to an estimated 2,935 SARCs based on the *2015 QSAPR*. The number of VAs, 23,439, is even more remarkable. There is no doubt the Department takes sexual assault prevention and response seriously, dedicating this many responders to supporting the force.

Sexual assault responders have a daunting challenge balancing their time providing quality service to survivors of sexual assault, attending to a myriad of administrative details, and educating Service members and leaders on their SAPR programs. Complicating their tasks is the fact that many responders execute their duties part time. The *2015 QSAPR* provides insights into the work performed by SARCs and VAs across the Services. These are the people on the ground working daily with Service members. While there are many sources of information to evaluate SAPR program effectiveness, the *2015 QSAPR* provides insights from those charged with executing the program.

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Appendix A.
Survey Instrument

Defense Research, Surveys, and Statistics Center (RSSC)
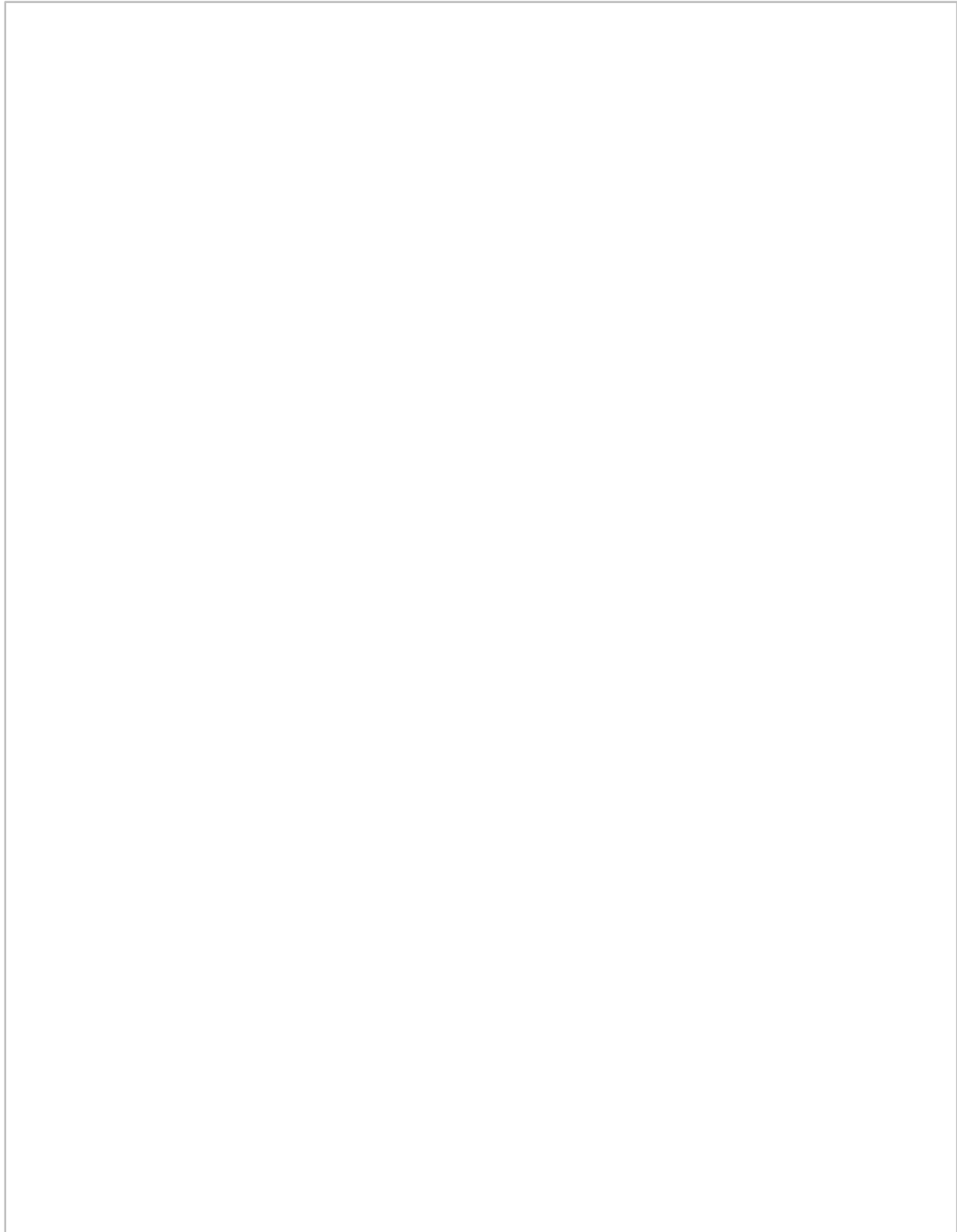
2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

Survey Instrument
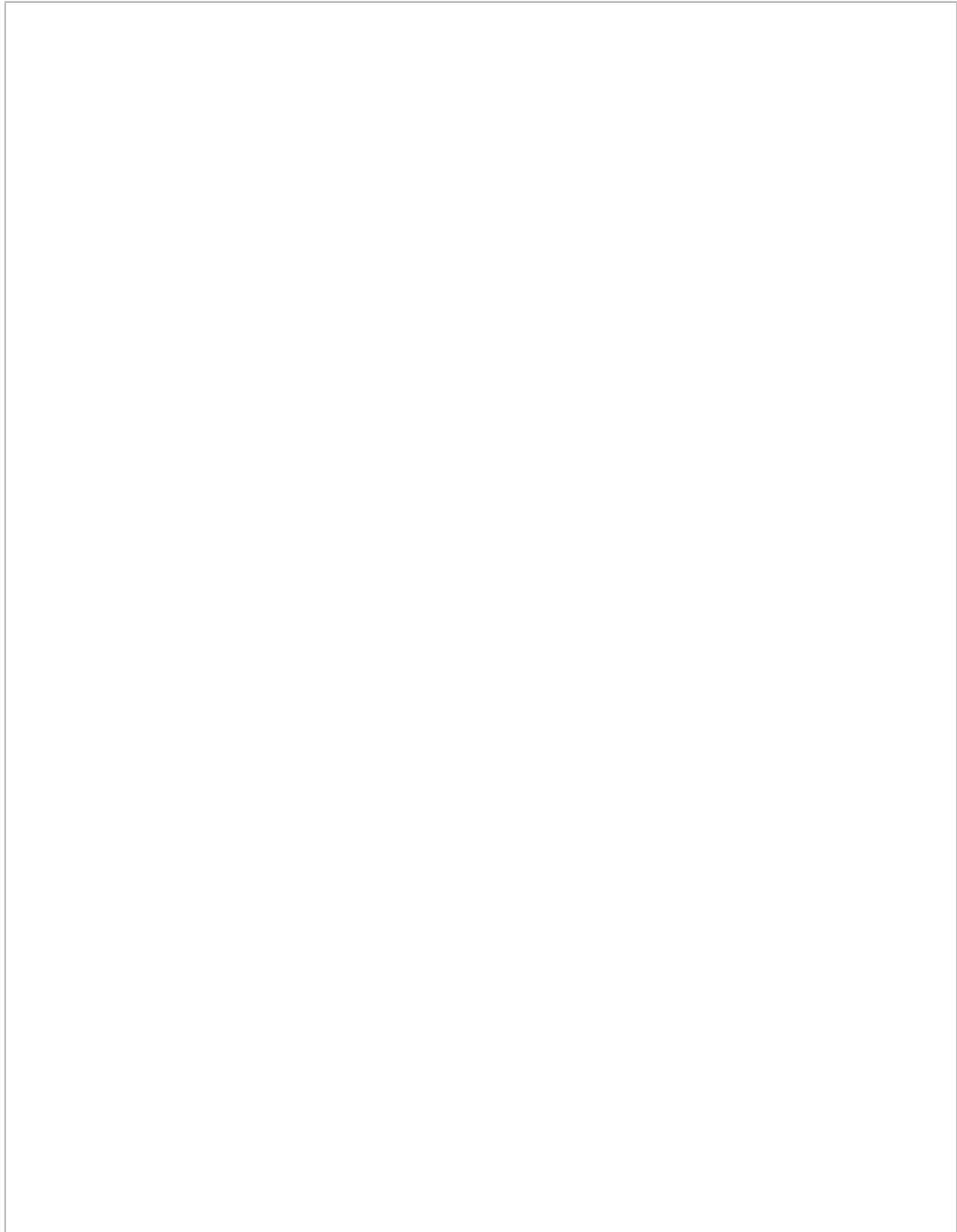
Survey Instrument

Defense Research, Surveys, and Statistics Center (RSSC)

You have reached the redirect page for Department of Defense Research, Surveys, and Statistics Center (RSSC) surveys. You will be redirected to our contractor's web site (a secure .com site run by Data Recognition Corporation) to participate in the survey.

DMDC has set up a telephone line for anyone who wishes to verify the survey's legitimacy. Call DSN 372-1034 from any DoD or other government telephone with DSN for a list of current DMDC surveys. If you do not have access to a DSN telephone line, call 1-571-372-1034. The prerecorded list does not include surveys conducted by agencies other than DMDC.

- Please enter your Ticket Number below, then click the Continue button to access your survey.

  [ ] Continue

- If you are not automatically transferred, click on the link: http://www.dodsurvey.net

To check if you have been selected to participate in the *2015 Workplace and Gender Relations Survey of Reserve Component members (2015 WGRR)* , please click the button below.

Am I in the WGRR Sample?

- Authorities: 10 USC 1782
- Sponsor: Office of the Under Secretary of Defense for Personnel and Readiness
- Report Control Number: DD-P&R(AR)2145
- Contract: M67004-04-D-0018
- Survey Results: http://www.dmdc.osd.mil/surveys (Accessible by CAC/DS Logon)
- Accessibility/Section 508

QuickCompass

2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

Welcome

Security Protection Advisory

RCS# DD-P&R(AR)2145
Exp. 04/09/2016

You have been selected to take a survey about your background, training, and perceptions of your Sexual Assault Prevention and Response (SAPR) program for SAPR-related responders. When you click the *Continue* button below, you will be asked to:

- Create a Personal Identification Number (PIN)
- Read the Privacy Advisory
- Take the survey

Thank you for your time and participation.

Section 508 Compliance
The U.S. Department of Defense is committed to making electronic and information technologies accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act (29 U.S.C. §794d), as amended in 1999. Send feedback or concerns related to the accessibility of this website to: DoDSection508@osd.mil. For more information about Section 508, please visit the DoD Section 508 website. Last Updated: 08/13/2013

[Continue]

PRIVACY ADVISORY

Your name and contact information have been used only for the distribution of this survey. Your responses to the demographic questions will allow DoD to better analyze all responses among varying demographic groups. Responding to this survey is voluntary. Most people can complete the survey in 20 minutes. There is no penalty to you if you choose not to respond. However, maximum participation is encouraged so the data will be complete and representative.

Additional Information

10 United States Code Sections 136 and 2358, and 5 USC, Section 7101, authorize the Department of Defense to conduct this survey. Information collected in this survey will be used to research a variety ofics, including perceptions of how well the Sexual Assault Prevention and Response (SAPR) programs are supported and executed. This information will assist in the formulation of policies which may be needed to improve programs and services for military members and their families. Reports will be provided to the military leaders, the Secretary of Defense, and Congress.

Your responses could be used in future research. Results from these surveys will be posted on the web: http://www.dmdc.osd.mil/surveys/

Your responses will be kept private to the extent permitted by law. This is your chance to be heard on issues that directly affect you. While there is no direct benefit for your individual participation, your responses on this survey *make a difference*.

Identifying information will be used only by government and contractor staff engaged in, and for purposes of, survey research. For example, the research oversight office of the Office of the Under Secretary of Defense (Personnel and Readiness) and representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. In no case will individual identifiable survey responses be reported.

The data collection procedures are not expected to involve any risk or discomfort to you. The only risk to you is accidental or unintentional disclosure of the data you provide. However, the government and its contractors have a number of policies and procedures to ensure the survey data are safe and protected. For example, no identifying information (name, address, e-mail address) is ever stored in the same file as survey responses.

Survey data may be shared with DoD researchers or organizations outside the DoD who are conducting research on DoD personnel. In most cases these researchers will be provided with a dataset containing limited demographic information (for example, Service, paygrade). DMDC performs a disclosure avoidance analysis to reduce the risk of there being a combination of demographic variables which can single out an individual. In rare instances and only with sponsor approval, DMDC may make available datasets with many more demographic variables to a small number of approved researchers. There is some risk individuals might be identified on these datasets; however, DMDC implements several procedures to protect the data. The datasets will only be available in a secure environment where they cannot be downloaded or transferred. Statistical analyses can only be performed after review and approval to ensure identifying information is not released. Access to these datasets will only be allowed on a need-to-know basis with an appropriate memorandum of understanding in place. Researchers will only have access to the dataset to conduct pre-approved analyses within an agreed-upon timeframe. After the time elapses, researchers will no longer have access to the data.

If you answer any items or indicate distress or being upset, etc., you will not be contacted for follow-up purposes.

If you experience any difficulties while taking the survey, please contact the Survey Processing Center by sending an e-mail to DMDC.QCSurvey@mail.mil or calling, 1-800-881-5307. If you have concerns about your rights as a research participant, please contact the OUSD(P&R) Research Regulatory Oversight Office at 703-681-6522/703-681-8320 or e-mail RDHA.R2O2.PR@mail.mil.

Once you start answering the survey, if you desire to withdraw your answers, please notify the Survey Processing Center prior to October 15, 2015. Please include in the e-mail or phone message your name, Ticket Number, and the PIN that you selected when you started this survey. Unless withdrawn, partially completed survey data may be used after that date.

Click *Continue* if you agree to take the survey.

2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

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HOW TO CONTACT US

If you have questions or concerns about this survey, you have three ways to contact the Survey Operations Center:

- **Call:** 1-800-881-5307
- **E-mail:** DMDC.QCSurvey@mail.mil
- **Fax:** 1-763-268-3002

FREQUENTLY ASKED QUESTIONS

What is Defense Manpower Data Center (DMDC)?

DMDC maintains the largest archive of personnel, manpower, training, and financial data in the Department of Defense (DoD). DMDC also conducts Joint-Service surveys including the Status of Forces Surveys, QuickCompass, and Human Relations Surveys for the DoD. To learn more, visit the DMDC website.

http://www.dmdc.osd.mil/

What is the QuickCompass (QC) Program?

QuickCompass (QC) is a DoD personnel program that features web-based surveys sponsored by the Under Secretary of Defense for Personnel and Readiness (USD[P&R]).

These surveys enable DoD to regularly assess the attitudes and opinions of the DoD community; including active duty and Reserve component members on the full range of personnel issues.

How do I know this is an official, approved DoD survey?

In accordance with DoD Instruction 8910.01, all data collection in DoD must be licensed and show that license as a Report Control Symbol (RCS) with an expiration date. The RCS for this survey is RCS# DD-P&R(AR)2145, expiring 04/09/2016.

How did you pick me?

All sexual assault response and prevention (SAPR) certified Sexual Assault Response Coordinators (SARCs) and Victim Advocates (VAs) in the DoD (active duty, National Guard, and civilian) were selected to participate in this study.

Why should I participate?

This is your chance to be heard on issues that directly affect you, including your background, training, and perceptions of your Sexual Assault Prevention and Response (SAPR) program.

Your responses on this survey *make a difference*.

What is DMDC.QCSurvey@mail.mil?

The official e-mail address for communicating with Sexual Assault Response Coordinators (SARCs), Victims' Advocates (VAs), Special Victims' Counsels (SVCs), and Victims' Legal Counsels (VLCs) about QuickCompass (QC). "DMDC.QCSurvey@mail.mil" is short for DMDC QuickCompass Survey.

Why am I being asked to use the web?

Web administration enables us to get survey results to senior Defense leaders faster.

Why are you using a .net instead of a .mil domain to field your survey?

The survey is administered by our contractor, Data Recognition Corporation, an experienced survey operations company. The survey collection tool starts on a .mil site within DMDC. Once you enter your ticket number, you are redirected to a contractor site which uses a .net domain. This allows everyone to access the survey, even from a non-government computer.

Do I have to answer all questions?

No, it is not necessary to answer every question. Within the survey screen, you have four control buttons: *Next Page* (→), *Previous Page* (←), *Clear Responses*, and *Save and Return Later*. Use these buttons to navigate through the survey or skip questions. Use *Save and Return Later* to give yourself flexibility to complete the survey at a convenient time. When you return to the survey website, enter your Ticket Number to get to the place in the survey where you had stopped.

2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

Why does the survey ask personal questions?

DMDC reports overall results, as well as by other characteristics, such as Service, paygrade, etc. To complete these analyses, we must ask respondents for these types of demographic information.

Analyzing results in this way provides Defense leaders information about the attitudes and concerns of all subgroups of personnel so that no groups are overlooked.

Sometimes sensitive questions are asked in order to improve personnel policies, programs, and practices. As with all questions on the surveys, your responses will be held in confidence.

Will my answers be kept private?

Your privacy will be safeguarded in accordance with the Privacy Act of 1974 (Public Law 93-579).

All data will be reported in the aggregate and no individual data will be reported.

We encourage you to safeguard your Ticket Number to prevent unauthorized access to your survey. In addition, to ensure your privacy, be aware of the environment in which you take the survey (e.g., take the survey when no one else is home, take care to not leave the survey unattended).

Can I withdraw my answers once I have started the survey?

If you wish to withdraw your answers, please notify the Survey Processing Center prior to October 15, 2015 by sending an e-mail toDMDC.QCSurvey@mail.mil or calling, toll-free 1-800-881-5307. Include your name and Ticket Number.

Will I ever see the results of the survey?

DMDC posts survey results on the following website:

http://www.dmdc.osd.mil/surveys/

BACKGROUND INFORMATION

In this survey, the use of the title Sexual Assault Response Coordinator (SARC) includes individuals who are certified SARCs and certified Sexual Harassment and Assault Response Prevention (SHARP) Specialists. The use of the title Victim Advocate (VA) includes individuals who are certified VAs and certified Uniformed Victim Advocates (UVAs).

1. **Are you currently serving as a <u>certified</u> Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA)?**
   - ☒ Yes, currently serving
   - ☒ Yes, have served since June 22, 2015, but not currently serving
   - ☒ No, but I served prior to June 22, 2015
   - ☒ No, I have separated or retired since June 22, 2015
   - ☒ Does not apply, I have not served in any of these positions

2. **In which position do you serve?**
   - ☒ Sexual Assault Response Coordinator (SARC)
   - ☒ Victim Advocate (VA)

3. **When you are performing your [SARC] [VA] [SARC or VA] duties, what is your status?**
   - ☒ Active duty military
   - ☒ National Guard/Reserve
   - ☒ DoD or Service civilian employee

4. **[Ask if Q3 = "Active duty military"] Of which Service are you a member?**
   - ☒ Army
   - ☒ Navy
   - ☒ Marine Corps
   - ☒ Air Force

5. **[Ask if Q3 = "National Guard/Reserve"] Of which Reserve component are you a member?**
   - ☒ Army National Guard
   - ☒ Army Reserve
   - ☒ Navy Reserve
   - ☒ Marine Corps Reserve
   - ☒ Air National Guard
   - ☒ Air Force Reserve

6. **[Ask if Q3 = "Active duty military" or Q3 = "National Guard/Reserve"] What is your paygrade?**

☒ E-1	☒ E-6	☒ W-1	☒ O-1/O-1E
☒ E-2	☒ E-7	☒ W-2	☒ O-2/O-2E
☒ E-3	☒ E-8	☒ W-3	☒ O-3/O-3E
☒ E-4	☒ E-9	☒ W-4	☒ O-4
☒ E-5		☒ W-5	☒ O-5
			☒ O-6 or above

7. **[Ask if Q3 = "DoD or Service civilian employee"] For which Department of Defense (DoD) component do you work?**
   - ☒ Army
   - ☒ Navy
   - ☒ Marine Corps
   - ☒ Air Force
   - ☒ DoD Office, Agency, or Field Activity
   - ☒ National Guard Military Dual Status Technician
   - ☒ National Guard Non-Dual Status Technician

8. **[Ask if Q3 = "DoD or Service civilian employee"] What is your paygrade?**
   - ☒ GS 1-4
   - ☒ GS 5-8
   - ☒ GS 9-12
   - ☒ GS/GM 13-15
   - ☒ Senior Executive Service (SES)
   - ☒ Non Appropriated Fund (NAF)
   - ☒ Other

9. **How long have you served in the capacity of [SARC] [VA] [SARC or VA]?**
   - ☒ Less than one year
   - ☒ One year but less than two years
   - ☒ Two or more years

10. **Are you currently deployed as a [SARC] [VA] [SARC or VA]?**
    - ☒ Yes, I am currently deployed as a [SARC] [VA] [SARC or VA]
    - ☒ Yes, I have been previously deployed, but am not currently deployed as a [SARC] [VA] [SARC or VA]
    - ☒ No, I have not been deployed as a [SARC] [VA] [SARC or VA]

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11. [Ask if Q10 = "Yes, I am currently deployed as a [SARC] [VA] [SARC or VA]" or Q10 = "Yes, I have been previously deployed, but am not currently deployed as a [SARC] [VA] [SARC or VA]"] **Prior to deploying as a [SARC] [VA] [SARC or VA], were you trained and given the opportunity to work on issues relating to sexual assault prevention and response to gain experience?**

☒ Yes

☒ No

12. What is the status of the individual who supervises your duties as a [SARC] [VA] [SARC or VA]?

☒ Active duty military

☒ National Guard/Reserve personnel

☒ DoD or Service civilian employee

13. Which of the following best describes your military location/area of operation (i.e., ship, installation, base, post) where you perform your [SARC] [VA] [SARC or VA] duties?

☒ Contiguous United States (CONUS)

☒ Outside the contiguous United States (OCONUS)

☒ At sea

☒ Other

14. How many total individuals do you serve at your military location/area of operation? *Please include all individuals, not just those on your caseload.*

a. Military personnel (including active duty, National Guard, and Reserve members)

b. Civilians (including DoD or Service civilians, contractors, spouses, and dependents)

15. [Ask if Q14b > 0] **In the past 12 months, has** <u>your</u> **client caseload included any of the following civilians?** *Mark one answer for each item.*

	Yes	No	Does not apply
a. DoD or Service civilians	☒	☒	☒
b. DoD or Service contractors	☒	☒	☒
c. Family members (e.g., spouses, dependents)	☒	☒	☒
d. Military dependents under 18 years of age who were sexually assaulted by someone other than a parent or caregiver (e.g., another child, neighbor, coach, etc.)	☒	☒	☒
e. Adult sexual assault victims victimized by someone they are dating (excluding those not living together or had a child together)	☒	☒	☒

16. Are your duties as a [SARC] [VA] [SARC or VA]...

☒ Your sole duty?

☒ Your primary duty, among multiple responsibilities?

☒ A collateral duty?

17. [Ask if Q16 = "Your primary duty, among multiple responsibilities?" or Q16 = "A collateral duty?"] **To what extent do other duties interfere with your duties as a [SARC] [VA] [SARC or VA]?**

☒ Not at all

☒ Small extent

☒ Moderate extent

☒ Large extent

☒ Very large extent

[Ask if (Q16 = "Your primary duty, among multiple responsibilities?" or Q16 = "A collateral duty?") AND (Q17 = "Small extent" or Q17 = "Moderate extent" or Q17 = "Large extent" or Q17 = "Very large extent")] **Please explain how your other duties interfere with your duties as a [SARC] [VA] [SARC or VA].** *Do not include any information that would identify yourself or others.*

POLICY: SAFETY ASSESSMENTS

18. Are safety assessments conducted at your military location/area of operation to determine if there is a high-risk situation affecting victims or other persons?

- ☒ Yes
- ☒ No

19. **[Ask if Q18 = "Yes"]** How frequently do each of the individuals conduct safety assessments at your military location/area of operation? *Mark one answer for each item.*

	Never	Rarely	Sometimes	Often	Very often
a. SARC	☒	☒	☒	☒	☒
b. VA	☒	☒	☒	☒	☒
c. Healthcare provider	☒	☒	☒	☒	☒
d. Law enforcement	☒	☒	☒	☒	☒
e. Other	☒	☒	☒	☒	☒

[Ask if Q18 = "Yes" and (Q19e = "Rarely" or Q19e = "Sometimes" or Q19e = "Often" or Q19e = "Very often")] Please indicate who else conducts safety assessments at your military location/area of operation. *Do not include any information that would identify yourself or others.*

20. To what extent did the training you received on safety assessments adequately prepare you to conduct safety assessments?

- ☒ Does not apply, I have not had training on safety assessments
- ☒ Not at all
- ☒ Small extent
- ☒ Moderate extent
- ☒ Large extent
- ☒ Very large extent

21. In the past 12 months, how many times have you been involved in a High-Risk Response Team (HRRT)? *If you have not been involved in a HRRT, please enter "0".*

[_____] Times

22. **[Ask if Q21 > 0]** What were the high-risk situations? *Mark all that apply.*

- ☒ Victim indicated concern for his/her personal safety
- ☒ Suspect is stalking or has stalked the victim
- ☒ Suspect has access to the victim or the victim's family members
- ☒ Suspect (or the suspect's friends or family members) has threatened to, or has destroyed, the victim's property
- ☒ Suspect threatened injury or attacked the victim or victim's family members
- ☒ Suspect has threatened, attempted, or indicated a plan to commit suicide
- ☒ Suspect sustained a serious injury during the assault
- ☒ Suspect has a history of law enforcement involvement for domestic abuse, sexual assault, or other criminal behavior
- ☒ Suspect has exhibited erratic or obsessive behavior, rage, agitation, or instability
- ☒ Suspect is a flight risk
- ☒ Suspect has a history of drug or alcohol abuse
- ☒ Victim has a history of drug or alcohol abuse
- ☒ Victim has a civilian protective order (CPO) against the suspect
- ☒ Command has a military protective order (MPO) against the suspect
- ☒ Suspect has violated a CPO or MPO
- ☒ Victim has threatened, attempted, or indicated a plan to commit suicide
- ☒ Other

[Ask if Q21 > 0 and Q22 q = "Marked"] What other types of high-risk situation(s) applied to High-Risk Response Team(s) (HRRTs) you worked with in the past year? *Do not include any information that would identify yourself or others.*

23. **[Ask if Q21 > 0]** **Which personnel were part of the High-Risk Response Team(s) (HRRTs)?** *Mark all that apply.*

- ☒ Victim's commander
- ☒ Suspect's commander
- ☒ Victim's SARC
- ☒ Victim's VA
- ☒ Victim's Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC)
- ☒ Criminal investigator
- ☒ Judge Advocate General (JAG) staff
- ☒ Victim Witness Assistance Coordinator
- ☒ Healthcare provider
- ☒ Other personnel who conducted the safety assessment (if different from any of the above)

24. **[Ask if Q21 > 0]** **On average, how long did the High-Risk Response Team(s) (HRRTs) remain in place?**

- ☒ 1-7 days
- ☒ 8-30 days
- ☒ More than 30 days

POLICY: EXPEDITED TRANSFERS

25. **Have you been involved in an expedited transfer of a victim at your military location/area of operation in the past 12 months (e.g., coordinated the transfer, prepared the victim for transfer, received a victim transferred into your organization, etc.)?**

- ☒ Yes
- ☒ No

26. **[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and Q25 = "Yes"]** **Did you notify the SARC(s) receiving the expedited transfer(s)?**

- ☒ Yes, in all cases
- ☒ Yes, but not in all cases
- ☒ No
- ☒ Does not apply, I have only received expedited transfer(s)
- ☒ Does not apply, I maintained oversight of the victim(s)

27. **[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and Q25 = "Yes" and (Q26 = "Yes, in all cases" or Q26 = "Yes, but not in all cases")]** **Did you have the victim's consent to notify the SARC(s) receiving the expedited transfer?**

- ☒ Yes, in all cases
- ☒ Yes, but not in all cases
- ☒ No

28. **[Ask if Q25 = "Yes"]** **Do you know whether the victim's commander contacted the new commander receiving the expedited transfer?**

- ☒ Yes, in all cases
- ☒ Yes, but not in all cases
- ☒ No, not in any cases
- ☒ Don't know

29. **[Ask if Q25 = "Yes"]** **For those victims who you assisted with an expedited transfer, what is your general impression of the impact that the transfer had on their well-being?**

- ☒ The expedited transfer seemed helpful for them
- ☒ The expedited transfer was neither helpful nor unhelpful for them
- ☒ The expedited transfer seemed unhelpful for them
- ☒ I am not able to form an impression

POLICY: CASE MANAGEMENT GROUPS (CMG)

30. **[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"]** **How effective is your Case Management Group (CMG) in resolving issues at your installation?**

- ☒ Very effective
- ☒ Effective
- ☒ Neither effective nor ineffective
- ☒ Ineffective
- ☒ Very ineffective

[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and (Q30 = "Neither effective nor ineffective" or Q30 = "Ineffective" or Q30 = "Very ineffective")] **What recommendations do you have to improve the Case Management Group (CMG)?** *Do not include any information that would identify yourself or others.*

31. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"] **Who chairs the Case Management Group (CMG) at your installation?** *Mark all that apply.*

☒ Installation commander

☒ Deputy installation commander

☒ Other

32. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"] **Does the Case Management Group (CMG) Chair ask if members of the CMG are aware of any retaliation from reporting that were experienced by the following individuals?** *Mark "Yes" or "No" for each item.*

	Yes	No
a. Victims	☒	☒
b. SARCs and/or VAs	☒	☒
c. Bystanders	☒	☒
d. Other responders	☒	☒

33. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and (Q32 a = "Yes" or Q32 b = "Yes" or Q32 c = "Yes" or Q32 d = "Yes")] **Were allegations of potential retaliation forwarded to an authority who could take action?**

☒ Yes

☒ No, at the request of the victim, the report(s) was not forwarded

☒ No, but for some other reason (i.e., not as a result of victim request)

☒ Not sure

34. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and (Q32 a = "Yes" or Q32 b = "Yes" or Q32 c = "Yes" or Q32 d = "Yes") and Q33 = "Yes"] **Which of the following authorities were notified of the allegations of potential retaliation?** *Mark all that apply.*

☒ Inspector General

☒ Military Criminal Investigation Organization (e.g., CID, NCIS, OSI)

☒ Military Equal Opportunity

☒ Command team

☒ Not sure

☒ Other

[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and (Q32 a = "Yes" or Q32 b = "Yes" or Q32 c = "Yes" or Q32 d = "Yes") and Q33 = "Yes" and Q34 f = "Marked"] **What other authority was notified of the allegations of potential retaliation?** *Do not include any information that would identify yourself or others.*

POLICY: VICTIM ASSISTANCE

35. **Does your local Sexual Assault Prevention and Response (SAPR) program have clear procedures for...** *Mark one answer for each item.*

	Yes	No	Don't know	Not applicable
a. Handling cases in a joint operating environment?	☒	☒	☒	☒
b. Handling cases involving foreign nationals?	☒	☒	☒	☒
c. Handling cases involving civilians (DoD civilian employees, dependents)?	☒	☒	☒	☒
d. Handling cases involving contractors?	☒	☒	☒	☒
e. Handling cases involving visiting personnel, such as trainees, National Guard, and Reserve members?	☒	☒	☒	☒
f. Ensuring victims' safety when handling cases?	☒	☒	☒	☒
g. Ensuring SARCs' and VAs' personal safety when handling a case?	☒	☒	☒	☒

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	Yes	No	Don't know	Not applicable
h. Obtaining a military protective order (MPO)?	☒	☒	☒	☒
i. Obtaining a civilian protective order (CPO)?	☒	☒	☒	
j. Making a Special Victims' Counsel/Victims' Legal Counsel (SVC/VLC) available?	☒	☒	☒	
k. Providing expedited transfers?	☒	☒	☒	
l. Ways to report retaliation?	☒	☒	☒	
m. The availability of defense counsel if they believe there is evidence of collateral misconduct?	☒	☒	☒	
n. Handing off cases to the SARC at the victim's next duty location or National Guard home state location?	☒	☒	☒	
o. Advising Reserve component victims of the resources available for continued care from the home station SARC once off T10 orders?	☒	☒	☒	

	Very large extent	Large extent	Moderate extent	Small extent	Not at all	Not applicable
h. Alcohol and Drug Program counselors	☒	☒	☒	☒	☒	☒
i. Special Victims' Counsels/ Victims' Legal Counsels (SVCs/VLCs)	☒	☒	☒	☒	☒	☒
j. Healthcare providers	☒	☒	☒	☒	☒	☒
k. Judge Advocate General (JAG) Staff	☒	☒	☒	☒	☒	☒
l. Family Assistance Program (FAP) managers	☒	☒	☒	☒	☒	☒
m. Sexual Assault Medical Forensic Examiners (SAMFEs)	☒	☒	☒	☒	☒	☒
n. Victim Witness Assistance Coordinators (VWAC)	☒	☒	☒	☒	☒	☒

36. To what extent do the following personnel support victim assistance efforts at your military location/area of operation? *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not at all	Not applicable
a. Flag officers	☒	☒	☒	☒	☒	☒
b. O4-O6 commanders	☒	☒	☒	☒	☒	☒
c. Commanders O3 and below	☒	☒	☒	☒	☒	☒
d. E7-E9 non-commissioned officers	☒	☒	☒	☒	☒	☒
e. E4-E6 non-commissioned officers	☒	☒	☒	☒	☒	☒
f. Chaplains and/or chaplain staff	☒	☒	☒	☒	☒	☒
g. Military criminal investigators (e.g., CID, NCIS, OSI)	☒	☒	☒	☒	☒	☒

[Ask if Q36a = "Not at all" OR Q36a = "Small extent" OR Q36b = "Not at all" OR Q36b = "Small extent" OR Q36c = "Not at all" OR Q36c = "Small extent" OR Q36d = "Not at all" OR Q36d = "Small extent" OR Q36e = "Not at all" OR Q36e = "Small extent" OR Q36f = "Not at all" OR Q36f = "Small extent" OR Q36g = "Not at all" OR Q36g = "Small extent" OR Q36h = "Not at all" OR Q36h = "Small extent" OR Q36i = "Not at all" OR Q36i = "Small extent" OR Q36j = "Not at all" OR Q36j = "Small extent" OR Q36k = "Not at all" OR Q36k = "Small extent" OR Q36l = "Not at all" OR Q36l = "Small extent" OR Q36m = "Not at all" OR Q36m = "Small extent" OR Q36n = "Not at all" OR Q36n = "Small extent"] **For the personnel you marked as "Small extent" or "Not at all" in the previous question, please explain how each could improve their victim assistance efforts.** *Do not include any information that would identify yourself or others.*

37. Where do you go to find updates to Sexual Assault Prevention and Response (SAPR) policy? *Mark all that apply.*

☒ SAPR.mil

☒ Service SAPR websites

☒ Service emails

☒ Service meetings

☒ Conferences

☒ Trainings

☒ Other

[Ask if Q37 g = "Marked"] **Please specify how else you receive Sexual Assault Prevention and Response (SAPR) policy updates.** *Do not include any information that would identify yourself or others.*

_____

PREVENTION: 2014-2016 DOD SEXUAL ASSAULT PREVENTION STRATEGY

38. How did you learn about the DoD Sexual Assault Prevention Strategy released in May 2014? *Mark all that apply.*

☒ Does not apply, I have not heard about it

☒ SAPR.mil

☒ Service Sexual Assault Prevention and Response (SAPR) websites

☒ Service emails

☒ Service meetings

☒ Other

[Ask if Q38 f = "Marked"] **Please specify the other way in which you learned about the DoD Sexual Assault Prevention Strategy released in May 2014.** *Do not include any information that would identify yourself or others.*

_____

39. To what extent do you perform activities in each of the major areas of the 2014-2016 DoD Sexual Assault Prevention Strategy? *Mark one answer for each item.*

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Accountability	☒	☒	☒	☒	☒
b. Communication	☒	☒	☒	☒	☒
c. Community Involvement	☒	☒	☒	☒	☒
d. Deterrence	☒	☒	☒	☒	☒
e. Education and Training	☒	☒	☒	☒	☒
f. Harm Reduction	☒	☒	☒	☒	☒
g. Incentives to Promote	☒	☒	☒	☒	☒
h. Leadership Involvement	☒	☒	☒	☒	☒
i. Organizational Support	☒	☒	☒	☒	☒
j. Peer to Peer Mentorship	☒	☒	☒	☒	☒

40. In the past 12 months, how much time have you devoted to teaching prevention of sexual assault in the following trainings? *Mark one answer for each item.*

	Not applicable	None of the training time	Less than 25% of the training time	25-50% of the training time	More than 50% of the training time
a. Mandatory training (provided to the units)	☒	☒	☒	☒	☒
b. Outreach activities (e.g., Sexual Assault Awareness and Prevention Month [SAAPM], community relations, or similar events)	☒	☒	☒	☒	☒
c. Deployment training	☒	☒	☒	☒	☒
d. Facilitated Discussion Groups	☒	☒	☒	☒	☒
e. Other	☒	☒	☒	☒	☒

2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

[Ask if Q40 e = "Less than 25% of the training time" or Q40 e = "25-50% of the training time" or Q40 e = "More than 50% of the training time"] **Please specify what other training you have taught on the prevention of sexual assault.** *Do not include any information that would identify yourself or others.*

41. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"] **Do you agree or disagree that commanders and supervisors at your military location/area of operation support prevention in the following ways?** *Mark one answer for each item.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Through discussions during multiple training efforts	☒	☒	☒	☒	☒
b. Through discussions during leadership meetings	☒	☒	☒	☒	☒
c. By holding unit members accountable for preventing sexual assault	☒	☒	☒	☒	☒
d. By providing adequate time, manpower, and resources to Sexual Assault Prevention and Response (SAPR) programs	☒	☒	☒	☒	☒
e. By proactively suggesting ideas on prevention to SAPR staff	☒	☒	☒	☒	☒

PREVENTION: SPECIFIC COMPONENTS OF STRATEGY

42. **In the past 12 months, how frequently have you collaborated with the following community resources to enhance sexual assault prevention at your military location/area of operation?** *Mark one answer for each item.*

	Never	Rarely	Sometimes	Often	Very often
a. Local rape crisis center	☒	☒	☒	☒	☒
b. Local civilian police	☒	☒	☒	☒	☒
c. Local domestic violence shelter	☒	☒	☒	☒	☒
d. Local civilian health agencies	☒	☒	☒	☒	☒
e. On-base alcohol and drug abuse prevention programs	☒	☒	☒	☒	☒
f. Military Equal Opportunity Program	☒	☒	☒	☒	☒
g. On-base Family Advocacy Program (FAP)	☒	☒	☒	☒	☒
h. On-base police	☒	☒	☒	☒	☒
i. Other	☒	☒	☒	☒	☒

[Ask if Q42 i = "Rarely" or Q42 i = "Sometimes" or Q42 i = "Often" or Q42 i = "Very often"] **Please specify the other community resource(s) you have collaborated with to enhance sexual assault prevention at your military location/area of operation.** *Do not include any information that would identify yourself or others.*

DoD SAPR Connect is an online community of practice (CoP) to collaborate and share ideas to enhance sexual assault prevention programs. SAPR Connect serves as a community for uniform and civilian members of the DoD to share prevention-related resources, videos, articles, and discussions in a collaborative online environment. The CoP is also home to recorded quarterly webinars hosted by the DoD Sexual Assault Prevention and Response Office (SAPRO), featuring a wide variety of topics such as peer mentoring programs and use of apps in prevention. While the webinars are hosted live, the video, presentation, and other materials are available for SAPR Connect members to view anytime once uploaded. SARCs and SAPR VAs can participate in the webinars to fulfill continuing education credits for the Defense Sexual Assault Advocate Certification Program (D-SAACP).

43. Are you familiar with SAPR Connect?

☒ Yes

☒ No

44. [Ask if Q43 = "Yes"] **In the past 12 months, how often have you...** *Mark one answer for each item.*

	Not at all	Once or twice	Quarterly	Monthly	Weekly
a. Visited the SAPR Connect online community of practice?	☒	☒	☒	☒	☒
b. Learned something from the SAPR Connect online community of practice that helped you improve your sexual assault prevention activities?	☒	☒	☒	☒	☒

45. [Ask if Q43 = "Yes"] **Did you use resources from the SAPR Connect online community of practice to plan and implement Sexual Assault Awareness Month (April 2015)?**

☒ Yes

☒ No

46. [Ask if Q43 = "Yes"] **In the past 12 months, have you participated in SAPR Connect webinars?**

☒ Yes, once

☒ Yes, more than once

☒ No

47. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"] **In the past 12 months, how frequently have commanders you support participated in the following events that emphasized sexual assault prevention?** *Mark one answer for each item.*

	Never	Rarely	Sometimes	Often	Very often
a. Town Hall meetings	☒	☒	☒	☒	☒
b. Outreach activities (e.g., Sexual Assault Awareness and Prevention Month [SAAPM], Community relations, or similar events)	☒	☒	☒	☒	☒
c. Commanders' calls	☒	☒	☒	☒	☒
d. Commander's sections in base newspapers or the base cable channel	☒	☒	☒	☒	☒
e. Other	☒	☒	☒	☒	☒

[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and (Q47 e = "Rarely" or Q47 e = "Sometimes" or Q47 e = "Often" or Q47 e = "Very often")] **Please specify the other event(s) that commanders you support have participated in that emphasized sexual assault prevention.** *Do not include any information that would identify yourself or others.*

48. In the past 12 months, how often have you faced the following barriers or challenges in implementing the elements of the DoD Sexual Assault Prevention Strategy? *Mark one answer for each item.*

	Never	Rarely	Sometimes	Often	Very often
a. Commander resistance	☒	☒	☒	☒	☒
b. Lack of resources	☒	☒	☒	☒	☒
c. Lack of time	☒	☒	☒	☒	☒
d. Lack of clear guidance on implementation	☒	☒	☒	☒	☒

2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

	Never	Rarely	Sometimes	Often	Very often
e. No community resources available	☒	☒	☒	☒	☒
f. Not enough continuing education opportunities to enhance prevention activities	☒	☒	☒	☒	☒

PREVENTION VERSUS OTHER DUTIES

49. Do you feel you have enough time to adequately address both victim support needs and prevention activities? *Select the statement that best describes balancing your duties.*

☒ I can adequately address both victim support and prevention activities

☒ I have time to support victims, but not all aspects of prevention activities

☒ I have time for prevention activities, but not for all aspects of victim support

☒ I do not have time to address either one adequately

50. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"] **What portion of your time in a typical month do you spend on the following duties?** *Please divide the time up so all percentages add to 100%.*

a. Victim assistance — ___ %

b. Training and outreach — ___ %

c. Prevention activities (excluding training and outreach) — ___ %

d. Entering data in the Defense Sexual Assault Incident Database (DSAID) — ___ %

e. Other Sexual Assault Prevention and Response (SAPR) duties not listed above — ___ %

f. Other duties not associated with the SAPR program — ___ %

VICTIM ASSISTANCE

DoD Safe Helpline provides crisis support to members of the DoD community who are victims of sexual assault, consistent with DoD SAPR Policy. Users can access anonymous and confidential services 24/7 worldwide, through click, call, or text. Safe HelpRoom offers survivors peer support in a moderated and secure online chat. Safe Helpline's free mobile app allows users to create self-care plans. More information can be found at SafeHelpline.org.

51. With regard to the DoD Safe Helpline (SHL), to what extent... *Mark one answer for each item.*

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Are you familiar with the DoD SHL resources available?	☒	☒	☒	☒	☒
b. Do you educate commanders and supervisors on the use of the DoD SHL?	☒	☒	☒	☒	☒
c. Do commanders and supervisors promote the use of the DoD SHL within their units?	☒	☒	☒	☒	☒
d. Do you use outreach materials, such as posters, brochures, and magnets to promote the use of the DoD SHL?	☒	☒	☒	☒	☒
e. Do you use the DoD SHL at your military location/ area of operation?	☒	☒	☒	☒	☒

52. To what extent would the following resources be helpful to victims if made available through the DoD Safe Helpline (SHL)? *Mark one answer for each item.*

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Capability to accept a restricted report with the option for SARC notification	☒	☒	☒	☒	☒
b. Capability to accept an unrestricted report with notification to the SARC	☒	☒	☒	☒	☒

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DMDC

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
c. Access to short-term counseling............................	☒	☒	☒	☒	☒
d. DoD SHL services offered in Spanish.............................	☒	☒	☒	☒	☒
e. Capability to report retaliation related to reporting sexual assault.........	☒	☒	☒	☒	☒
f. Other......................................	☒	☒	☒	☒	

[Ask if Q52 f = "Small extent" or Q52 f = "Moderate extent" or Q52 f = "Large extent" or Q52 f = "Very large extent"] **Please specify other resources that would be helpful to victims if made available through the DoD Safe Helpline (SHL).** *Do not include any information that would identify yourself or others.*

[   ]

53. Are group counseling resources available for victims of sexual assault... *Mark one answer for each item.*

	Yes	No	Not applicable
a. At your military location/area of operation?..	☒	☒	☒
b. Outside of your military location/ area of operation through assessment and referrals to private practice providers?	☒	☒	☒

Safe HelpRoom is a group chat service that allows survivors to connect in a moderated and secure online environment during scheduled sessions at SafeHelpline.org.

54. Are you familiar with Safe HelpRoom?

☒ Yes

☒ No

55. [Ask if Q54 = "Yes"] **Have you referred victims of sexual assault to the Safe HelpRoom?**

☒ Yes

☒ No

56. To what extent has the Defense Sexual Assault Advocate Certification Program (D-SAACP)... *Mark one answer for each item.*

	No basis to judge	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Increased the quality of victim assistance at your military location/area of operation?..............	☒	☒	☒	☒	☒	☒
b. Enhanced your skills in working with victims?...........	☒	☒	☒	☒	☒	☒
c. Increased the skills of the VAs at your military location/area of operation in working with victims?..................	☒	☒	☒	☒	☒	☒
d. Led to increased victims' trust and confidence in the reporting process?	☒	☒	☒	☒	☒	☒
e. Led to increased Service members' overall confidence in the reporting process?	☒	☒	☒	☒	☒	☒
f. Standardized victim assistance?............	☒	☒	☒	☒	☒	☒
g. Professionalized victim advocacy in military settings?................	☒	☒	☒	☒	☒	☒

57. To what extent are you being kept up-to-date by your Service Sexual Assault Prevention and Response (SAPR) leadership on new initiatives related to the... *Mark one answer for each item.*

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. DoD Safe Helpline (SHL)?	☒	☒	☒	☒	☒
b. Defense Sexual Assault Advocate Certification Program (D-SAACP)?	☒	☒	☒	☒	☒

58. Have you been informed about the March 2015 revision of the Defense Sexual Assault Advocate Certification Program (D-SAACP) Application (DD Form 2950)?

☒ Yes

☒ No

59. Does your chain of command support your requests to gain the required hours of continuing education training throughout the two years of certification?

☒ Yes

☒ No

60. What recommendations do you have to improve the Defense Sexual Assault Advocate Certification Program (D-SAACP)? *Do not include any information that would identify yourself or others.*

> [blank response box]

61. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"] Will your VAs gain enough time and experience to progress to a higher certification level upon renewal?

☒ Yes

☒ No

[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and Q61 = "No"] Please specify why your VAs will not gain enough time and experience to progress to a higher certification level upon renewal. *Do not include any information that would identify yourself or others.*

> [blank response box]

62. [Ask if Q2 = "Sexual Assault Response Coordinator (SARC)" and Q61 = "No"] What is the current level of certification of the majority of the VAs at your military location/area of operation?

☒ Level I

☒ Level II

☒ Level III

☒ Level IV

Special Victims' Counsels (SVCs) and Victims' Legal Counsels (VLCs) provide legal support for victims of sexual assault that includes legal advice and guidance, and maintains a victim's confidentiality. A victim can access this support whether they file a restricted or unrestricted report. These lawyers have experience trying cases in both military and civilian trials. They understand the legal process and are able to guide victims as a perpetrator is brought to trial.

63. With regard to Special Victims' Counsels/Victims' Legal Counsels (SVCs/VLCs), to what extent... *Mark one answer for each item.*

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Do you understand the role of SVCs/VLCs?	☒	☒	☒	☒	☒
b. Have you interacted with a SVC/VLC on a case in the past 12 months?	☒	☒	☒	☒	
c. Do SVCs/VLCs provide in-person services to victims at your military location/area of operation?	☒	☒	☒	☒	
d. Are SVCs/VLCs a valuable resource to victims at your military location/area of operation?	☒	☒	☒	☒	
e. Are SVCs/VLCs readily available for victims?	☒	☒	☒	☒	
f. Is the role of SVCs/VLCs understood by commanders and supervisors?	☒	☒	☒	☒	☒

64. What recommendations do you have to improve victim assistance? *Do not include any information that would identify yourself or others.*

> [blank response box]

65. With regard to male victims of sexual assault, to what extent... *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not at all	Not sure
a. Do your programs meet the specific needs of male victims?..................	☒	☒	☒	☒	☒	☒
b. Do commanders support prevention programs addressing bullying and hazing?..................	☒	☒	☒	☒	☒	☒
c. Do current policies and programs provide sufficient guidance for supporting male victims?..................	☒	☒	☒	☒	☒	☒
d. Do healthcare providers meet the unique needs of male victims?..................	☒	☒	☒	☒	☒	☒
e. Do responders (e.g., military investigators, lawyers, healthcare providers) sensitively provide an appropriate response to male victims?.........	☒	☒	☒	☒	☒	☒
f. Do you think male victims are less likely to be believed by their peers?....................	☒	☒	☒	☒	☒	☒

66. How familiar are you with the following resources? *Mark one answer for each item.*

	Extremely familiar	Very familiar	Somewhat familiar	Slightly familiar	Not at all familiar
a. 1in6.org..................................	☒	☒	☒	☒	☒
b. malesurvivor.org	☒	☒	☒	☒	☒

67. What recommendations do you have to improve response to the needs of male victims of sexual assault? *Do not include any information that would identify yourself or others.*

68. To what extent do you... *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not at all	Not applicable
a. Work with agencies from other Services?......	☒	☒	☒	☒	☒	☒
b. Provide support to victims who are members of another Service?................	☒	☒	☒	☒	☒	☒
c. Experience conflicting guidance from other Services?......	☒	☒	☒	☒	☒	☒
d. Experience different levels of support from commanders in other Services you support?	☒	☒	☒	☒	☒	☒

2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

69. **[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"]** **To what extent do you use the Defense Sexual Assault Incident Database (DSAID) for...** *Mark one answer for each item.*

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Tracking cases for reporting purposes?	☒	☒	☒	☒	☒
b. Organizing data for each case?	☒	☒	☒	☒	☒
c. Case management activities?	☒	☒	☒	☒	☒
d. Victim advocacy activities?	☒	☒	☒	☒	☒
e. Sexual assault prevention activities?	☒	☒	☒	☒	☒
f. Managing training?	☒	☒	☒	☒	☒
g. Tracking victims' locations?	☒	☒	☒	☒	☒
h. Managing resources?	☒	☒	☒	☒	☒
i. Records management?	☒	☒	☒	☒	☒

70. **[Ask if Q2 = "Sexual Assault Response Coordinator (SARC)"]** **What recommendations do you have to improve the use of the Defense Sexual Assault Incident Database (DSAID) in managing the Sexual Assault Prevention and Response (SAPR) program at your military location/area of operation?** *Do not include any information that would identify yourself or others.*

SELF-ASSESSMENT

71. **When performing your [SARC] [VA] [SARC or VA] duties, to what extent do you...** *Mark one answer for each item.*

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Apply the Sexual Assault Prevention and Response (SAPR) program to aid victims of sexual assault?	☒	☒	☒	☒	☒
b. Demonstrate awareness of the impact of sexual assault on victims?	☒	☒	☒	☒	☒
c. Respond to victims' reports and manage crises effectively?	☒	☒	☒	☒	☒
d. Coordinate services and advocate for victims?	☒	☒	☒	☒	☒
e. Prepare communications about the program?	☒	☒	☒	☒	☒
f. Experience ethical dilemmas in conducting the program?	☒	☒	☒	☒	☒
g. Conduct prevention activities?	☒	☒	☒	☒	☒
h. Facilitate education and training?	☒	☒	☒	☒	☒
i. Manage or help manage the SAPR program?	☒	☒	☒	☒	☒

TAKING THE SURVEY

72. **Thank you for participating in the survey. There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place. Any comments you make on this questionnaire will be kept confidential. Do not include any personally identifiable information (PII) in your comments. However, if DMDC or its data collection contractor perceive comments as a direct threat to yourself or others, out of concern for your welfare, DMDC may contact an office in your area for appropriate action. Your feedback is useful and appreciated.**

2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders

73. [Ask if Q1 = "No, but I have served prior to June 22, 2015" or Q1 = "No, I have separated or retired since June 22, 2015" or Q1 = "Does not apply, I have not served in any of these positions"] **Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s).**

To submit your answers click *Submit.* **For further help, please call our Survey Processing Center toll-free at 1-800-881-5307, e-mail DMDC.QCSurvey@mail.mil, or send fax to 1-763-268-3002.**

Defense Research, Surveys,
and Statistics Center (RSSC)
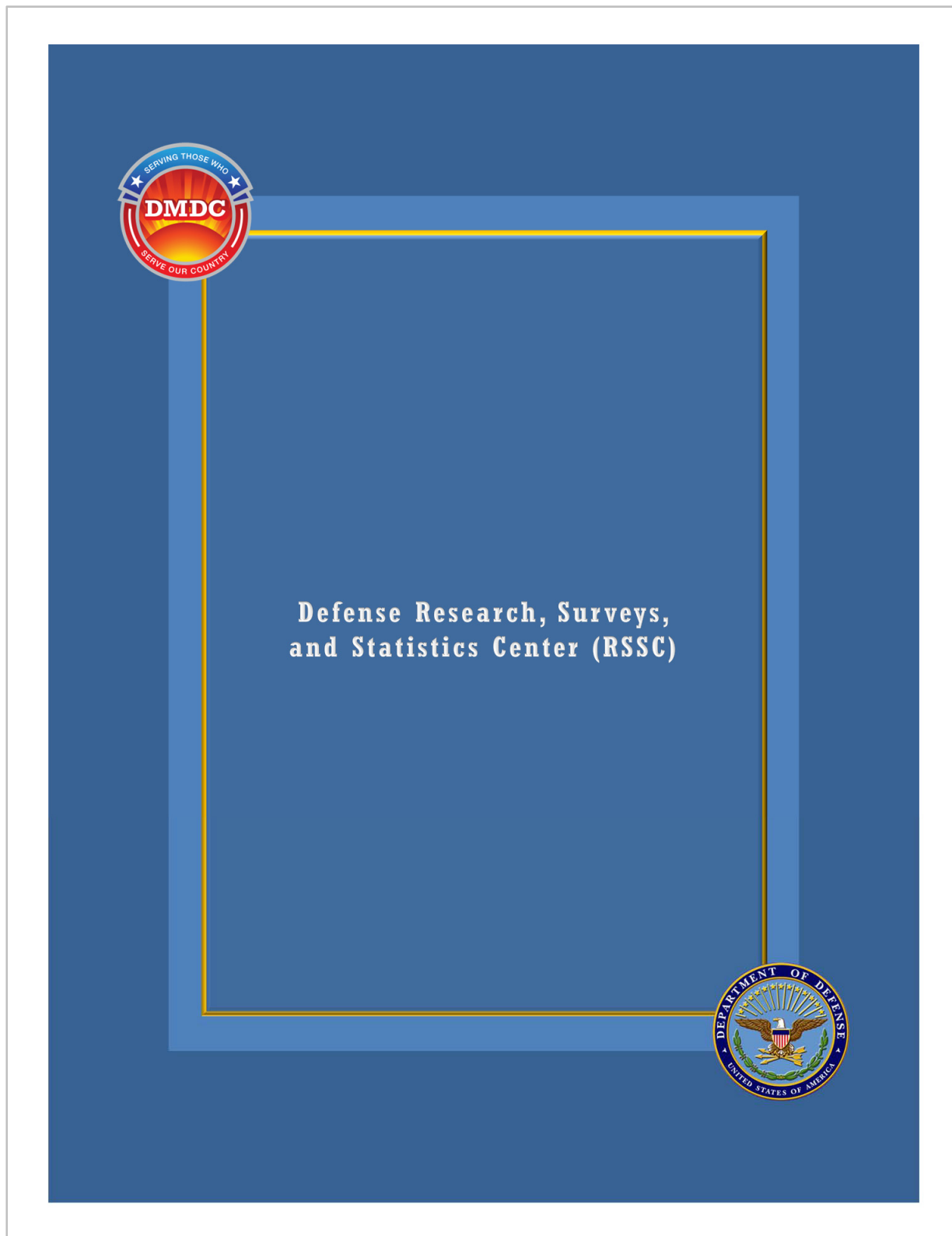
Appendix B.
Frequently Asked Questions

Frequently Asked Questions

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Frequently Asked Questions

2015 QuickCompass of Sexual Assault Responders

Defense Research, Surveys, and Statistics Center (RSSC)

Defense Manpower Data Center (DMDC)

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The Defense Manpower Data Center (DMDC) Research, Surveys, and Statistics Center (RSSC) uses scientific state of the art statistical techniques to draw conclusions from populations within the purview of the Department of Defense (DoD), such as active duty and Reserve components. To construct estimates for the *2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders (2015 QSAPR)*, DMDC used complex sampling and weighting procedures to ensure accuracy of estimates to the populations of Sexual Assault Response Coordinators (SARCs) and Sexual Assault Prevention and Response (SAPR) Victims' Advocates (SAPR VAs). The following details some common questions about our methodology as a whole and the *2015 QSAPR* specifically.

B.1.1 What was the population of interest for the 2015 QuickCompass of Sexual Assault Prevention and Response (SAPR) Related Responders (2015 QSAPR)?

The population of interest for the *2015 QSAPR* consisted of Sexual Assault Response Coordinators (SARCs) and Sexual Assault Prevention and Response Victims' Advocates (SAPR VAs). DoD Instruction (DoDI) 6495.02, *Sexual Assault Prevention and Response (SAPR) Program Procedures*, defines these specialized positions. Their broad purpose is to provide dedicated support to survivors of sexual assault providing guidance and advocacy for survivors in gaining the medical, psychological, and legal services to which they are entitled. They provide support from initial response throughout the care and recovery process.

B.1.2 Why did you survey this population?

It is critical to the DoD Sexual Assault Prevention and Response Office (SAPRO) and Service SAPR officials to understand how responders are trained for their position and their perceptions of how well their program is supported and executed. Because the SAPR program is now a few years old, regular assessment of the opinions of responders is critical to understanding both their view of the resources required to run the program and how well they are supporting the objectives of the program. As the providers of dedicated support to survivors of sexual assault, SARCs and SAPR VAs have unique perspectives on program effectiveness that is tapped by *2015 QSAPR*.

B.1.3 How did you identify SARCs and SAPR VAs to participate in 2015 QSAPR?

Potential participants were identified through the Department of Defense Sexual Assault Advocate Certification Program (D-SAACP). The National Defense Authorization Act for Fiscal Year 2012 requires both SARCs and SAPR VAs to be certified through D-SAACP. The

certification process involves detailed training in SAPR programs and all SARCs and VAs earn 32 continuing education credits every two years in order to maintain certification. The *2015 QSAPR* was a census of all SARCs and SAPR VAs who were active duty, National Guard/Reserve members, or DoD civilian employees, in the Army, Navy, Marine Corps, Air Force, or DoD agencies. The Sexual Assault Prevention Response Office (SAPRO) provided RSSC a list of certified SARCs and VAs in the D-SAACP who were certified as of June 22, 2015.

B.1.4 Why did you perform a census of certified SARCs and SAPR VAs?

DMDC concluded that the population of SARCs and SAPR VAs is growing and subject to change as Service members transfer and transition. This conclusion is based on prior survey experience and discussions with SAPRO and Service SAPR program offices. DMDC also concluded that statistically meaningful results required sufficient numbers of responders in various subgroups (e.g., SARCs by Service). Given the estimated number of SARCs and SAPR VAs, and anticipated response rates from prior surveys, only a census would provide sufficient numbers of responders.

B.1.5 DMDC uses "sampling" and "weighting" for their scientific surveys. Why are these methods used and what do they do?

Simply stated, sampling and weighting allows for data, based on a sample, to be generalized accurately up to the total population. While *2015 QSAPR* was a census, not everyone responds. Statistical weighting techniques are applied to the responders, to adjust for nonresponse, in order to generalize to the population. This methodology meets industry standards used by government statistical agencies including the Census Bureau, Bureau of Labor Statistics, National Agricultural Statistical Service, National Center for Health Statistics, and National Center for Education Statistics. DMDC subscribes to the survey methodology best practices promoted by the American Association for Public Opinion Research (AAPOR).[61] The weighting produces survey estimates of population totals, proportions, and means (as well as other statistics) that are representative of their respective populations. Unweighted survey data, in contrast, are likely to produce biased estimates of population statistics.

B.1.6 How did you determine the population for weighting purposes?

The population for *2015 QSAPR* was provided by SAPRO as of June 22, 2015 and consisted of 32,106 certified SAPR responders: 1,868 SARCs and 30,034 SPR VAs (204 did not have their position listed) across active duty, National Guard/Reserve, and DoD civilian populations. Estimates in the results reflect the population as of June 22, 2015.

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[61] AAPOR's "Best Practices" state that, "virtually all surveys taken seriously by social scientists, policy makers, and the informed media use some form of random or probability sampling, the methods of which are well grounded in statistical theory and the theory of probability" (http://aapor.org/Best_Practices1/4081.htm#best3). DMDC has conducted surveys of the military and DoD community using stratified random sampling for 20 years.

B.1.7 How accurately did the sample match the results?

DMDC does not have the ability to assess how effectively the sampling frame covers the target population. In *2015 QSAPR*, responders were asked to self-identify their current position as either SARCs or SAPR VAs. A large number of responders originally identified on the sample as a SAPR VA (n=360) self-reported as a SARC on the survey. This difference is possibly due to the mobility of these responders as they move from one job to another or transitioning from SAPR VA to SARC. The net effect is the estimated population of SARCs based on weighting is higher (n=2,935) than the number of SARCs originally identified in the population (n=1,887).

B.1.8 How did you contact people to take the survey?

The web survey administration process began on September 8, 2015, with the mailing of an announcement e-mail to all sample members. The announcement email explained why the survey was being conducted, how the survey information would be used, and why participation was important. Throughout the administration period, additional e-mail reminders were sent to encourage survey participation. The survey closed on October 16, 2015.

B.1.9 How many people responded and what was the response rate?

Surveys were completed by 5,322 eligible responders, yielding an overall weighted response rate of 20%. Responders were considered ineligible if they indicated in the survey or by other contact (e.g., telephone calls or e-mails to the data collection contractor) they were not serving in the appropriate position as of the first day of the survey fielding, September 8, 2015. Survey completion is defined as answering 50% or more of the survey questions asked of all participants.

B.1.10 When did you conduct the survey?

The *2015 QSAPR* was administered via web from September 8, 2015, to October 15, 2015.

B.1.11 Some of the estimates provided in the report show "NR" or "Not Reportable." What does this mean?

The estimates become "Not Reportable" when they do not meet the criteria for statistically reliable reporting. This can happen for a number of reasons including high variability or too few responders. This process helps ensure the estimates we provide in our analyses and reports are accurate and precise.

B.1.12 Do the results on retaliation for reporting sexual assault mean that people experienced retaliation?

No, the results are not rates of retaliation; rather the results reflect the opinion of SARCs about the extent to which the Chair of their local Case Management Group (CMG) monitors retaliation at their installation/location. The roles and responsibilities of the CMG are detailed in Enclosure 9 of DoDI 6495.02, including ongoing active monitoring for incidents of retaliation allegations. The CMG is to monitor and address instances where someone has experienced retaliation for reporting sexual assault. SARCs were asked if the chair of their CMG inquires of CMG

members whether they were aware of any retaliation experienced by survivors, SARCs/VAs, bystanders, and/or other responders. Note this question addresses the responsibility of the CMG chair to inquire about potential acts of retaliation. These results do not reflect rates at which survivors, SARCs/VAs, bystanders, and/or other responders might have experienced retaliation.

B.1.13 How do the results in 2015 compare with the previous surveys in 2012 and 2009?

The questions asked in previous surveys are substantially different from those asked in *2015 QSAPR*. Therefore, results from *2015 QSAPR* are not comparable to previous surveys of SARCs and SAPR VAs.

B.1.14 Why did you only survey SARCs and VAs and no other providers, such as SVCs/VLCs and SAMFEs?

A challenge to conducting scientific surveys is identifying the population. In *2015 QSAPR*, DMDC relied on D-SAACP as the source of identification for SARCs and SAPR VAs. No such central source currently exists for identifying other sexual assault service providers. While it is true that directives have established other positions for responders, such as Special Victims' Counsels/Victims' Legal Counsels (SVCs/VLCs) and Sexual Assault Medical Forensic Examiners (SAMFEs), there are no current central sources of contact information of incumbents in those positions. DMDC is cautious about surveying populations where the sampling frame is tenuous. To include responders in the survey without firm knowledge of the populations could lead to unstable or misleading results.

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13. SUPPLEMENTARY NOTES

14. ABSTRACT

This report presents findings from the 2015 QuickCompass of Sexual Assault Prevention and Response-Related Responders (2015 QSAPR) conducted by the Defense Research, Surveys, and Statistics Center (RSSC) within the Defense Manpower Data Center (DMDC). This survey was conducted at the request of the Sexual Assault Prevention and Response Office (SAPRO) as part of its ongoing evaluation efforts of Sexual Assault Prevention and Response (SAPR) programs towards sexual assault prevention and survivor support. The survey was designed to provide insights about SAPR responders–Sexual Assault Response Coordinators (SARCs) and Victims Advocates (VAs)–at military installations worldwide, to understand how effectively responders are trained for their positions, and their perceptions of how well their program is supported and executed.

15. SUBJECT TERMS

Sexual Assault Prevention and Response, SARCs, VAs, sexual assault, prevention, policy, survivor assistance, expedited transfers, Case Management Groups, 2014-2016 Sexual Assault Prevention Strategy, service providers, DoD Safe Helpline

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