Annex 1: 2024 *QuickCompass of Sexual Assault Response Personnel*: Overview Report

2024 QuickCompass of Sexual Assault Response Personnel

Overview Report

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2024 QuickCompass of Sexual Assault Response Personnel

Overview Report

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Ivan Sciupac (Fors Marsh) provided technical editing support for this report.

Executive Summary

The Department of Defense (DoD) is committed to ensuring that victims of sexual assault receive the support and care necessary for their recovery. The *2024 QuickCompass of Sexual Assault Response Personnel (2024 QSAR)* report provides insights from Sexual Assault Response Coordinators (SARC); Victim Advocates (VA) and Uniformed Victim Advocates (UVA); and Victims' Counsel (VC), Special Victims' Counsel (SVC), and Victims' Legal Counsel (VLC) professionals[1] regarding their experiences to ensure that these professionals have the resources, training, and command support they need to provide Service members support with an integrated network of victim care.

Survey Background and Methodology

Background

Since 2004, the DoD, including the military Services have continued to implement a sexual assault response program dedicated to providing services to sexual assault victims. SARCs provide confidential support and coordinate care for victims of sexual assault, while VAs offer education, resources, and support to victims under the supervision from SARCs. VCs are legal professionals who advise and represent victims in exercising their legal rights. Together, these responders offer support, guidance, and advocacy to victims throughout the investigation and recovery process.

The *2024 QSAR* is the sixth survey of these sexual assault responders, following five previous iterations administered triennially between 2009 and 2021. For ease and for purposes of this report only, SARCs, VA, UVA, SVC, VLC, VC and SVP are referred to as "sexual assault responders" or responders throughout[2]. The *2024 QSAR* is designed to provide Department officials with insights from response personnel at military installations worldwide on several key elements, including the well-being and job satisfaction of sexual assault responders, the state of support provided to sexual assault responders, access to and support from commanders of victims and alleged offenders, the support and services provided to victims of sexual assault, the understanding of other response and prevention professionals and willingness to assist in the response process, the effectiveness of the training received by sexual assault responders, and any other factors affecting the ability of sexual assault responders to perform their duties.

Methodology

The *2024 QSAR* was administered via the web from June 24 through August 19, 2024. This survey was a census of all DoD SARCs and VAs who were certified through the DoD Sexual Assault Advocate Certification Program (D-SAACP) as of May 8, 2024, and all VCs serving at the time of the survey fielding. The target population consisted of 21,166 D-SAACP certified SARCs and VAs (1,917 SARCs and 19,001 VAs) and 248 VCs. Surveys were completed by

[1] The terms "VAs" and "VCs" will be used to refer to VAs/UVAs and VCs/SVCs/VLCs respectively throughout the report.

[2] The terms "sexual assault responders" or "responders" are used throughout the report to refer to the population of interest, namely SARCs, VAs, and VCs, in their stated roles consistent with the applicable law. Results specific to a given population are noted as such, but for the sake of brevity, when speaking generally about these personnel, we use the terms noted above.

2,711 eligible responders, yielding an overall weighted response rate of 13%. Data were weighted using an industry-standard process to reflect the known population of sexual assault responders as of May 2024. Weighting produces survey estimates that are representative of their respective populations.

Summary of Key Findings

Sexual Assault Responder Well-Being

The well-being of sexual assault responders remained largely consistent in 2024 compared to 2021, although this generally varied by role. SARCs indicated decreased stress from the administrative requirements of their position and VCs reported decreased stress from an increased workload. Although VAs reported lower job stress compared to SARCs and VCs, several sources of their job stress increased in 2024; notably, subject matter of their work (16%, up from 13%), workload (8%, up from 6%), and the increasing complexity of the program (14%, up from 10%). Although work satisfaction generally remained high, all responders reported increased burnout experiences to some extent.[3]

- Burnout: SARCs (52%, unchanged), VAs (46%, up from 40%), and VCs (74%, unchanged)
- Compassion Fatigue: SARCs (39%, up from 32%), VAs (25%, up from 21%), and VCs (77%, unchanged)
- Vicarious Trauma: SARCs (32%, up from 23%), VAs (14%, up from 10%), and VCs (61%, up from 36%)

Workplace Climate

In 2024, sexual assault responders reported similar levels of workgroup effectiveness, except that workgroup effectiveness decreased among VCs relative to 2021 (3.80, down from 4.11). Generally, retaliation against sexual assault responders remained low and stable across all responders. SARCs (9%) were almost twice as likely to personally experience retaliation compared to VAs (5%), while SARCs and VCs were more likely to agree that they had witnessed or knew of retaliation against other responders.

Self-Care Support

Sexual assault responders were asked about the resources they had to address self-care. In 2024, most responders had adequate time for self-care, although this dropped among VAs compared to 2021. Most responders indicated they used measures like exercise, time off from work, and interacting with family and friends to manage stress. Compared to 2021, the use of civilian behavioral health providers increased in 2024 among SARCs (12%, up from 8%) and VAs (10%, up from 7%).

[3] Only statistically significant trends and pairwise comparisons are discussed. Thus, where specific breakouts are provided, the reader should understand these to be the comparisons that were significantly different from one other.

In 2024, VCs were asked new questions about their engagement with their roles. Most reported feeling that their role is important to the military justice process (83%) and that they provide important legal services to victims (86%). However, only 50% indicated that their role is good for their career progression.

Responders were also asked for the first time about their retention intentions. VAs (80%) were the most likely to report intending to stay, followed by SARCs (72%) and VCs (45%), who were significantly less likely to intend to stay compared to other responders.[4]

Commander Support for Sexual Assault Responders

Overall, sexual assault responders endorsed high levels of command trust and support, which was consistent with findings in 2021. VAs reported increased access to commanders (69%, up from 66%) and professional respect (78%, up from 74%) compared to 2021.

Victim Care

On the *2024 QSAR,* SARCs and VAs also rated the extent to which their program has been provided with specific resources to assist victims (e.g., clothing and transportation for victims, administrative support, computers, etc.). Fewer SARCs endorsed being provided with clothing (23%, down from 30%) while fewer VAs reported being able to meet with victims virtually (54%, down from 59%), transportation for victims (47, down from 53%), and clothing for victims (41%, down from 45%).

Sexual assault responders' use of referrals largely remained stable or increased among SARCs and VAs compared to 2021. Among VCs, resource use decreased for military behavioral health clinics (60%, down from 85%) and local civilian police (43%, down from 64%), but referrals to the Military Equal Opportunity Program increased (43%, up from 22%).

Responders were also asked about aspects of victim care specific to female and male victims. In 2024, perceptions of support for female victims largely remained consistent with 2021, although SARCs (92%, up from 87%) felt more confident in addressing the needs of female victims in 2024 compared to 2021. VCs, on the other hand were less likely to report that VCs provide appropriate responses to female victims (86%, down from 100%) and indicate that female are less likely than male victims to be believed by their peers (22%, down from 44%). For male victims in 2024, VCs were less likely to report that the program meets their specific needs (65%, down from 88%), that male victims receive appropriate care from health care providers (50%, down from 75%) and VCs (87%, down from 98%), and that in their role, they feel confident in addressing male victims' needs (80%, down from 97%).

In 2024, rates remained stable for SARCs' and VAs' involvement in expedited transfers. SARCs were more likely to be involved (45%) in these transfers compared to VAs (17%). Of those SARCs who indicated involvement in an expedited transfer, 56% indicated involvement in

[4] VCs include military personnel who are assigned to this role in a time-limited position, while SARCs and some VAs may be civilians who are permanently in that role. The differences in retention intentions may reflect differences in the nature of their positions, although all persons were asked if they would stay if given the opportunity to do so.

expedited transfers as both a sending and a receiving SARC (up from 47%), 28% as a sending SARC only (down from 37%), and 16% as a receiving SARC only. When asked about carrying out various aspects of communication during the expedited transfer process, both as a receiving and a sending SARC, a large gap remained between the ratings from receiving (44%, 44%, 59%) and sending SARCs (81%, 81%, 92%) across all areas.

Collaboration

In 2024, Case Management Group (CMG) involvement remined stable as in 2021. VCs (72%) and SARCs (59%) were both more likely to be involved in CMGs than VAs (18%). Perceptions of the CMG's effectiveness in addressing issues related to victims of sexual assault remained generally high. There were declines in the use of virtual CMGs in 2024 among SARCs (55%, down from 75%) and VCs (51%, down from 78%). Generally, there were no changes from 2021 in CMG effectiveness as a function of role. Involvement in High-Risk Response Teams (HRRTs), which is initiated by the CMG Chair, remained low among VAs (3%, compared to 2% in 2021) while SARC involvement doubled in 2024 (18%, up from 9%).

Programs, Policies, and Procedures

Overall, in 2024, responders reported high clarity of procedures within their program for different situations, with rates of 90% or higher across all subgroups. Compared to 2021, fewer SARCs reported that the procedures for requesting expedited transfers (94%, down from 97%) were clear in 2024. Among VCs, clarity related to obtaining a Military Protective Order (MPO) dropped (85%, down from 99%), while clarity on how to ensure victims' privacy when handling cases increased (100%, up from 91%).

The CATCH A Serial Offender (CATCH) Program provides a system for adult sexual assault victims, including those with restricted reports, to voluntarily submit anonymous reports of their assault. In 2024, SARCs were more likely to report having a client receiving a CATCH notification (20%, up from 5%). SARCs (20%) and VCs (28%) also reported higher rates of clients with CATCH notifications than VAs (11%).

Effectiveness of Training

Sexual assault responders were asked about their perceptions of training effectiveness, their preparedness to conduct various aspects of victim care, and their training to support victims experiencing retaliation. While the results generally indicated that the majority of responders felt prepared, results varied by role. In 2024, the percentage of responders who agreed to a large or very large extent that their initial training adequately prepared them to have structured conversations with victims remained stable among SARCs (29%) and VAs (43%), with VCs (74%) feeling most prepared to help victims through the court-martial process.

Most sexual assault responders reported receiving training on handling retaliation against victims, with some roles showing increased rates in 2024 compared to 2021. SARCs (83%, up from 76%) and VAs (79%, up from 74%) were all more likely to report receiving training in this area. Despite this, in 2024, just over half of SARCs, VAs, and VCs felt well prepared to address retaliation against victims. VAs felt more well prepared (53%, up from 49%) compared to 2021, but VCs felt less prepared (56%, down from 80%).

DoD Sexual Assault Advocate Certification Program Training and Intentions

Responders were asked about the extent to which D-SAACP prepared them to provide victim assistance as well as the support they received for and intentions to pursue the next level of certification. Overall, in 2024, over half of SARCs and VAs felt that the D-SAACP training they received helped to enhance their skills in working with victims and standardized victim assistance to a large or very large extent. SARCs and VAs holding D-SAACP I and II certification levels endorsed this to a greater extent than did those as the III and IV levels.

In 2024, the majority of SARCs (74%) and VAs (60%, down from 64%) indicated that they had plans to pursue the next level of certification. Despite reporting plans to advance, about one third of sexual assault responders across roles reported experiencing various barriers to moving up to the next level of certification.

Conclusion

Overall, findings from the *2024 QSAR* indicate that sexual assault responders feel generally well-supported. Responders reported strong support from local command and positive working relationships. They also expressed satisfaction with their training and certification, with most planning to move up to the next level. Responders endorsed the clarity of SAPR procedures, indicating a clear understanding of their roles in a variety of contexts and with different victims. They felt well prepared to serve both female and male victims and expressed that both receive adequate support. Taken together, the findings from the *2024 QSAR* provide valuable insights into the experiences of sexual assault responders who participated in the survey.

Table of Contents

Table of Contents (Continued)

Appendices

Table of Contents (Continued)

Page

List of Tables

List of Figures

Table of Contents (Continued)

Page

Chapter 1: Introduction and Methodology

Study Background

Supporting victims of sexual assault, through the Sexual Assault Prevention and Response (SAPR) program, remains a top priority for the Department of Defense (DoD). The Department, in collaboration with the Military Services, provides trauma-informed, responsive to need, appropriate to circumstances, and recovery-oriented care for all victims of sexual assault regardless of whether they choose to file a restricted or unrestricted report. Every three years, the Department leverages the *QuickCompass of Sexual Assault Response Personnel* (*QSAR*) to assess the experiences of response personnel to ensure that those professionals supporting victims of sexual assault have the resources, training, and command support they need to provide Service members support through an integrated victim services network of care. The *QSAR* supports the Department's efforts to drive improvements of the sexual assault response program and resources available to Service members, ensuring they remain effective and impactful.

Since 2004, the DoD and the Military Services have implemented a sexual assault response program with several positions dedicated to providing services to sexual assault victims. At its core, the response program leverages Sexual Assault Response Coordinators (SARC), Victim Advocates (VA) and Uniformed Victim Advocates (UVA)[5] to provide confidential support and coordinated non-clinical care for victims throughout the investigation and recovery processes. In 2014, the program expanded to include personnel whose roles are intended to provide legal support for victims of sexual assault, specifically Victims' Counsel (VC),[6] Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), and Special Victims' Paralegal (SVP). SARCs, VAs, and VCs are the key responders within the SAPR program at military installations worldwide. Collectively, the overall mission of these responders is to provide guidance and advocacy for victims of sexual assault in accessing the medical, psychological, and legal services to which they are entitled.

The *2024 QSAR* is the sixth survey of this population following five previous iterations conducted every three years between 2009 and 2021.[7]

The *2024 QSAR* collected information on several key elements of the SAPR program so that DoD officials could understand how effectively responders are trained for their positions and their perceptions of how well their program is supported and executed. Additionally, the *QSAR* provides important information on the well-being and job satisfaction of sexual assault

[5] United States Air Force Volunteer Victim Advocates (USAF VVAs) are uniformed personnel or civilians who hold paygrades of E-4 or O-1 and above or a DoD civilian, GS-7 or above who perform the same duties as VAs and UVAs. These individuals serve in volunteer victim advocacy roles. Any mentions of victim advocates will be referred to as VAs throughout the rest of this report.

[6] Throughout this report, Victims' Counsel (VC) refers to personnel in the following roles: Special Victims' Counsel (SVCs), Victims' Legal Counsel (VLCs), and Special Victims' Paralegal (SVPs).

[7] Previous iterations include the *2021 QSAR, 2018 QSAR,* the *2015 QuickCompass of Sexual Assault Prevention and Response-Related Responders* (*2015 QSAPR*), the *2012 QuickCompass of Sexual Assault Response Coordinators* (*2012 QSARC*), and the *2009 QSAR*.

responders. Specifically, areas of interest surveyed include the state of support provided to sexual assault responders, the ability of sexual assault responders to contact and access commanders at the unit and installation levels and commanders of both victims and alleged offenders, the responsiveness of commanders to sexual assault responders, the support and services provided to victims of sexual assault, the understanding of other professionals' roles and willingness to assist in the response process, the adequacy of the training received by sexual assault responders, and any other factors affecting the ability of sexual assault responders to perform their duties.

Additional topic areas were assessed in the *2024 QSAR*, including sexual assault responders' retention intentions and updated items assessing the Catch a Serial Offender (CATCH) program.

Survey Methodology

The *2024 QSAR* was administered via the web between June 24, 2024, and August 20, 2024. The survey sample comprised all DoD SARCs and VAs who were certified through the DoD Sexual Assault Advocate Certification Program (D-SAACP) as of May 8, 2024, and all VCs serving at the time of the survey fielding, as indicated by the VC offices in each Service, as these professionals do not hold the D-SAACP certification. The sample included responders who served in sole duty, primary duty, and collateral duty positions and represented responders from across the Services (Army, Navy, Marine Corps, Air Force,[8] or DoD agencies). Below is a brief description of each position and their responsibilities, as defined in DoD Instruction (DoDI) 6495.02, Volume 1 (DoD 2024c).

> **Sexual Assault Response Coordinator (SARC)**. *The single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention, and response training; and tracks the services provided to a victim of sexual assault from the initial report through final disposition and resolution.*
>
> **Victim Advocate/Uniformed Victim Advocate (VA).**[9] *A person who is a non-legal victim advocate that provides 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 [VA/UVA], 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. People who are interested in serving as a [VA/UVA] are encouraged to volunteer for this duty assignment.*
>
> **Special Victims' Counsel/Victims' Legal Counsel/ Victims' Counsel (VC).** *Attorneys who are assigned to provide legal assistance in accordance with section 1716 of Reference (k) and Service regulations. The Army, Army National Guard, and Coast Guard refer to*

[8] Throughout the report, references to the Air Force includes both sexual assault responders from the United States Air Force and United States Space Force.
[9] A SAPR VA may be civilian or military. A civilian in this position is referred to as a "victim advocate" (VA), whereas a military member in this position is referred to as a "uniformed victim advocate" (UVA).

these attorneys as SVC, who are often supported by SVP. The Navy and Marine Corps refer to these attorneys as VLC. The Air Force and Air Force National Guard use the term VCs.

The survey frame consisted of 21,166 DSAACP-certified SARCs and VAs (1,917 SARCs and 19,001 VAs) and 248 VCs. Surveys were completed by 2,711 eligible responders, yielding an overall weighted response rate of 13% with a weighted response rate of 26% for SARCs, 12% for VAs, and 21% for VCs.

Sexual assault responders were considered ineligible if they indicated in the survey or through other methods of contact (e.g., telephone calls or e-mails to the research team) that they were not serving in the appropriate position as of the first day of the survey fielding on June 24, 2024. Survey completion was 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 and VCs as of May 2024. Weighting produces survey estimates of population totals, proportions, means, and other statistics that are representative of their respective populations[10]. Statistical comparisons were made with two-tailed, independent sample *t* tests, with a significance threshold of $p < 0.05$.

Statistical Analysis

Results of the *2024 QSAR* are presented by several reporting categories within the report. Results are typically presented by role, specifically SARCs, VAs, and VCs separately. Results, where relevant, are then broken down by D-SAACP certification level (Level I, Level II, Level III, and Level IV). To form the reporting categories, responders were classified primarily by their survey self-report data. If the self-reported data were missing, then D-SAACP data, if applicable, were used to impute the subgroup classification for SARCs and VAs, and data from the Service specific VC rosters were used to impute for VCs.

Trends between the *2021 QSAR* and *2024 QSAR* results are included in this report. Additionally, only statistically significant pairwise comparisons are discussed. Thus, where specific breakouts are provided, the reader should understand these to be the comparisons that were significantly different from one other. Comparisons are generally made along a single dimension (e.g., role) at a time. In this type of comparison, the responses for one group are compared to the responses of one other group in that dimension. For example, in a pairwise comparison by role between SARCs and VAs, responses of SARCs are compared to responses from VAs only and VCs are not considered. Other comparisons are calculated to examine relationships between SARCs and VCs only and between VAs and VCs only. Significant comparisons can be interpreted to mean that one group is statistically higher on a particular metric than another, but not that one group is statistically higher than all others in the analysis. Unless otherwise specified, the numbers presented are percentages. Ranges of standard errors are shown when more than one estimate is displayed in a table or figure.

It is important to note that the population of sexual assault responders is not equally split by role. Specifically, although there are fewer than 2,000 SARCs in the population, there are around

[10] For a full description of the weighting methodology used for the *2024 QSAR*, please see the QSAR 2024 Weighting Methodology Report.

20,000 VAs and fewer than 300 VCs. To provide a more accurate reflection of results, estimates are provided for SARCs, VAs, and VCs separately within each subsection of the report. Therefore, caution should be taken when interpreting overall findings; different expectations for different roles may prevent meaningful interpretation of combined survey statistics for some questions and may not provide the role nuance necessary for actionable findings.

Qualitative Analysis

Within the *2024 QSAR*, 15 open-ended questions prompted responders to provide additional details or suggest improvements in various areas being assessed. These questions covered a range of topics, such as barriers to accessing resources for personal well-being, experiences with retaliation, challenges in advancing within the D-SAACP, and insights into why only a portion of victims who request a CATCH password ultimately submit an entry.

Natural language processing (NLP) techniques, specifically BERTopic,[11] were used to automate topic identification and clustering by grouping together semantically similar comments. An additional layer of human-guided content analysis was then applied to name and infer the final list of salient themes. This combined approach was used to analyze a large volume of survey comments and categorize them into key themes. Of the 15 open-ended questions, only seven were retained for subsequent analyses, as the excluded items lacked sufficient response variability, had too few responses, or contained responses that did not provide additional insights.

Initially, NLP methods identified between two and 12 meaningful groupings per open-ended survey question, broadly corresponding to areas of concern or satisfaction among respondents. Researchers then manually reviewed and validated the responses within these groupings to determine whether themes needed to be refined by splitting overly broad categories or merging closely related ones into new groupings to better reflect the data. For example, for the question about barriers to accessing resources for personal well-being, our manual review split a broad NLP-generated theme "Avoid for Personal Reasons" into two specific themes: "Denial of Problem/Lack of Motivation" and "Concerns about Adverse Impact on Career."

Because not all survey respondents provided comments, no attempt was made to quantify comments or generalize findings to the population of responders. However, the identified themes help explain and contextualize the closed-ended survey responses. The qualitative results, where applicable, follow the statistical results in each section of the report. Example comments for each theme are provided in a partially redacted form to protect respondent identities. For example, specific officer and enlisted rank titles are cleaned to [ORANK] and [ERANK], respectively.

Presentation of Results

The tables and figures in the report are numbered sequentially. Unless otherwise specified, the numbers presented are percentages. Ranges of standard error are shown when more than one

[11] Grootendorst, M. (2020). BERTopic: Neural topic modeling with a class-based BERT approach. arXiv preprint. https://arxiv.org/pdf/2203.05794

estimate is displayed in a table or figure. The standard error represents the precision of the estimate; higher standard error indicates greater variability in the sample mean compared to the population mean and may indicate less reliability in the estimate. Because the results of comparisons are based on weighted results, the reader can assume that the results generalize to the populations of responders within an acceptable range of error.

The annotation "NR" indicates that a specific result is "not reportable" due to low reliability. Estimates of low reliability are not presented based on criteria defined in terms of not having enough respondents (fewer than 5), an effective number of respondents (fewer than 15), or a relative standard error (greater than 0.3). The effective number of respondents considers the finite population correction and variability in weights. An "NR" presentation protects DoD, and the reader, from presenting potentially inaccurate findings due to instability of the specific estimate. The cause of instability is due to high variability (large relative standard error), usually associated with a small number of respondents contributing to the estimate. Additionally, some estimates might be so small as to appear to approach a value of zero. In those cases, an estimate of less than 1% is used.

Organization

The topics covered in this report are organized into the following chapters:

- **Chapter 2** describes the state of support provided to sexual assault responders. Topics include sexual assault responder well-being, workplace climate, retaliation against sexual assault responders as a result of performance of their duties related to sexual assault, self-care support, and engagement among VCs.

- **Chapter 3** discusses sexual assault responder access to commanders including concerns about command trust and support and access to commanders of victims of sexual assault and commanders of alleged perpetrators. Perceptions of the military justice system are also included.

- **Chapter 4** examines the perceived state of support services for victims of sexual assault. Topics include availability and usage of victim support resources, perceptions on the effectiveness of policy and procedures including the CATCH program, expedited transfers, Case Management Groups (CMG), and High-Risk Response Teams, and collaboration between sexual assault responders.

- **Chapter 5** documents the opinions around the effectiveness of training to prepare sexual assault responders for their duties in assisting victims and perceptions about the D-SAACP.

- **Chapter 6** concludes this report with a discussion of major findings.

Chapter 2:
Well-Being, Workplace Climate, and Self-Care Support

This chapter explores the state of support provided to responders by examining factors affecting their well-being, workplace climate (including retaliation), and self-care.

Sexual Assault Responder Well-Being

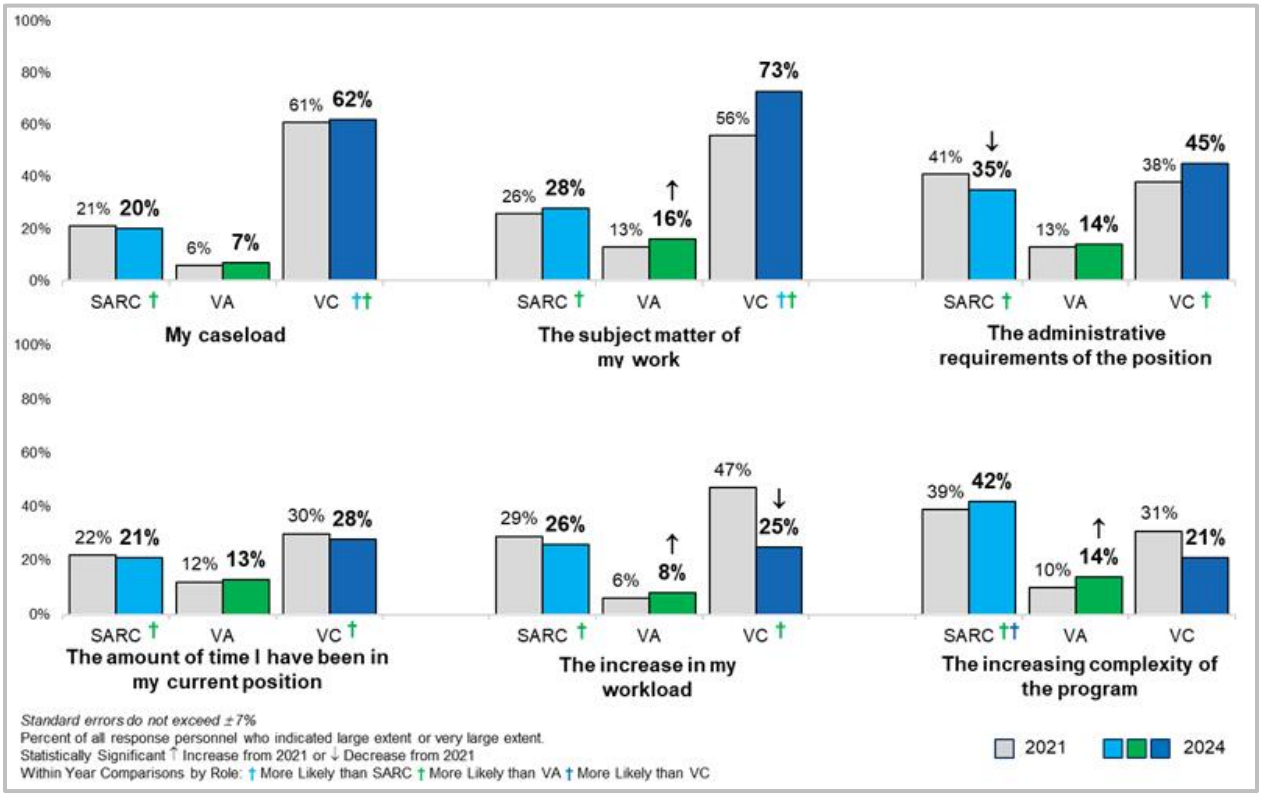
Responders were asked about various aspects of their well-being, including stressors they experienced. Specifically, results regarding responders' well-being in terms of sources of job stress; experience(s) with burnout, compassion fatigue, and vicarious trauma; and work satisfaction are presented.

Job Stress

Job stress has been defined by the National Institute for Occupational Safety and Health (NIOSH, 1999) as "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker." Job stress impacts individual well-being and has organizational consequences (Schuler, 1980). The *2024 QuickCompass of Sexual Assault Responders* (*2024 QSAR*) included questions on six potential job stressors. Responders were asked to what extent the following issues contribute to their stress in their current role: their caseload, the subject matter of their work, administrative requirements of the position, amount of time they have been in their current position, the increase in their program's workload, and the increasing complexity of the Sexual Assault Prevention and Response (SAPR) program.

Figure 1 shows the differences in job stress between responder roles. Stress levels were largely consistent with 2021 for both Sexual Assault Response Coordinators (SARC) and Victims' Counsel (VC), with the exception of SARCs' decreased stress due to administrative requirements. Although job stress is lowest for Victim Advocates (VA), they did indicate an increase in their levels of job stress due to the subject matter of their work, increase in workload, and the increasing complexity of the program since 2021. In 2024, job stressors were generally highest for VCs, and lowest for VAs. The most frequent source of stress for VCs was the subject matter of their work, with around three-quarters reporting this to be a large source of stress.

Figure 1.
Sources of Job Stress

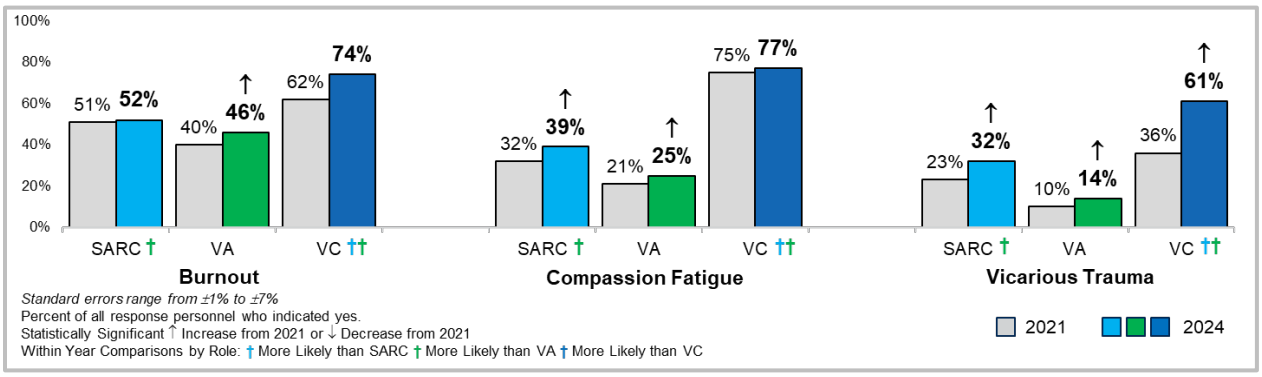


Burnout

Three burnout dimensions were assessed in the *2024 QSAR,* including burnout itself, compassion fatigue, and vicarious trauma. Burnout involves emotional depletion, along with mental and physical symptoms, caused by one's work life (Maslach & Schaufeli, 1993). Generalized job stress and burnout are related, but distinct, constructs, because burnout is characterized by symptoms from prolonged job stress (Maslach & Schaufeli, 1993). Compassion fatigue is "the overall experience of emotional and physical fatigue… due to the chronic use of empathy" (Newell & MacNeil, 2010, p. 61) and vicarious trauma occurs specifically due to absorption of clients' traumatic experiences (Newell & MacNeil, 2010). Although any worker can experience burnout, compassion fatigue and vicarious trauma occur among "helping" professionals like sexual assault responders, and these negative psychological experiences can increase burnout (Newell & MacNeil, 2010, p. 61).

Figure 2 breaks down the results from the three burnout dimensions by responder role. In 2024, burnout rates increased significantly only among VAs. Compassion fatigue rates also increased for SARCs and VAs in 2024 compared to 2021. Respondents across all three roles experienced more vicarious trauma in 2024 compared to 2021. SARCs reported higher rates of burnout, compassion fatigue, and vicarious trauma than did VAs. However, VCs reported significantly higher rates of these burnout dimensions compared to SARCs and VAs.

Figure 2.
Indications of Burnout, Compassion Fatigue, and Vicarious Trauma

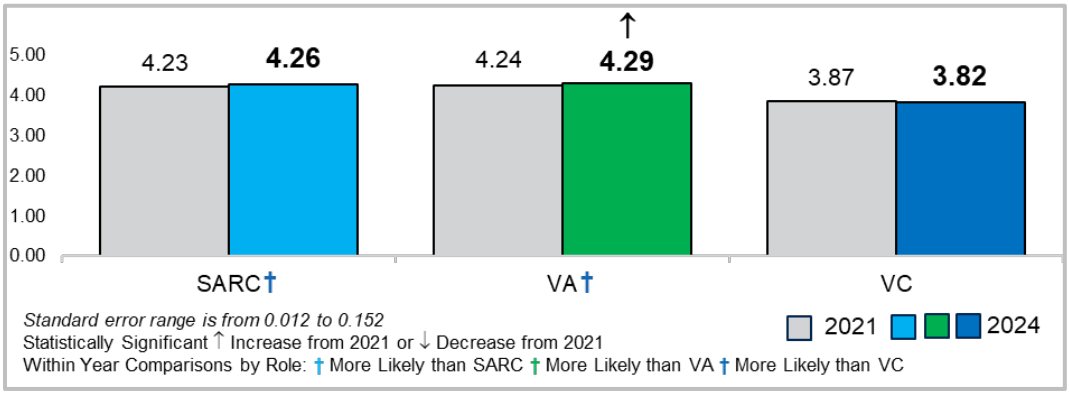


Work Satisfaction

Work satisfaction measures happiness with one's job and is related to several outcomes, including burnout, well-being, and job performance (Wright & Cropanzano, 2000). The *2024 QSAR* incorporated a six-item work satisfaction scale that measured how content and fulfilled responders are with their job and career development. Responders were asked about their overall satisfaction with their job, pride in work, work enjoyment, perceptions of current roles benefit to career progression, opportunities for learning and development, and perceptions of their ability to apply existing skills in their role. Each item was answered on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*), and scale means are reported here.

As shown in Figure 3, SARCs, VAs, and VCs were largely satisfied with their work. In 2024, VAs reported a significant increase in work satisfaction since 2021. In comparison, VCs reported significantly lower work satisfaction compared to both SARCs and VAs in 2024.

Figure 3.
Work Satisfaction Scale Mean



Workplace Climate

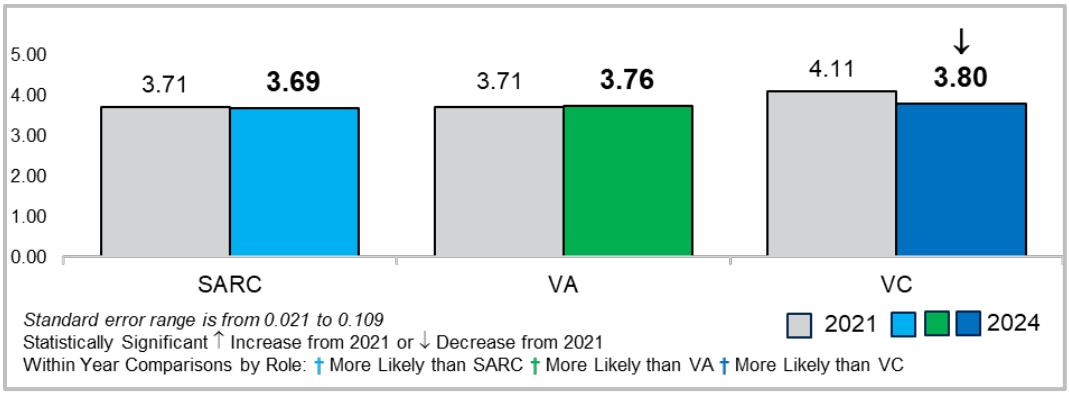
The *2024 QSAR* measured perceptions of workplace climate by asking responders questions about their experiences related to workgroup effectiveness, as well as the incidence of, and culture around, retaliation.

Workgroup Effectiveness

The *workgroup* is the "smallest formal grouping of personnel within an organization" (Fry & Slocum, 1984). Workgroup effectiveness not only involves a human element but also factors such as technology and team structure (Fry & Slocum, 1984). The *2024 QSAR* incorporated a five-item workgroup effectiveness scale. Responders were asked about their perceptions of workgroup output, quality, adaptability, output from available resources like personnel and materials, performance compared to similar workgroups. Each item was answered on a scale from *strongly disagree* (1) to *strongly agree* (5), and scale means are reported below.

As shown in Figure 4, workgroup effectiveness decreased among VCs in 2024. There were no statistical differences in workgroup effectiveness between VCs, VAs, and SARCs.

Figure 4.
Workgroup Effectiveness Scale Mean



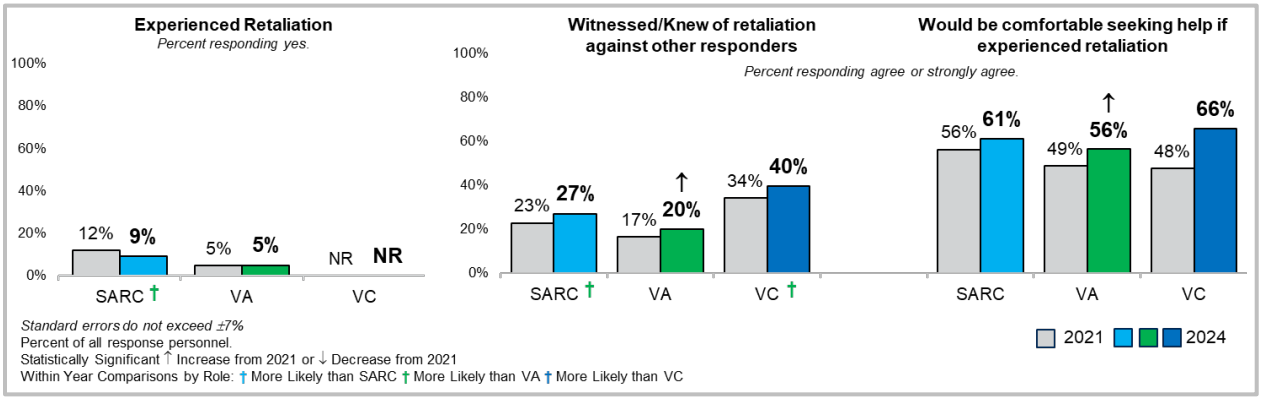
Retaliation

The *2024 QSAR* also asked about responders' personal experience of retaliatory behaviors (e.g., from commanders or peers) due to their job duties and the culture around retaliation at their workplace. One question asked respondents whether they had experienced retaliation related to their duties in the past 12 months. Another item asked whether respondents had witnessed or knew of retaliation. Lastly, respondents were asked about their comfort seeking help if retaliated against.

Figure 5 shows retaliation findings and comparisons by role. In 2024, retaliation rates remained stable for SARCs and VAs compared to 2021. Estimates for VCs were not reportable. In 2024, SARCs were most likely to have experienced retaliation personally, at a significantly higher rate than VAs, whereas VCs were not significantly different from other roles. VAs were more likely

to report that they had witnessed or knew about retaliation against other responders and that they would feel comfortable seeking help with retaliation in 2024 compared to in 2021. However, VAs were less likely than other roles to have known of retaliation occurring. There were no significant differences in perceived comfort with seeking help with retaliation between responder roles.

Figure 5.
Retaliation



Qualitative Insights Regarding Retaliation

Responses from Sexual Assault Responders: Please describe any incidents in the past 12 months in which you feel you have experienced retaliation related to your duties as a(n) _____.

SARCs, VAs, and VCs were then asked to describe any incidents in the past 12 months in which they felt they experienced retaliation related to their duties. The most common form of retaliation reported was exclusion and animosity from peers and superiors, which made it harder for responders to perform their jobs and left them feeling unsupported. Some believed they received unjust anonymous complaints and accusations, along with poor performance evaluations that seemed biased or unfair. Others reported difficulty getting their leave requests approved. Additionally, concerns were raised about a lack of respect for the confidentiality associated with their role from the command.

"I am not supported by my [ORANK] or [TITLE]. I am belittled, bullied, and made to feel unimportant."—**VA**

"After receiving command pushback on my limits of confidentiality, I have had a [TITLE] at the command refuse to loop me into things related to victim care as expedited transfers. They also began to tell [TITLE] that the [TITLE] could not be trusted." —**SARC**

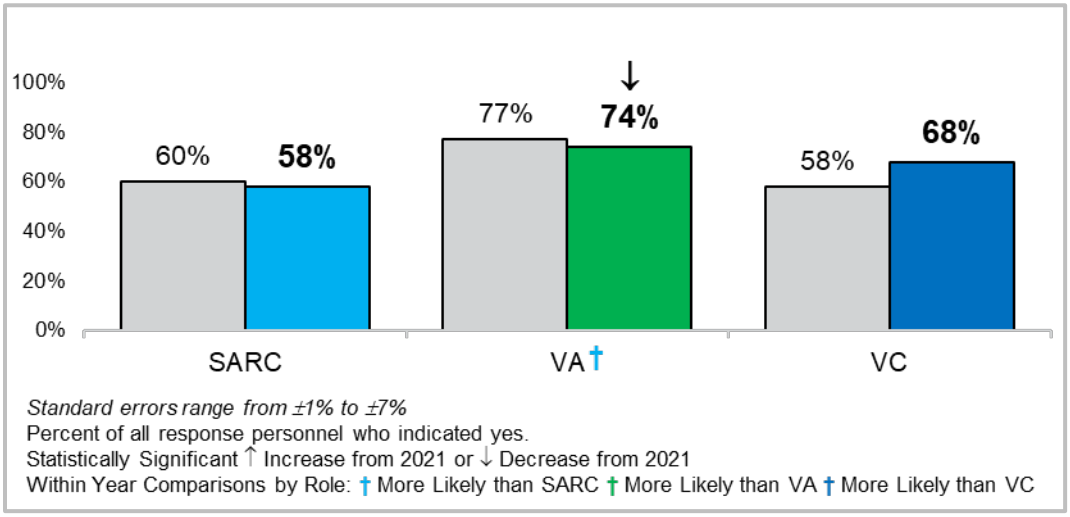
Self-Care Support

Sexual assault responder support as it relates to self-care is discussed here. Support for sexual assault responders' self-care includes indications regarding time available for self-care, availability and use of self-care resources; and responder resilience. The practice of self-care, including use of behavioral health services, can attenuate experiences of burnout, compassion fatigue, and vicarious trauma; further, organizations can foster sufficient self-care among their members by acknowledging negative psychological experiences and providing resources to practice self-care (Newell & MacNeil, 2010). As such, the *2024 QSAR* asked respondents about their time for self-care, what measures they employ to manage stress, and their knowledge of stress management resources for burnout, compassion fatigue, and vicarious trauma. Moreover, in 2024, three new items were added to measure responders' perceptions of access to resources to handle burnout, compassion fatigue, and vicarious trauma.

Adequate Time for Self-Care

Figure 6 shows that most sexual assault responders indicated that they had adequate time for self-care. Although VAs reported adequate time for self-care at significantly lower rates in 2024 than in 2021, there was no significant difference for SARCs or VCs. Despite this decline among VAs, they were still more likely than SARCs to report they had adequate time for self-care.

Figure 6.
Adequate Time for Self-Care



Self-Care Measures

Table 1 displays the percentage of responders by role who employed each self-care measure to manage stress. Most responders indicated that they used exercise and hobbies to manage stress. More SARCs and VAs reported using civilian behavioral health providers in 2024 compared to 2021. SARCs were more likely than VAs to indicate that they used military behavioral health

providers. SARCs and VAs were more likely than VCs to indicate using group counseling. Other differences are noted in the table below.

Table 1.
Self-Care Measures

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021 Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	SARC		VA		VC	
	2021	**2024**	**2021**	**2024**	**2021**	**2024**
Exercise	67%	**66%**	72%	**72%†**	84%	**87%††**
Meditation	21%	**21%**	28%	**25%↓**	19%	**NR**
Time off from work	57%	**58%**	57%	**63%↑**	67%	**72%†**
Travelling	38%	**40%**	42%	**44%**	49%	**57%†**
Hobbies (e.g., reading, cooking, watching television, art, music)	64%	**62%**	68%	**73%↑†**	75%	**78%†**
Pursuing education	22%	**21%**	26%	**25%**	NR	**NR**
Religious outlets	27%	**22%↓**	24%	**24%**	27%	**37%†**
Interacting with family/friends	58%	**60%**	57%	**60%↑**	81%	**81%††**
Behavioral health provider at military treatment facility	13%	**15%**	10%	**11%**	NR	**NR**
Behavioral health provider at civilian treatment facility	8%	**12%↑**	7%	**10%↑**	NR	**NR**
Group counseling	NR	**2%**	2%	**2%**	NR	**NR**
I do not use self-care measures	6%	**7%†**	3%	**3%**	NR	**NR**

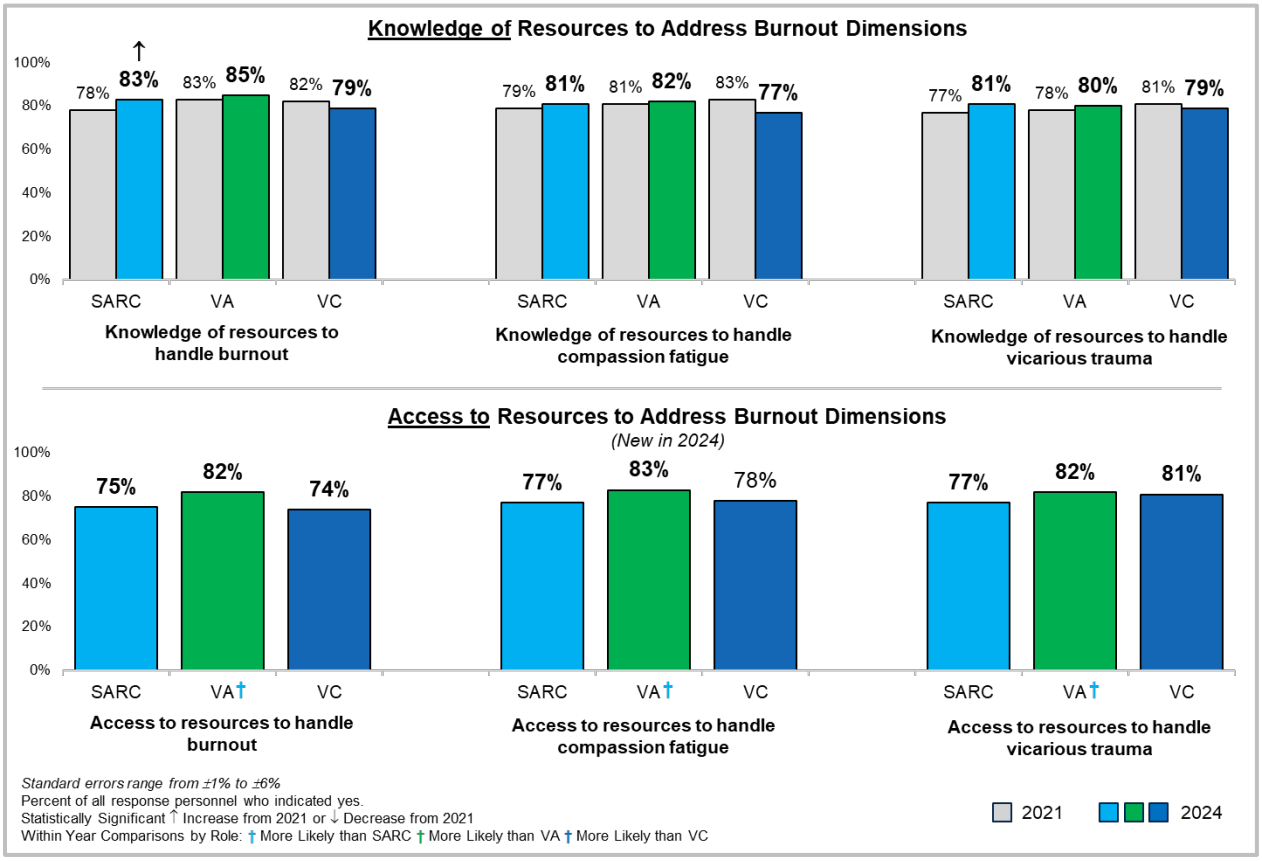
Note. Percent responding yes.
Standard errors do not exceed ±7%.
NR = Not Reportable.

Knowledge of, and Access to, Resources to Address Burnout Dimensions

Sexual assault responders reported that they had sufficient knowledge and resources to address burnout dimensions, as shown in Figure 7. Significantly higher percentages of SARCs reported that they had knowledge and/or resources to address burnout in 2024 compared to 2021. In 2024, SARCs, VAs, and VCs did not differ significantly in their reported knowledge and/or resources to address burnout, compassion fatigue, or vicarious trauma.

Figure 7 also shows that most sexual assault responders believed they had sufficient access to resources to handle their burnout concerns. Across all burnout dimensions, more VAs reported they access to these resources to handle their concerns as compared to SARCs.

Figure 7.
Knowledge of, and Access to, Resources to Address Burnout Dimensions



Qualitative Insights Regarding Barriers to Accessing Resources for Well-Being

Responses from Sexual Assault Responders: ***What are the biggest barriers to accessing resources for your personal wellbeing?)***

SARCs, VA, and VCs were then asked to describe the biggest barriers they encountered to accessing resources for their personal well-being. The most common barrier was a lack of time, with responders noting that their roles often required being on duty 24/7, leaving little time for personal well-being. Many expressed that even during leave or off-duty hours, they remained responsible for urgent work tasks. Other commonly brought up barriers included limited health resources and long waiting times to see a provider. Responders also highlighted challenges like personal denial of problems, lack of motivation, and concerns about the adverse impact on their careers, which hindered their desire to seek help. Additionally, some were unaware of where to go for support or felt unsupported to seek help by their command.

"The job requires that you are on duty 24/7 365. There is minimal resources/personnel to cover for time off. This means you don't get time off. You don't get evenings or weekends without the work phone. Many [TITLE] are on leave and still responsible for DSAID timelines and responding to calls." —**SARC**

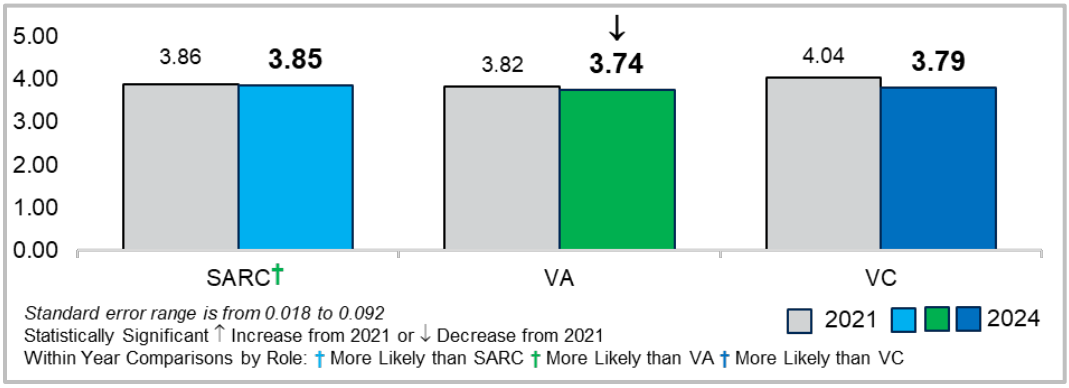
"Availability of providers. Needing to talk and having to wait 3+ weeks for an appointment because it's not an emergency. Also sharing the same providers/office with victims, offenders, and those I supervise." —**VC**

Resilience

Resilience is defined as the ability to "return to the previous level of functioning" after a negative experience (Smith, et al., 2008, p. 194). Emotional resilience is especially important for "helping" professionals like sexual assault responders, and this ability can be fostered to improve (Grant & Kinman, 2014). The *2021 QSAR* introduced a six-item, 5-point resilience scale (Smith, et al., 2008); mean scores are included in this report, with a higher score indicating more resilience.

Figure 8 shows that sexual assault responders displayed generally high levels of resilience, although VAs reported less resilience in 2024 compared to 2021. Furthermore, SARCs reported significantly higher resilience than VAs, but not significantly different from VCs.

Figure 8.
Resilience Scale Means

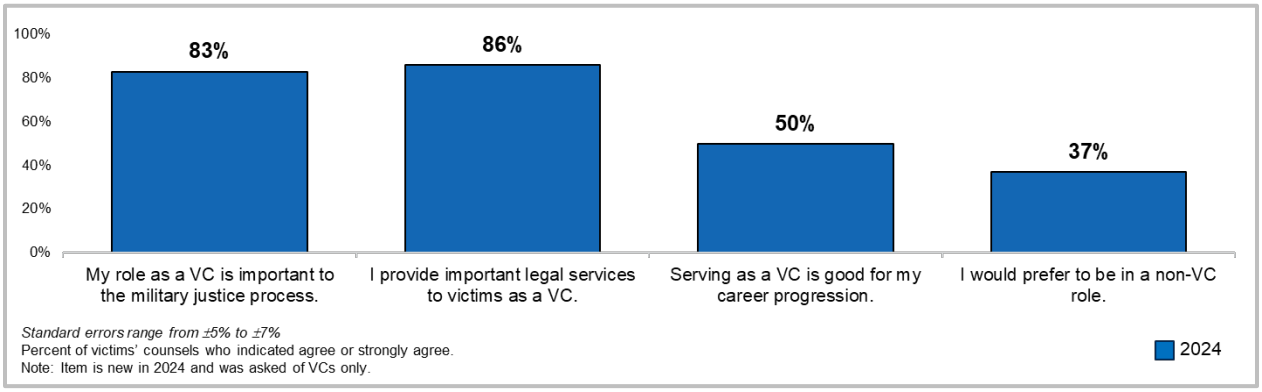


Engagement Among VCs

Engagement is defined as the extent to which individuals find their work fulfilling and are committed to their job and organization (Lee et al., 2017). Engaged and committed individuals demonstrate enthusiasm for, dedication to, and absorption in the work they do (Schaufeli et al., 2002). In 2024, VCs were asked four new questions about engagement with their current role. These items measured perceptions that their role as a VC is important to the military justice process, provides important legal services to the victims, that the role is good for career progression, and whether they preferred to be in a non-VC role.

As shown in Figure 9, the vast majority of VCs agreed that their role is important to the military justice process and that they provide important legal services to victims. Although half of VCs reported that their current role is good for their career progression, only about one-third reported they would prefer to be in a non-VC role.

Figure 9.
Engagement Among Victims' Counsel

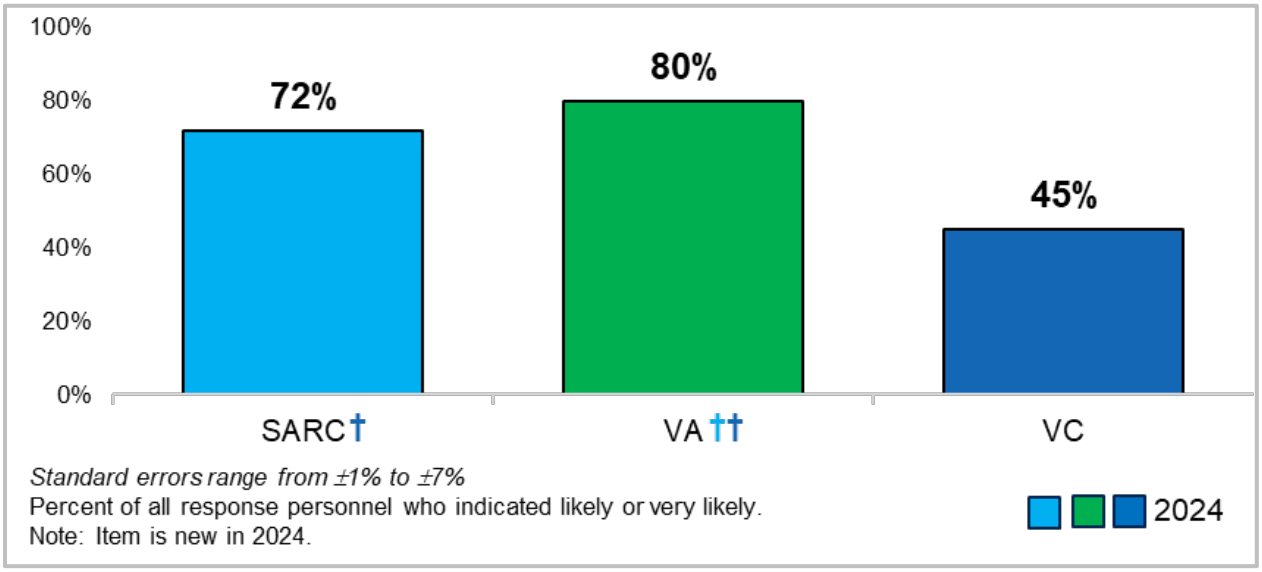


Retention Intentions

Retention is defined as an individual's voluntary decision to stay with their unit or organization after their obligated term of service has ended (i.e., as determined by their enlistment contract) or until the completion of the mission or project (Congressional Research Service, 2020; Das & Baruah, 2013; Knapp, 1993). One new item on retention intentions was added to *2024 QSAR*.

All responders were asked about their intentions to stay in their current role (Figure 10). SARCs and VAs reported high levels of retention intentions, but less than half of VCs indicated they would choose to stay in their current role. VAs were the most likely to indicate that they wished to remain in their current role followed by SARCs and then VCs.[12]

Figure 10.
Retention Intentions



Standard errors range from ±1% to ±7%
Percent of all response personnel who indicated likely or very likely.
Note: Item is new in 2024.

[12] VCs include military personnel who are assigned to this role in a time-limited position, while SARCs and some VAs may be civilians who are permanently in that role. The differences in retention intentions may reflect differences in the nature of their positions, although all persons were asked if they would stay if given the opportunity to do so.

Chapter 3:
Commander Relationships

This chapter explores responders' relationship with commanders, to include the support provided to commanders, the extent to which commands interact with responders as well as the Sexual Assault Prevention and Response (SAPR) program, responders' perceptions of recent changes to the military justice system, and the potential impacts of removing Sexual Assault Response Coordinators (SARC) and Victim Advocates (VA) from the operational chain of command.

Commander Support for Sexual Assault Responders

This section examines the degree to which sexual assault responders report they feel supported and valued by commanders, their perceptions regarding commanders' ability to address and provide support for sexual assault issues, and their level of interaction with and access to commanders. Sexual assault responders were asked whether they agreed or disagreed with a number of statements related to commander support and were asked how often they communicate with the commanders of victims and the commanders of alleged perpetrators involved in their cases. This information provides insight into the environment in which sexual assault responders operate and highlights leadership attitudes toward sexual assault. Commander attitudes and behaviors are important as they could contribute to secondary victimization (i.e., negative reactions, such as disbelief or victim blaming) and the development of post-traumatic stress disorder in victims of sexual assault (Campbell & Raja, 2005; Ullman et al., 2007; Ullman & Peter-Hagene, 2014).

Perceptions surrounding command support remained relatively high and there were few notable changes between 2024 and 2021 for SARCs, VAs, and Victims' Counsel (VC), as shown in Table 2. Although SARCs and VCs reported no significant changes between 2024 and 2021, VAs reported increases in their direct and unimpeded access to commanders and in being welcomed and shown professional respect when meeting new commanders.

SARCs reported higher levels of agreement than VAs and VCs that they have direct and unimpeded access to commanders, that they provide monthly updates to commanders, that commanders are comfortable speaking with victims of sexual assault, that they are supported fully by local commanders, and that they are welcomed and shown professional respect when meeting new commanders. SARCs also reported higher levels of agreement than VAs, but not VCs, regarding their perceptions on commanders considering them subject matter experts for SAPR or Sexual Harassment/Assault Response and Prevention (SHARP) issues, commanders considering them subject matter experts for SAPR/SHARP legal issues, and for headquarters supporting their needs. Finally, SARCs reported higher levels of agreement than VCs, but not VAs, regarding their perceptions on commanders' comfort speaking about SAPR/SHARP issues in general, commanders viewing their role as important, confidence that commanders would support them if they advocated for a victim or a victim focused process, and commander support for the SAPR/SHARP program.

VAs reported higher levels of agreement than VCs, but not SARCs, regarding commander comfort speaking with victims of sexual assault, commander comfort speaking about SAPR/SHARP issues in general, commanders supporting them fully, commanders viewing their role as important, and confidence that commanders would support them if they advocated for a victim or a victim focused process.

VCs reported consistently lower levels of agreement across many of these areas of commander support, but reported higher levels of agreement than both SARCs and VAs that commanders regard them as subject matter experts for SAPR/SHARP legal issues.

Table 2.
Commander Support

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	2021	2024	2021	2024	2021	2024
Direct/Unimpeded access to commanders	87%	**88%††**	66%	**69%↑**	70%	**60%**
Provide update to commanders monthly	84%	**84%††**	36%	**43%**	55%	**45%**
Commander comfortable speaking with victims	62%	**66%††**	60%	**60%†**	41%	**44%**
Commander comfortable speaking about sexual assault in general	70%	**72%†**	68%	**69%†**	45%	**50%**
Full commander support	84%	**84%††**	74%	**76%†**	55%	**52%**
Commander views role as important	84%	**81%†**	77%	**78%†**	64%	**59%**
Commander views as a subject matter expert	90%	**89%†**	68%	**67%**	NA	**NA**
Commander views as subject matter expert for legal issues	47%	**50%†**	34%	**35%**	80%	**81%††**
Headquarters supports needs	77%	**78%†**	67%	**69%**	89%	**76%**
Command support if advocating for a victim/victim focused process	90%	**89%†**	84%	**86%†**	75%	**68%**
SAPR/SHARP is supported by commanders	91%	**90%†**	86%	**88%**	87%	**76%**
SAPR/SHARP training is prioritized	76%	**75%**	74%	**75%**	68%	**71%**
Professional respect	87%	**89%††**	74%	**78%↑**	77%	**72%**

Note. Percent responding agree or strongly agree.
Standard errors do not exceed ±7%.
NA = Not Applicable.

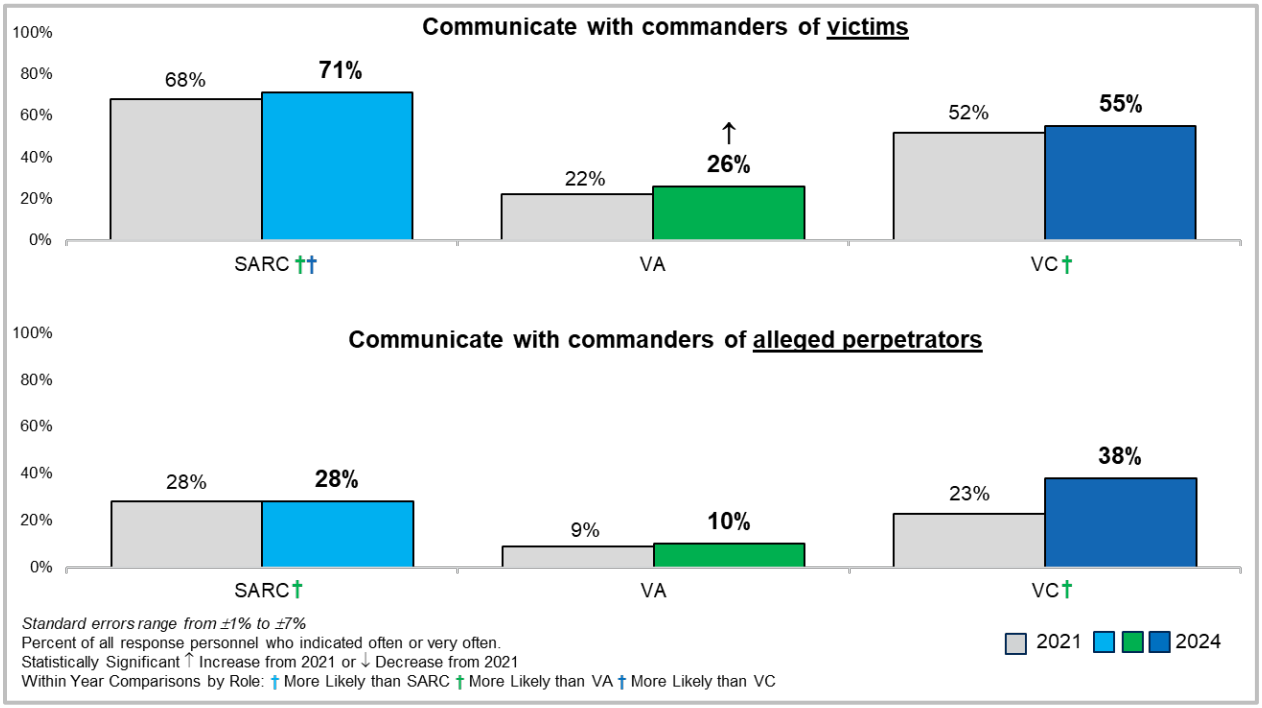
Communication with Victim's and Alleged Perpetrator's Commander(s)

Figure 11 displays the level of communication with commanders of victims and commanders of alleged perpetrators. The frequency of communication with commanders of both victims and alleged perpetrators remained stable for SARCs and VCs in 2024 compared to 2021. More VAs

reported that they communicate with commanders of victims often or very often in 2024 compared to 2021, but communication with commanders of alleged perpetrators remained unchanged.

The level of communication with commanders of victims and alleged perpetrators varied by role in 2024. More SARCs reported they communicate with commanders of victims often or very often than both VAs and VCs, and VCs reported higher levels of communication than did VAs. For communicating with commanders of alleged perpetrators, more SARCs and VCs both reported they communicate with these commanders often or very often than did VAs but did not significantly differ from each other.

Figure 11.
Access to Commanders of Victims and Commanders of Alleged Perpetrators



Chapter 4:
Support Services for Victims of Sexual Assault

The *2024 QuickCompass of Sexual Assault Response Personnel (2024 QSAR)* assessed the capability of prevention and response programs to support victims by asking sexual assault responders about victim care, collaboration among supporting agencies, and the existing programs, policies, and procedures that shape how care is provided to victims of sexual assault.

Victim Care

Victim care is defined here as the resources available to victims, the referrals made to victims, the appropriate care and responses to female and male victims, and the expedited transfer process.

Program Resources

Sexual Assault Response Coordinators (SARC) and Victim Advocates (VA) were asked to what extent their local program is provided with different types of resources to assist victims. Table 3 provides a complete breakdown of resource availability by role. As in 2021, the most common resource provided was reach-back support and the least frequently provided resource was clothing for victims. Fewer SARCs reported providing clothing for victims in 2024 compared to 2021 and similarly fewer VAs indicated providing clothing for victims, transportation for victims, and ability to meet with victims virtually. SARCs endorsed providing administrative support and reach-back support at a significantly lower rate than VAs did. Meanwhile, significantly more SARCs reported that the program had been able to provide government communication devices and the ability to meet virtually with victims compared to VAs.

Table 3.
Resources Provided to Programs

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021 Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA	SARC		VA	
	2021	2024	2021	2024
Reach-back support (i.e., get help/advice dealing with a case)	74%	**71%**	77%	**78%†**
Safe space to meet with victims	71%	**74%**	75%	**74%**
Private space to meet with victims	71%	**72%**	74%	**73%**
Administrative support	62%	**62%**	72%	**71%†**
Communication devices (e.g., government-provided mobile phone)	70%	**70%†**	63%	**63%**
Computer	75%	**75%†**	62%	**59%**
Ability to meet with victims virtually	64%	**60%†**	59%	**54%↓**
Transportation for victims	43%	**43%**	53%	**47%↓**
Clothing for victims	30%	**23%↓**	45%	**41%↓†**

Note. Percent responding large extent or very large extent.
Standard errors do not exceed ±3%.

Referral Resources

Sexual assault responders were asked whether they had referred victims to various resources in the last year. Table 4 provides details on referrals made by role. SARCs reported making more referrals to both local domestic violence shelters and local civilian medical health agencies in 2024 compared to 2021. VAs also reported making more referrals to local domestic violence shelters and civilian medical health agencies as well and additionally reported making more referrals to military medical health agencies. Victims' Counsel (VC) reported making significantly fewer referrals to local civilian police and military behavioral health clinics but made significantly more referrals to military equal opportunity programs in 2024 compared to in 2021.

There were significant differences in resource referral between roles for some resources. SARCs were more likely than VAs to make referrals to local rape crisis centers and peer-to-peer chat than VAs. VCs were more likely than VAs to make referrals to military equal opportunity programs, civilian behavioral health clinics, and military behavioral health clinics.

Table 4.
Referral to Resources

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021 Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	SARC		VA		VC	
	2021	2024	2021	2024	2021	2024
Military behavioral health clinic	62%	**66%†**	32%	**34%**	85%	**60%↓†**
Military medical health agencies	54%	**57%†**	25%	**29%↑**	66%	**65%†**
Military Equal Opportunity Program	51%	**55%†**	21%	**27%**	22%	**43%↑†**
Safe Helpline (SHL)	51%	**55%†**	29%	**32%**	18%	**NR**
On-base Family Advocacy Program (FAP)	45%	**49%†**	17%	**22%**	71%	**73%†**
Civilian behavioral health clinic	35%	**40%†**	14%	**15%**	43%	**32%†**
Local civilian medical health agencies	30%	**36%↑†**	10%	**12%↑**	18%	**24%**
Local civilian police	34%	**35%†**	10%	**11%**	64%	**43%↓†**
Local rape crisis center	32%	**34%†**	10%	**11%**	15%	**NR**
On-base police	33%	**33%†**	10%	**11%**	57%	**40%†**
Safe HelpRoom	25%	**27%†**	11%	**11%**	NR	**NR**
Group counseling	22%	**23%†**	10%	**12%**	26%	**NR**
On-base alcohol and drug abuse prevention programs	21%	**23%†**	10%	**14%**	22%	**NR**
Local domestic violence shelter	14%	**20%↑†**	5%	**7%↑**	31%	**35%††**
Peer-to-peer chat capability	18%	**18%†**	12%	**12%**	NR	**NR**
Safe Helpline mobile app	16%	**13%†**	9%	**8%**	NR	**NR**

Note. Percent responding yes.
Standard errors do not exceed ±7%.
NR = Not Reportable.

Quality of Care for Female and Male Victims

Sexual assault responders were asked about various aspects of victim care for female and male victims separately, such as appropriate care from health care providers and resources to support victims.

Table 5 provides details regarding various aspects of victim care for female victims by role. In 2024, SARCs' confidence in their ability to address the needs of female victims significantly increased. Although responses remained high, fewer VCs indicated that VCs provide an appropriate response to female victims. Fewer VCs indicated that female victims are less likely to be believed than male victims by their peers.

SARCs were more likely than VAs to indicate that their program meets the needs of female victims, that health care providers provide the appropriate care, that they feel confident in addressing their needs, and that they have the resources to assist them. SARCs were also more likely than VCs to indicate that health care providers provide the appropriate care to female victims. VAs were more likely than VCs to indicate health care providers provide the

appropriate care and more likely than both VCs and SARCs to indicate that they think female victims are less likely than male victims to be believed by peers.

Table 5.
Aspects of Support for Female Victims

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	2021	2024	2021	2024	2021	2024
Program meets their needs	85%	**87%†**	80%	**81%**	90%	**75%**
Current policies and programs provide sufficient guidance for supporting female victims	83%	**85%**	79%	**81%**	76%	**76%**
Health care providers provide the appropriate care	83%	**85%††**	80%	**81%†**	70%	**63%**
Military investigators provide an appropriate response	76%	**73%**	75%	**74%**	76%	**71%**
VCs provide an appropriate response	82%	**84%**	79%	**80%**	100%	**86%↓**
Think female victims are less likely than male victims to be believed by their peers	33%	**29%**	41%	**39%††**	44%	**22%↓**
Feel confident in addressing their needs	87%	**92%↑†**	82%	**83%**	93%	**82%**
Have the resources to assist them	86%	**87%†**	82%	**83%**	83%	**84%**

Note. Percent responding large extent or very large extent.
Standard errors do not exceed ±7%.

Table 6 provides details regarding various aspects of victim care for male victims by role. Regarding male victims, VCs indicated decreases in the extent to which their program meets the specific needs of male victims, that healthcare providers provide appropriate care, and that they have the resources to assist them. VCs also indicated decreases in thinking that male victims are less likely than female victims to be believed by their peers.

SARCs and VAs were more likely than VCs to report feeling that health care providers provide the appropriate care and that clinical support providers provide appropriate care. Additionally, VAs were more likely than VCs to indicate thinking that male victims are less likely than female victims to be believed by their peers. Finally, SARCs and VCs were both more likely than VAs to indicate that VCs provide an appropriate response.

Table 6.
Aspects of Support for Male Victims

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	2021	2024	2021	2024	2021	2024
Program meets their needs	73%	**75%**	72%	**72%**	88%	**65%↓**
Current policies and programs provide sufficient guidance for supporting female victims	75%	**76%**	72%	**74%**	76%	**68%**
Health care providers provide the appropriate care	76%	**76%†**	75%	**73%†**	75%	**50%↓**
Military investigators provide an appropriate response	71%	**71%**	71%	**69%**	66%	**61%**
VCs provide an appropriate response	79%	**82%†**	75%	**76%**	98%	**87%↓†**
Think male victims are less likely than female victims to be believed by their peers	34%	**40%**	42%	**44%†**	32%	**30%**
Feel confident in addressing their needs	83%	**83%**	77%	**79%**	97%	**80%↓**
Have the resources to assist them	79%	**82%**	77%	**79%**	86%	**72%**

Note. Percent responding large extent or very large extent.
Standard errors do not exceed ±8%.

Expedited Transfers

Victims who file Unrestricted Reports also have the option to request an expedited transfer, which reassigns, either temporarily or permanently, the victim away from their current unit or installation to a new unit or installation. Timelines for the transfer vary between one week (when reassigning to a new duty location at the same installation) to 30 days (when reassigning to a new installation). Expedited transfers are intended to be used when the victim is uncomfortable, such as when there are accusations of retaliation, but is physically safe. Victim consent is not needed for the sending SARC to share any case documentation with the receiving SARC. Additionally, U.S. Department of Defense (DoD) policy limits the information provided to the receiving SARC. The receiving commander is only notified when there is an active criminal case or legal proceeding, or continuing victim health care related to the assault.

SARCs and VAs were asked whether they had been involved in an expedited transfer of a victim in the last year. In 2024, 45% of SARCs and 17% of VAs indicated they were involved in an expedited transfer in the 12 months prior to taking the survey. The level of involvement was unchanged compared to 2021 for both SARCs and VAs (45% and 16%, respectively).

If SARCs indicated involvement in an expedited transfer, then they were then asked whether they had been on the receiving and/or sending end of an expedited transfer.[13] SARCs were also asked a series of follow-up questions regarding the expedited transfer process, such as the

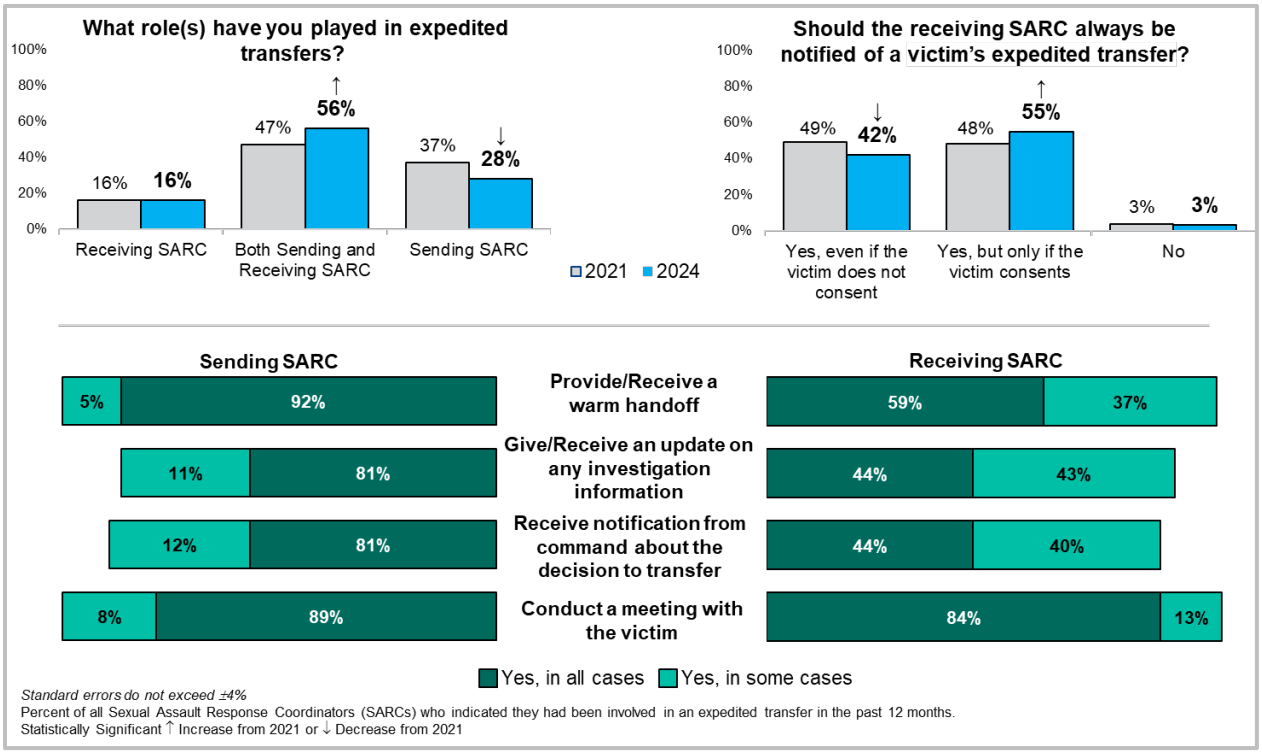
[13] The handling of expedited transfers in CMGs is covered in the section dedicated to CMGs and other collaborative aspects.

notification system, investigation updates, and the warm handoff of the victim between the SARCs, as well as their opinion of whether a receiving SARC should always be notified of an incoming transfer.

Figure 12 shows that in 2024 there was a significant increase in SARCs indicating that they acted as a sending and receiving SARC as well as a corresponding decrease in those indicating that they were a sending SARC only. Further, in 2024, there remained very low endorsement that receiving SARCs should not be notified at all, which was unchanged from 2021

With regard to perceptions of expedited transfer communications for receiving SARCs and sending SARCs, in 2024, the rates of communication from commanders, dissemination of updates regarding investigations, and warm handoffs between SARCs for both sending and receiving SARCs were unchanged compared to 2021. Still, as in 2021, there were major disparities between receiving and sending SARC reports in all three areas of expedited transfer communications.

Figure 12.
Expedited Transfers



Standard errors do not exceed ±4%
Percent of all Sexual Assault Response Coordinators (SARCs) who indicated they had been involved in an expedited transfer in the past 12 months.
Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021

Collaboration

Sexual assault responders were asked about various collaborative aspects of their programs, including involvement in CMGs and High Risk Response Teams (HRRT), collaboration with other professionals in the SAPR space, and collaboration with resources in the community.

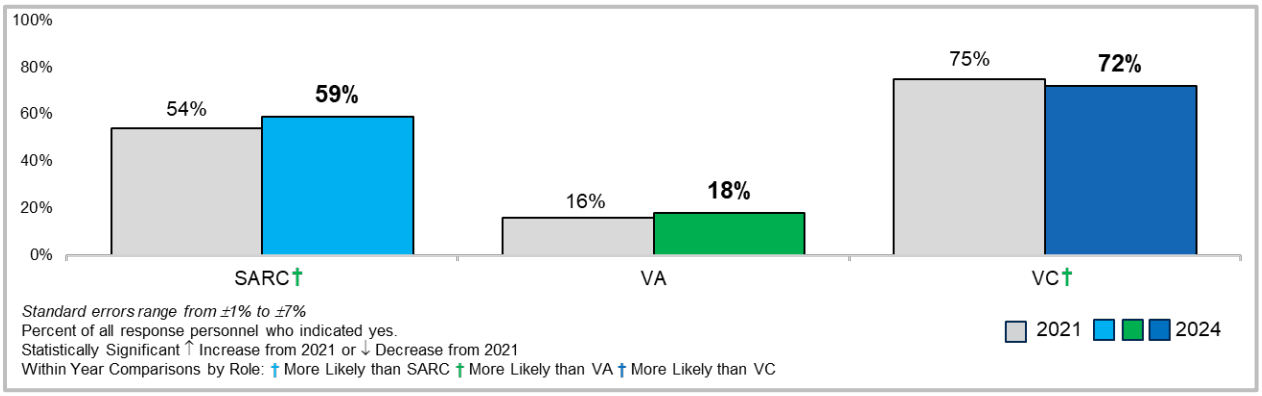
Case Management Groups

As discussed in chapter 2, CMGs are monthly, interdisciplinary meetings intended to facilitate victim care across multiple parties. Sexual assault responders were asked whether they were involved in a CMG in the past 12 months; if they indicated involvement, additional questions were asked about CMG nature (e.g., duration, who chairs the CMG) and effectiveness.

Case Management Group Involvement

Figure 13 displays CMG involvement by role. Across roles, there were no significant differences between 2024 and 2021. Comparisons between roles showed that SARCs and VCs were more likely than VAs to indicate being part of a CMG in the past year.

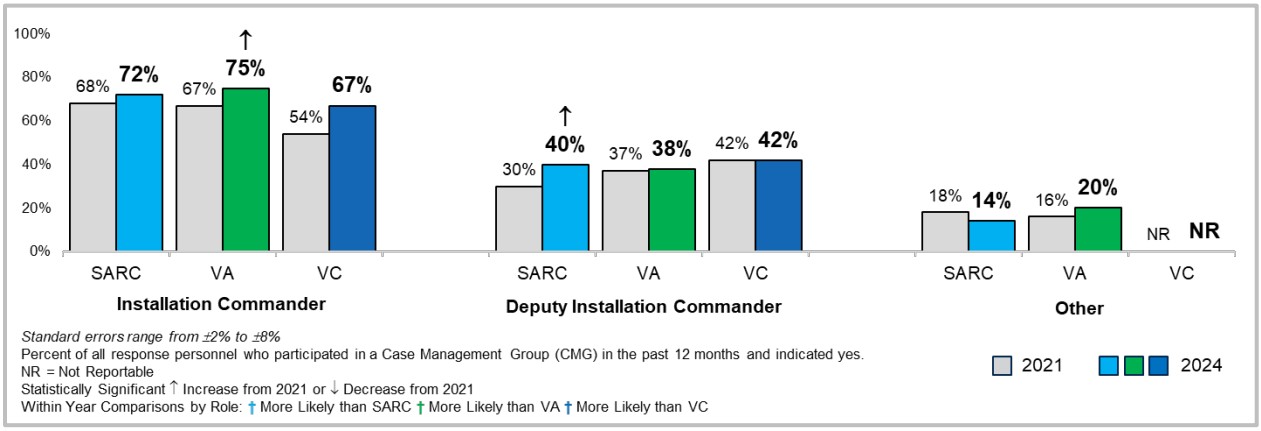
Figure 13.
Case Management Group Involvement



Case Management Group Characteristics

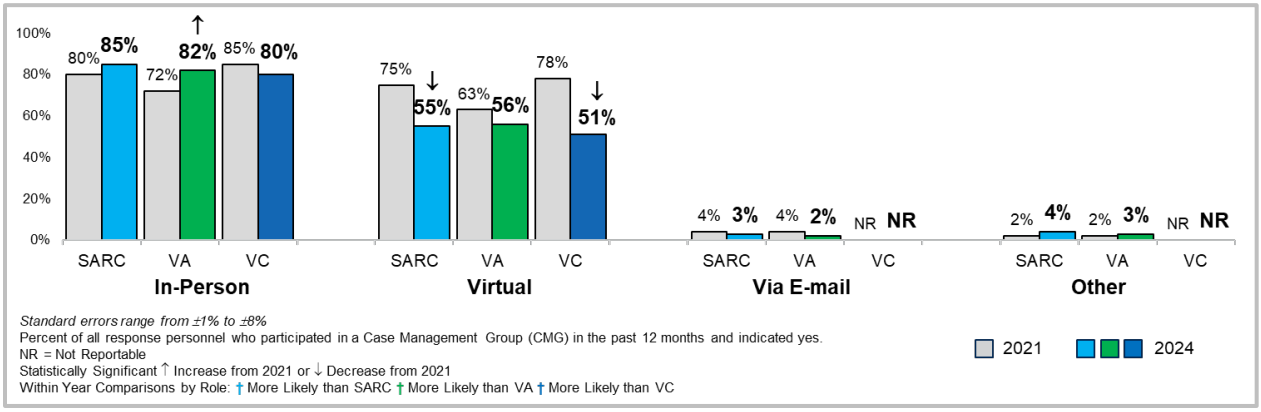
Figure 14 displays who typically chairs CMGs by role. SARCs indicated a significant increase in 2024 that a deputy installation commander typically chaired CMG meetings and VAs were more likely to report that the installation commander typically chaired CMG meetings in 2024 compared to 2021. Comparisons between roles showed that SARCs and VAs were more likely to indicate that other personnel typically chaired the CMG meetings.

Figure 14.
Case Management Group Chairperson



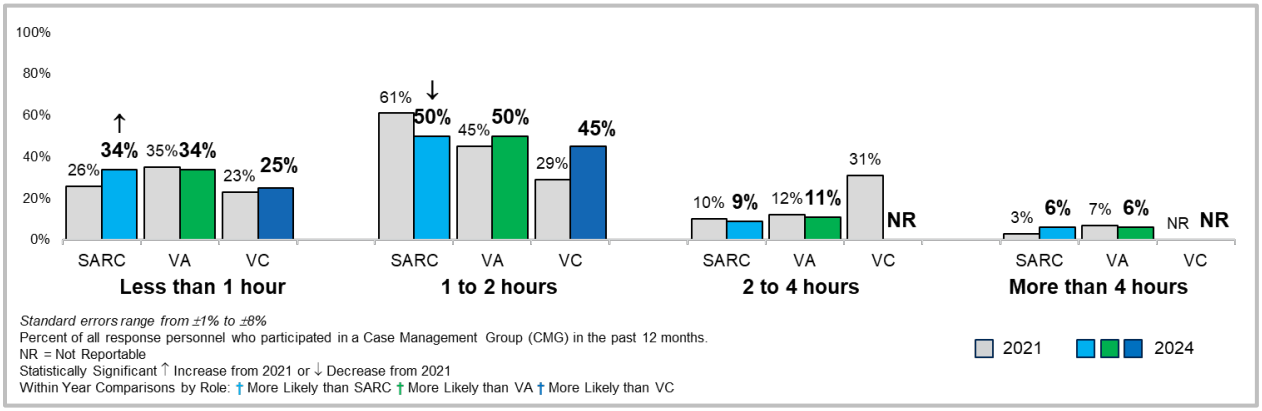
Sexual assault responders were asked whether CMG meetings had been conducted in-person, virtually through teleconferencing and/or via e-mail, or through "*Other*" means. Figure 15 shows these results by role. SARCs and VCs both indicated a significant decrease in CMGs held by videoconferencing and teleconferencing in 2024 compared to in 2021. VAs were more likely to report that CMGs were held as in person meetings in 2024 compared to in 2021

Figure 15.
Case Management Group Meeting Method



Sexual assault responders were asked to approximate how long CMG meetings tend to last on average. Between 2024 and 2021, SARCs indicated a significant increase in CMG meetings taking "*Less than 1 hour*" and a significant decrease in these meetings lasting "*1–2 hours*" (Figure 16).

Figure 16.
Case Management Group Meeting Length



Standard errors range from ±1% to ±8%
Percent of all response personnel who participated in a Case Management Group (CMG) in the past 12 months.
NR = Not Reportable
Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC

Case Management Group Effectiveness

Sexual assault responders were also asked about the effectiveness of CMGs in addressing issues related to victims of sexual assault, including retaliation, legal processes, information sharing, victim medical and mental health concerns, and expedited transfers. Table 7 shows these results by role. Perceptions about CMGs being effective in addressing victim medical and mental health concerns remained stable across all roles in 2024. SARCs and VAs were both more likely than VCs to indicate the CMGs were effective at addressing victim medical and mental health concerns. Additionally, VAs were more likely than SARCs and VCs to report that the meetings were effective at addressing retaliation.

Table 7.
Case Management Group Effectiveness

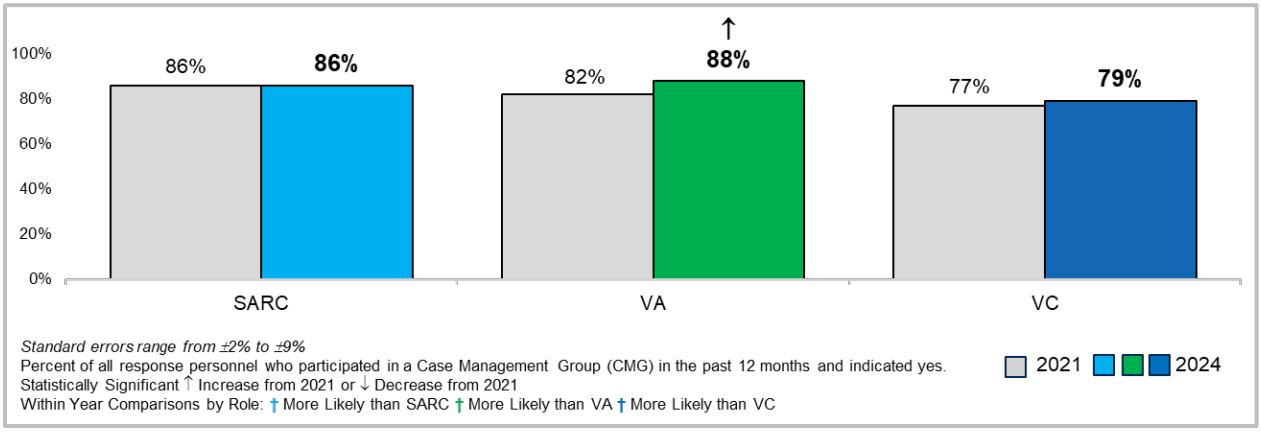
Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	**2021**	**2024**	**2021**	**2024**	**2021**	**2024**
Retaliation	70%	**64%**	77%	**76%††**	51%	**54%**
Legal (e.g., investigative adjudication)	81%	**78%**	80%	**80%**	61%	**65%**
Information sharing	87%	**83%**	86%	**84%**	83%	**84%**
Victim medical concerns	73%	**73%†**	78%	**75%†**	44%	**45%**
Victim mental health concerns	75%	**74%†**	80%	**76%†**	39%	**53%**
Expedited transfers	82%	**82%**	82%	**82%**	85%	**79%**

Note. Percent responding effective or very effective.
Standard errors range from ±2% to ±3%.

Finally, sexual assault responders were asked whether the CMG Chair asked about reports of retaliation against victims. Figure 17 displays CMG retaliation coverage by role. VAs reported an increase in the CMG Chair asking about reports of retaliation against victims in 2024

compared to 2021. There were no significant differences between roles regarding CMG Chairs asking about reports of retaliation.

Figure 17.
Case Management Group Covered Victim Retaliation

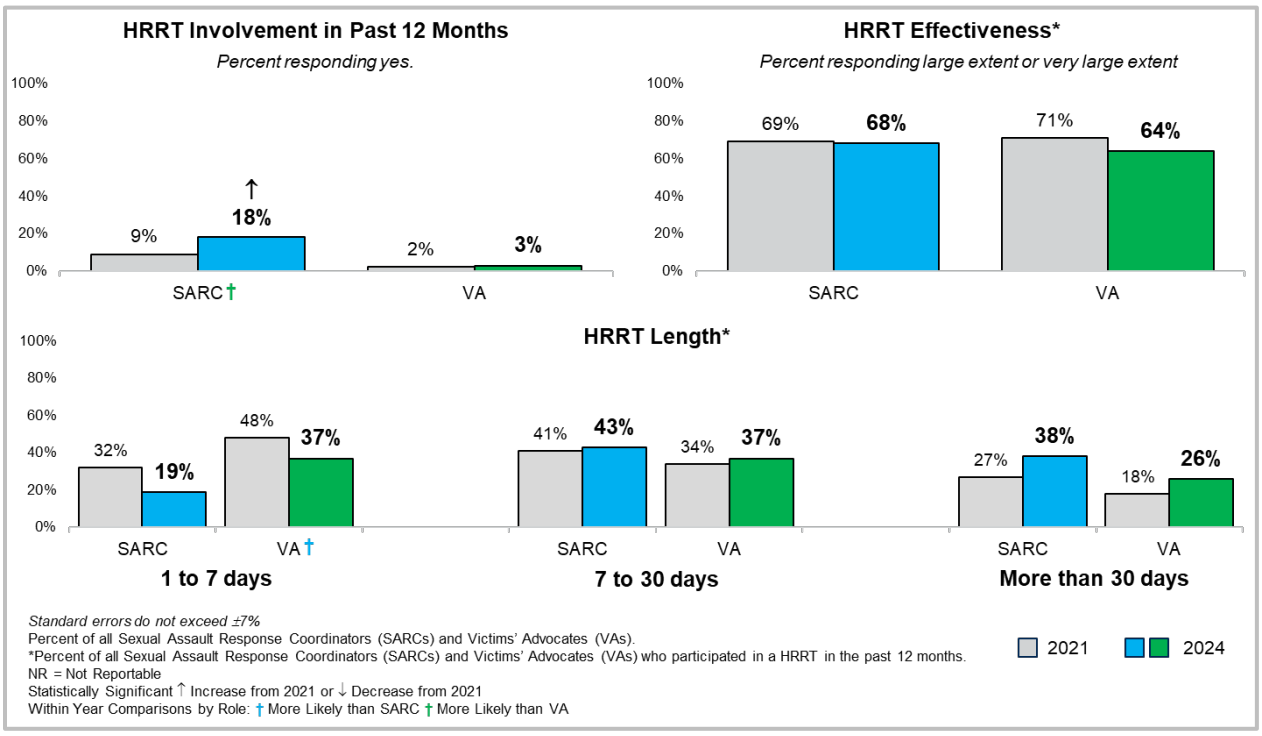


High-Risk Response Teams

If a sexual assault victim is deemed to be in a high-risk situation (e.g., alleged offender has a history of stalking the victim, made threats against the victim, history of violence against the victim), then the CMG Chair initiates a an HRRT. The HRRT is a multidisciplinary team charged with assessing the victim's safety and adopting safety plans to meet the victim's needs throughout the evolving situation (DoD Instruction [DoDI] 6495.02, 2021). SARCs and VAs were asked about their involvement in HRRTs, and, if involved, their insight into effectiveness and the time frame a HRRT remains in place. As only 6% of sexual assault responders reported HRRT involvement, the small sample size limited power for statistical analysis, and therefore there were few significant comparisons.

Figure 18 displays results for questions on HRRTs. SARCs reported a significant increase in HRRT involvement in 2024. Similarly, SARCs were involved in HRRTs at a significantly higher rate than VAs. Although opinions on effectiveness of HRRTs remained relatively high, there were no differences in response across roles when comparing 2024 and 2021. Likewise, there were no differences when examining between roles. Finally, there were no significant changes in 2024 compared to 2021 with regard to how long HRRTs were put in place on average; however VAs reported HRRTs lasting one to seven days at a higher rate than did SARCs.

Figure 18.
High-Risk Response Teams



Victim Care Support from Personnel

Sexual assault responders were asked to what extent they received appropriate support from other personnel in their efforts to assist victims. Table 8 presents these findings by role.

In 2024, VAs reported increased support from VCs, SARCs, military criminal investigative organizations (MCIOs), prevention specialists, victim witness liaisons, medical professionals, and behavioral health professionals. Compared to 2021, VCs reported a decrease regarding the support received from behavioral health professionals and chaplains.

SARCs were more likely than VCs to report receiving appropriate support from VAs, Equal Employment Opportunity (EEO) Office, Military Equal Opportunity (MEO) program/ Equal Opportunity Advisors (EOAs), medical professionals, behavioral health specialists, and chaplains. Additionally, SARCs were more likely than VAs to report support from MCIOs. Conversely, VAs were more likely than SARCs to report support from Family Advocacy Program (FAP), EEO offices, MEO/EOAs, prevention specialists, and victim witness liaisons. Additionally, VAs were more likely than VCs to report support from FAP, EEO offices, MEO/EOAs, prevention specialists, medical professionals, behavioral health specialists, and chaplains.

Table 8.
Victim Care Support from Personnel

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	2021	2024	2021	2024	2021	2024
SARC	NA	**NA**	80%	**84%↑**	82%	**86%**
VA	79%	**82%†**	NA	**NA**	76%	**68%**
VC	71%	**70%**	64%	**69%↑**	NA	**NA**
Military Criminal Investigative Organization (MCIO)	66%	**64%†**	52%	**58%↑**	67%	**65%**
Family Advocacy Program (FAP)	52%	**51%**	55%	**66%↑††**	45%	**40%**
Equal Employment Opportunity (EEO) Office	57%	**52%†**	56%	**63%↑††**	17%	**27%**
Military Equal Opportunity (MEO) Program/Equal Opportunity Advisors (EOAs)	55%	**55%**	65%	**61%†**	NR	**NR**
Prevention Specialist	37%	**43%**	48%	**55%↑††**	12%	**26%**
Victim Witness Liaison	37%	**34%**	46%	**51%↑†**	39%	**47%**
Medical Professionals	62%	**67%†**	62%	**67%↑†**	49%	**32%**
Behavior Health Professionals	69%	**71%†**	61%	**67%↑†**	55%	**26%↓**
Chaplain/Chaplain Staff	74%	**73%†**	68%	**75%↑†**	53%	**30%↓**

Note. Percent responding large extent or very large extent.
Standard errors do not exceed ±11%.
NA = Not Applicable; NR = Not Reportable.

Community Collaboration

Sexual assault responders were asked how often they collaborated with different resources in the community to support victims. Table 9 provides details for community collaboration by role. In 2024, SARCs indicated increases in collaboration with FAP and U.S. Department of Veterans Affairs (VA) Military Sexual Trauma (MST) coordinators. VAs reported significant increases in collaboration with every community resource listed. Meanwhile, VCs indicated an increase in collaboration with SAPR Connect in 2024 compared to in 2021.

SARCs reported higher rates of collaboration than VCs and VAs with the following resources: Local rape crisis centers, local domestic violence shelters, local civilian health agencies, on-base alcohol and drug abuse prevention programs, MEO program, and on-base police. Additionally, SARCs reported more collaboration than did VAs with local civilian police, FAP, and on-base police. VCs indicated higher rates of collaboration than did SARCs and VAs with FAP and SAPR Connect. Additionally, VCs indicated greater collaboration with on-base police than did VAs.

Table 9.
Collaboration with Community Resources

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	2021	2024	2021	2024	2021	2024
Local rape crisis center	22%	**24%†**	8%	**14%↑**	NR	**NR**
Local civilian police	18%	**18%†**	7%	**10%↑**	12%	**17%**
Local domestic violence shelter	14%	**16%†**	6%	**11%↑**	NR	**NR**
Local civilian health agencies	22%	**23%†**	8%	**14%↑**	NR	**NR**
On-base alcohol and drug abuse prevention programs	24%	**27%†**	10%	**19%↑**	NR	**NR**
Military Equal Opportunity (MEO) Program	48%	**50%†**	20%	**31%↑**	NR	**NR**
On-base Family Advocacy Program (FAP)	32%	**41%↑†**	14%	**25%↑**	50%	**65%††**
On-base police	36%	**40%†**	12%	**22%↑**	52%	**40%†**
Veterans Affairs (VA) Military Sexual Trauma (MST) Coordinator	17%	**22%↑†**	8%	**15%↑**	NR	**NR**
SAPR Connect	27%	**24%**	18%	**25%↑**	35%	**56%↑††**

Note. Percent responding often or very often.
Standard errors do not exceed ±8%.
NR = Not Reportable.

Programs, Policies, and Procedures

Sexual assault responders were asked whether clear policies and procedures were in place for victim care (e.g., ensure victim safety, obtain protective orders, expedited transfers), including when different populations (e.g., foreign nationals, dependents) are involved in the case, and/or when in a joint environment.

Program Procedure Clarity for Different Situations

Table 10 presents the results in program procedure clarity for situations by role. In 2024, compared to 2021, SARCs reported significantly lower rates of clarity regarding expedited transfers whereas VCs reported higher rates of clarity when it came to ensuring victims' privacy when handling cases. VCs also reported lower rates of clarity when obtaining a Military Protective Order (MPO).

SARCs were more likely than VCs to indicate clear procedures for obtaining an MPO. VCs were more likely than SARCs and VAs to indicate clarity of ensuring victims' safety when handling cases as well as ensuring victims' privacy when handling cases. VAs were more likely than SARCs and VCs to indicate clarity of obtaining a Civilian Protective Order (CPO) and additionally, VAs were more likely than SARCs to indicate having clear procedures for ensuring SARCs' and VAs' personal safety when handling a case.

Table 10.
Program Procedure Clarity for Situations

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	2021	2024	2021	2024	2021	2024
Ensuring victims' safety when handling cases	97%	**96%**	97%	**98%**	97%	**100%††**
Ensuring victims' privacy when handling cases	98%	**96%**	97%	**97%**	91%	**100%↑††**
Ensuring SARCs' and VAs' personal safety when handling a case	92%	**91%**	95%	**96%†**	88%	**95%**
Obtaining a Military Protective Order (MPO)	95%	**93%**	95%	**95%**	99%	**85%↓**
Obtaining a Civilian Protective Order (CPO)	86%	**88%**	92%	**92%††**	74%	**76%**
Providing a VC	96%	**96%**	96%	**97%**	98%	**97%**
Requesting expedited transfers	97%	**94%↓**	96%	**96%**	98%	**93%**
Providing ways to report retaliation	93%	**93%**	95%	**96%**	97%	**90%**
Handing off cases to the SARC at the victim's next location	93%	**92%**	94%	**95%**	94%	**85%**

Note. Percent responding yes.
Standard errors do not exceed ±7%.

Program Procedures for Different Populations

Sexual assault responders were also asked whether their programs have clear procedures for handling cases involving eight types of personnel including a joint operating environment, foreign nationals, DoD civilian employees, dependents, contractors, visiting personnel, deployed military members, and Coast Guard civilian employees.

Table 11 details program procedure clarity for different populations by role. There was one significant trend by role in 2024 as VAs reported lower rates of clear procedure for cases regarding foreign nationals than in 2021. Comparing between roles, VAs reported clear procedures at a higher rate than SARCs and VCs for contractors. Additionally, VAs reported clear procedures at a higher rate than SARCs for a joint operating environment, foreign nationals, and deployed military members.

Table 11.
Program Procedure Clarity for Different Entities

Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021	SARC		VA		VC	
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC	2021	2024	2021	2024	2021	2024
A joint operating environment	74%	**71%**	84%	**82%†**	74%	**67%**
Foreign nationals	51%	**48%**	66%	**62%↓†**	63%	**50%**
DoD civilian employees	90%	**89%**	91%	**91%**	89%	**81%**
Dependents	92%	**91%**	92%	**93%**	99%	**94%**
Contractors	78%	**74%**	84%	**83%††**	71%	**66%**
Visiting personnel, such as trainees, National Guard, and Reserve members	80%	**83%**	85%	**86%**	84%	**81%**
Deployed military members	87%	**85%**	91%	**90%†**	89%	**89%**

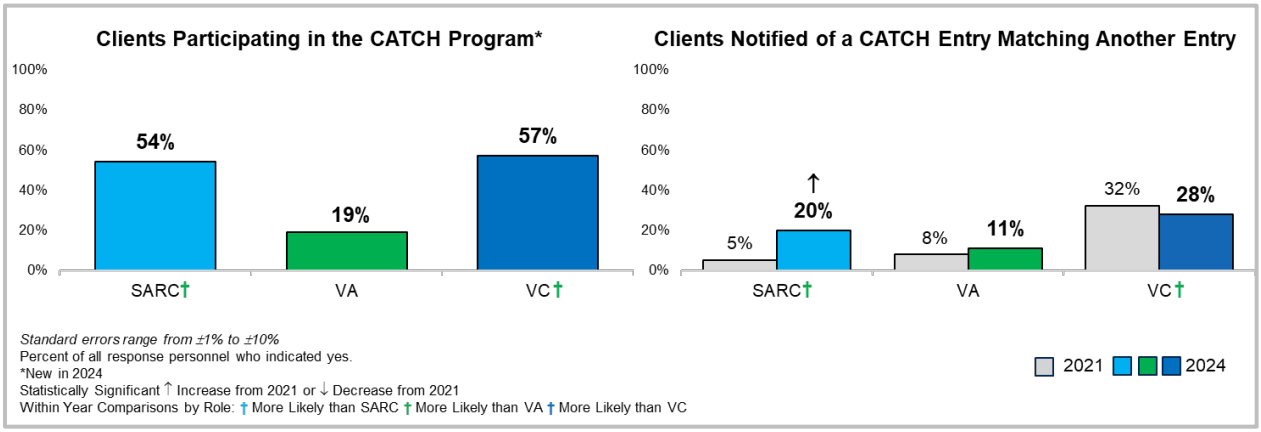
Note. Percent responding yes.
Standard errors do not exceed ±9%.

Catch a Serial Offender (CATCH) Program

CATCH provides a system for adult sexual assault victims, including those with restricted reports, to voluntarily submit anonymous reports of their assault. The system identifies whether the alleged perpetrator was involved in other sexual assaults, resulting in a "match," in the system (DoDI 6495.02, 2021). CATCH reached its full operating capability in August 2019, and although new items regarding the program were first introduced on the *2021 QSAR*, several items were revised for the *2024 QSAR*. Sexual assault responders were asked whether they had any victims request to submit an entry to the CATCH program. If they indicated that they had, then they were asked if they had any clients that were notified that their CATCH entry matched another entry.

Figure 19 provides detailed information on CATCH participation and CATCH match notification, respectively, by role. VAs were significantly less likely than both SARCS and VCs to have a client request to participate in CATCH. With respect to notification, in 2024, SARCs were significantly more likely than in 2021 to report they had at least one client being notified of a match. VAs reported at least one client receiving a CATCH notification at a significantly lower rate than both SARCs and VCs.

Figure 19.
Catch a Serial Offender (CATCH) Program



Qualitative Insights Regarding the Catch a Serial Offender (CATCH) Program

Responses from Sexual Assault Responders*: Please share the factors or information that might influence a victim's decision to participate in the investigation after being notified about a match in the CATCH system.*

SARCs, VAs, and VCs were then asked for further insights into the factors that might influence a victim's decision to participate in the investigation after being notified about a match in the CATCH system. Most commonly, responders highlighted factors such as the encouragement victims may feel from seeing other victims participate, as knowing they are not alone in their experiences can give them courage. Additionally, the time proximity of the other match to the victim's initial report and whether the other match is unrestricted can influence the decision to participate. Victims may also be deterred by concerns about retaliation or the fear of re-traumatization.

"The victim wanted to know if the other victim(s) were going to participate. While there was still a match, the victim still did not want to be the only victim participating." —**SARC**

"Sometimes the survivor goes unrestricted after a CATCH hit because they see they were not the first and want to be the last, but more often it is when they see that there was someone after them. Sometimes seeing that there is a hit but that person is unrestricted gives a reluctant survivors hope that justice can happen without their having to come forward. Repeat offenders are great at grooming and often use shaming to deter victims from reporting." —**VC**

Chapter 5:
Sexual Assualt Prevention and Response (SAPR Professional Training

This chapter explores the state of training that sexual assault responders receive in order to perform their duties pertaining to victim care, specifically the effectiveness of their training to support victims to include instances of retaliation and their opinions on the U.S. Department of Defense (DoD) Sexual Assault Advocate Certification Program (D-SAACP).

Effectiveness of Training

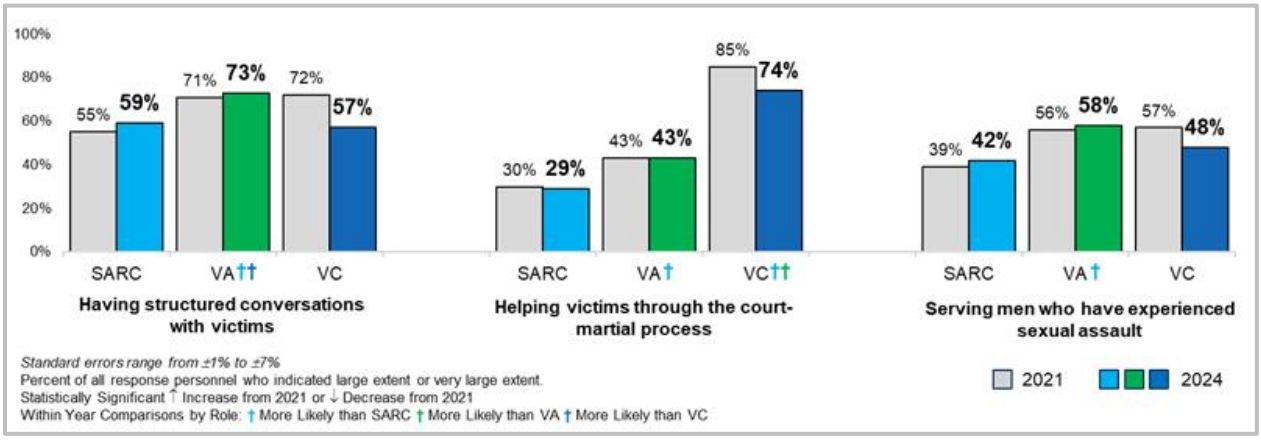
This section describes sexual assault responders' opinions about the effectiveness of the training received by those responders in support of their ability to serve victims.

Effectiveness of Initial Training

Sexual assault responders were asked about their experiences and opinions regarding the initial training they received in order to perform their duties as Sexual Assault Response Coordinators (SARC), Victim Advocates (VA), and Victims' Counsel (VC). Specifically, they were asked their opinions on how well their initial training prepared them to have structured conversations with victims of sexual assault, preparedness to walk victims of sexual assault through the court-martial process, and preparedness to serve men who experienced sexual assault.

Figure 20 shows responders' opinions about the effectiveness of their initial training by role. There were no significant differences in sexual assault responders' feelings of how well their initial training prepared them for victim care duties in 2024 compared to in 2021. VAs felt most prepared to have conversations with victims compared to SARCs and VCs. SARCs and VAs felt significantly less prepared to help victims through the court-martial process compared to VCs. Finally, VAs felt more prepared to serve men who experienced sexual assault compared to SARCs.

Figure 20.
Effectiveness of Initial Training



Training on Retaliation Against Victims

Sexual assault responders were asked about their opinions on the training they received to address retaliation against victims of sexual assault. Specifically, they were asked whether they had received training regarding retaliation against victims, how well that training prepared them to handle retaliation against victims while carrying out their duties, and factors that led to their feelings of preparedness or feelings of unpreparedness.

Figure 21 presents the percent of sexual assault responders who reported that they had received training on dealing with retaliation against victims. In 2024, more SARCs and VAs reported that they had received retaliation training compared to in 2021. SARCs reported significantly higher rates of receiving training on the topic than VAs.

Figure 21.
Received Training on Retaliation Against Victims

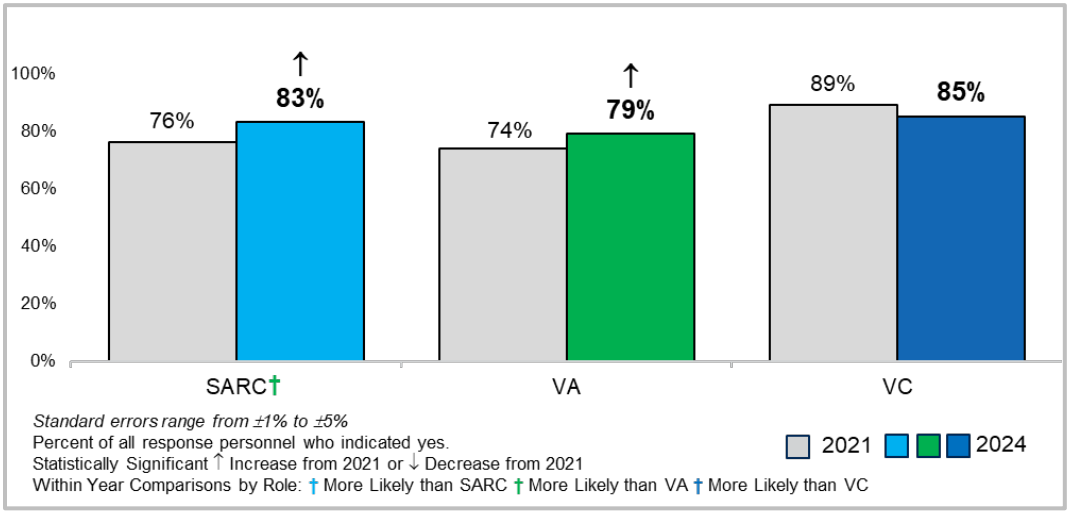
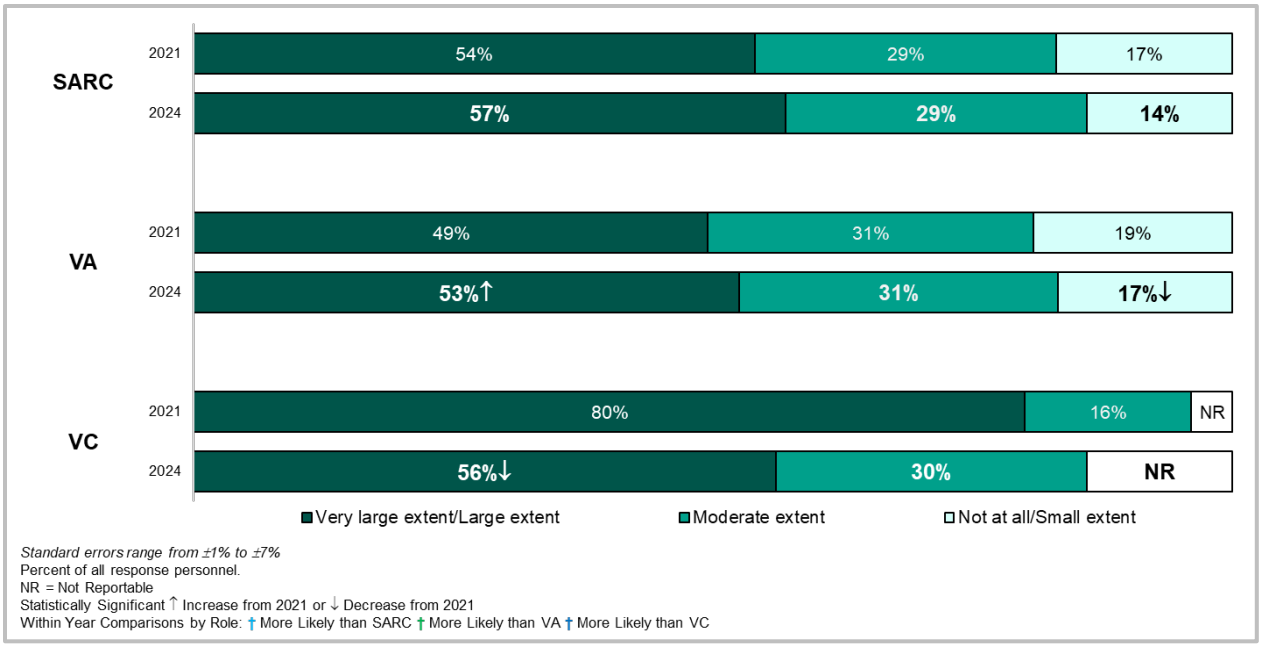


Figure 22 presents the extent to which responders felt prepared to handle retaliation against victims of sexual assault. VAs reported a significant increase in preparedness to a large/very large extent whereas VCs reported a significant decrease in 2024 compared to 2021.

Figure 22.
Extent Feel Prepared to Deal with Victim Retaliation Issues



Standard errors range from ±1% to ±7%
Percent of all response personnel.
NR = Not Reportable
Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021
Within Year Comparisons by Role: † More Likely than SARC † More Likely than VA † More Likely than VC

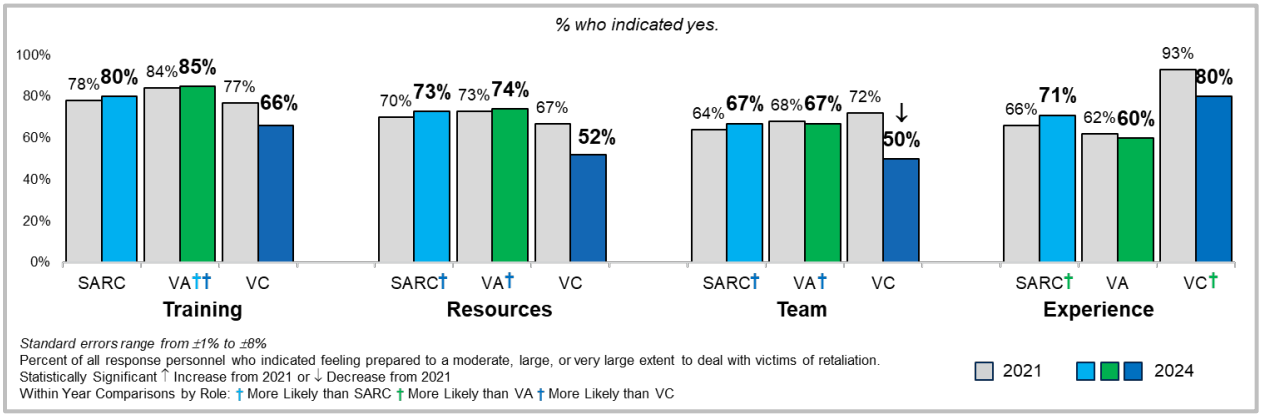
Factors Contributing to Sense of Preparedness to Deal with Victim Retaliation

Of the sexual assault responders who provided their opinion on their level of preparedness to deal with retaliation against victims of sexual assault, those that answered feeling moderately to very largely prepared (as shown in Figure 22; approximately 86% of SARCs, 83% of VAs, and 86% of VCs) were asked about factors that contributed to that sense of preparedness, namely training, resources, their team, and experience.

Figure 23 displays the factors contributing to that preparedness by role among sexual assault responders that felt well-prepared to deal with retaliation against victims of sexual assault. VCs reported a significant decrease in their team being a factor contributing to preparedness in 2024 compared to 2021.

SARCs were more likely than VAs to say that experience was a contributing factor. However, both roles were less likely to endorse experience as a contributing factor to their preparedness than VCs. VAs, on the other hand, most frequently endorsed training as a contributing factor, to a greater extent than both SARCs and VCs. Furthermore, a greater percentage of SARCs and VAs than VCs indicated that resources and their team contributed to preparedness.

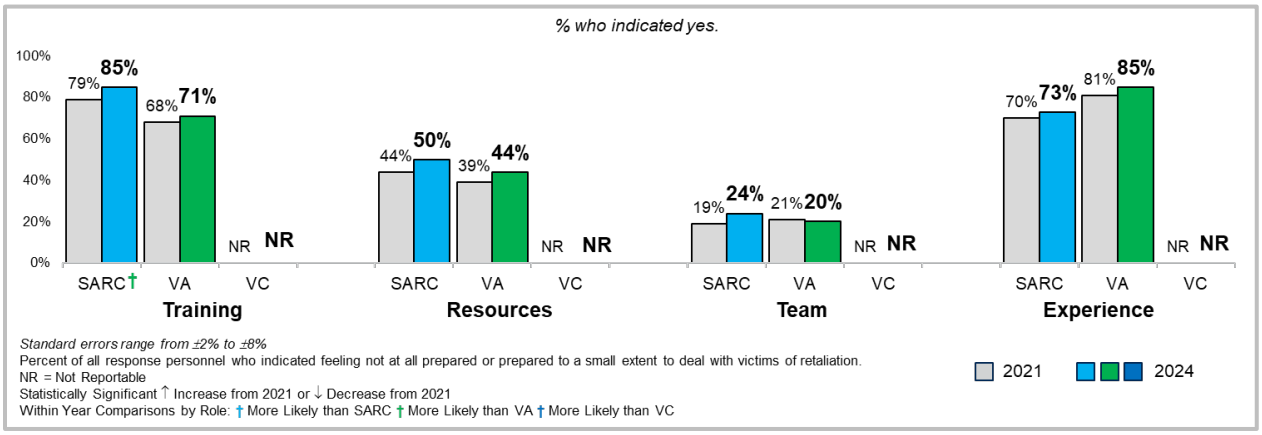
Figure 23.
Factors Contributing to Preparedness to Deal with Victim Retaliation



Sexual assault responders who answered that they felt prepared to a small extent or not at all (as shown in Figure 22; approximately 14% of SARCs, 17% of VAs; results for VCs were not reportable) were asked about the factors preventing them from feeling prepared, namely whether their training, resources, their team, and experience, contributed to their feelings of unpreparedness.

As seen in Figure 24, SARCs were significantly more likely than VAs to say training was a contributing factor to feeling unprepared. The number of VCs who reported feeling unprepared was too small to generate reliable estimates for the factors contributing to unpreparedness.

Figure 24.
Factors Contributing to Unpreparedness to Deal with Victim Retaliation



DoD Sexual Assault Advocate Certification Program Training

Sexual assault responders were asked about their opinions on the D-SAACP and how the certification prepared them to provide victim assistance. Note that VCs are not required to attain D-SAACP certification, and as a result, these questions were only asked of SARCs and VAs.

Additionally, results are presented by role as well as the D-SAACP certification level of the responders.

Figure 25 depicts the extent to which SARCs and VAs felt that the D-SAACP helped to enhance their skills in working with victims and standardized the delivery of victim assistance. There were no significant changes in 2024 compared to 2021. VAs were more likely than SARCs to report that the certification program helped with standardization to a large or very large extent.

Figure 25.
D-SAACP Certification Benefits by Role

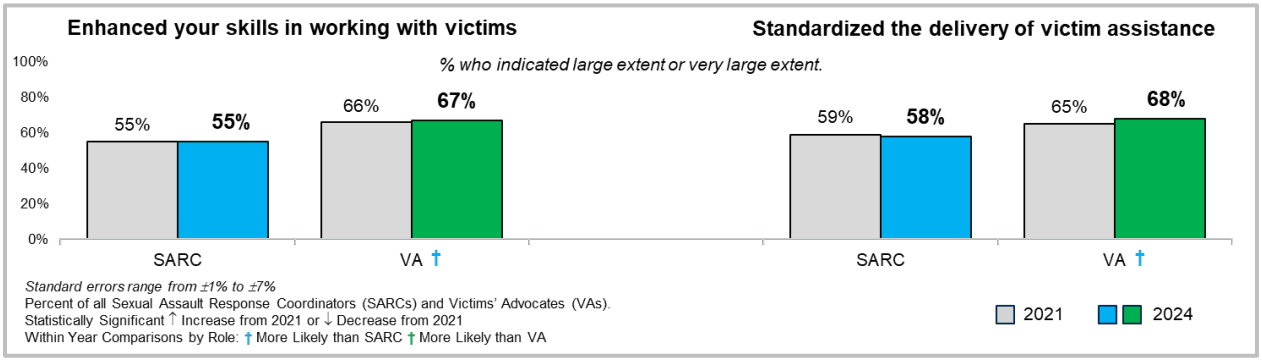
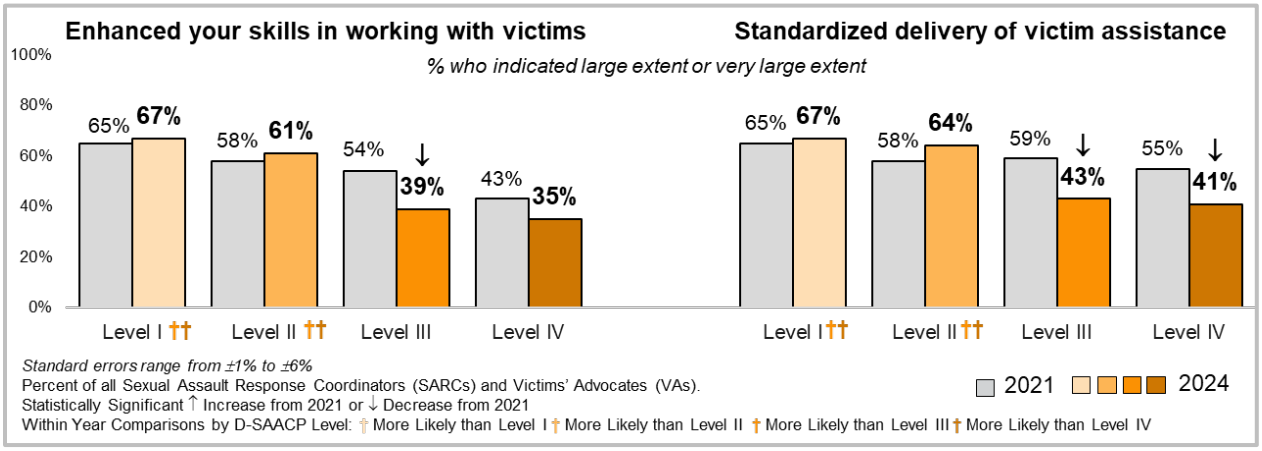


Figure 26 presents the findings by D-SAACP level. As sexual assault responders attained higher levels of D-SAACP certification, they felt that the program was less effective at enhancing their skills in working with victims. Enhancement was highest for Level I responders and decreased with each increase in level. Level III responders reported a decrease in the level of enhancement they experienced from D-SAACP training in 2024 compared to 2021. As D-SAACP level increased, a similar drop-off was observed in this domain as levels of endorsement decreased with each level of certification. Level III responders reported a significant decrease in the program's ability to help standardize victim assistance as did Level IV responders. Levels III and IV responders were also significantly lower in 2024 when compared to Level II responders.

Figure 26.
D-SAACP Certification Benefits by D-SAACP Level



D-SAACP and Responder Intentions

This section depicts responders' experiences with pursuing continuing education, their plans and motivation to pursue higher levels of certification, and the existence of barriers to moving up levels within the certification program.

Figure 27 presents findings on sexual assault responders' support for and intentions to continue progressing to the next D-SAACP certification level. Most of these items remained unchanged from 2021, except that fewer VAs planned to pursue the next level of certification in 2024. Overall, the majority of SARCs and VAs reported that their chain of command supported their requests to pursue continuing education requirements and that they were motivated to pursue the next level.

SARCs were more likely than VAs to indicate that they planned to pursue the next level of certification and indicate that they were very motivated to advance. Despite reporting plans to advance and relatively high levels of motivation, more than one-third of both SARCs and VAs reported experiencing barriers to advancing their certification.

Figure 27.
Support for and Intentions to Continue D-SAACP by Role

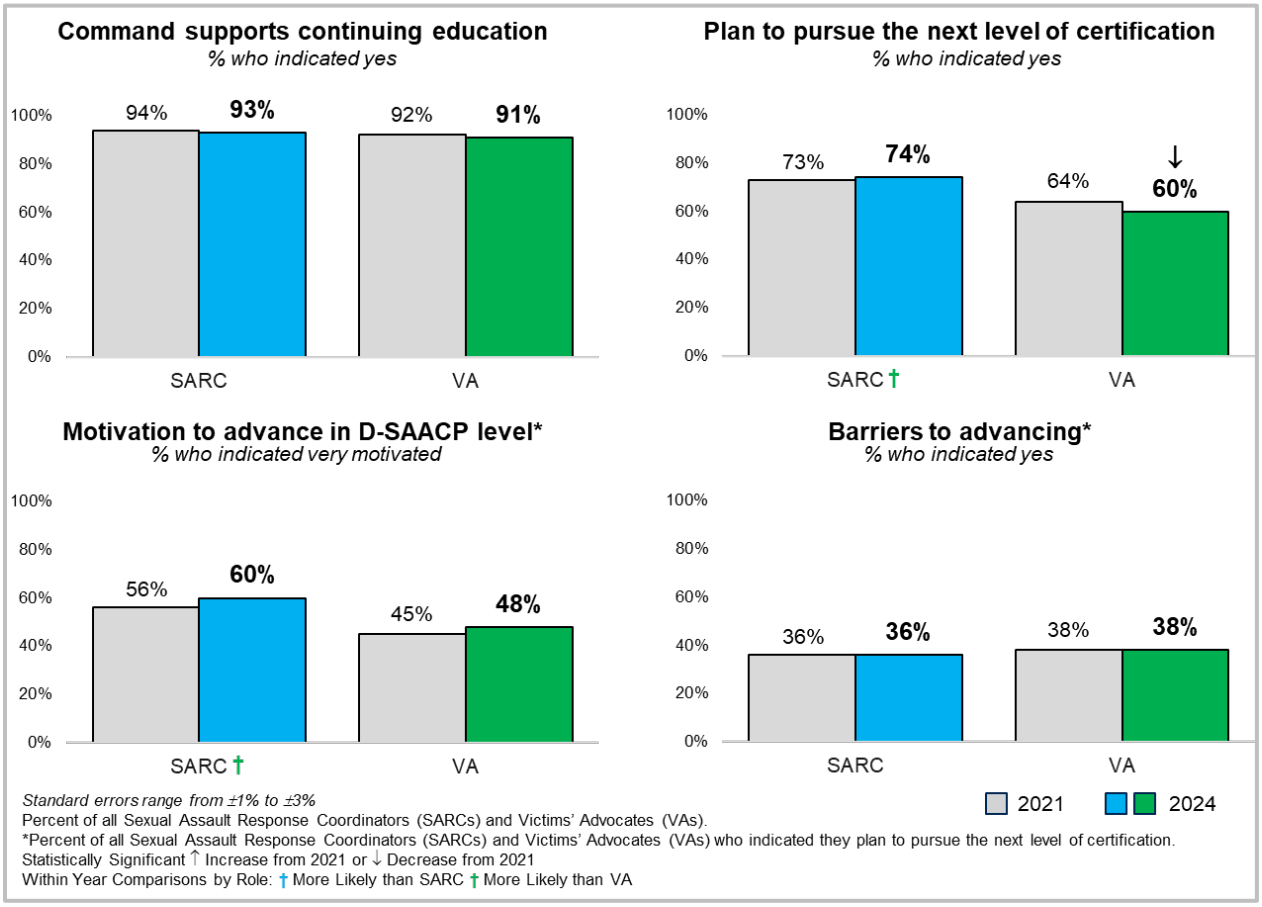
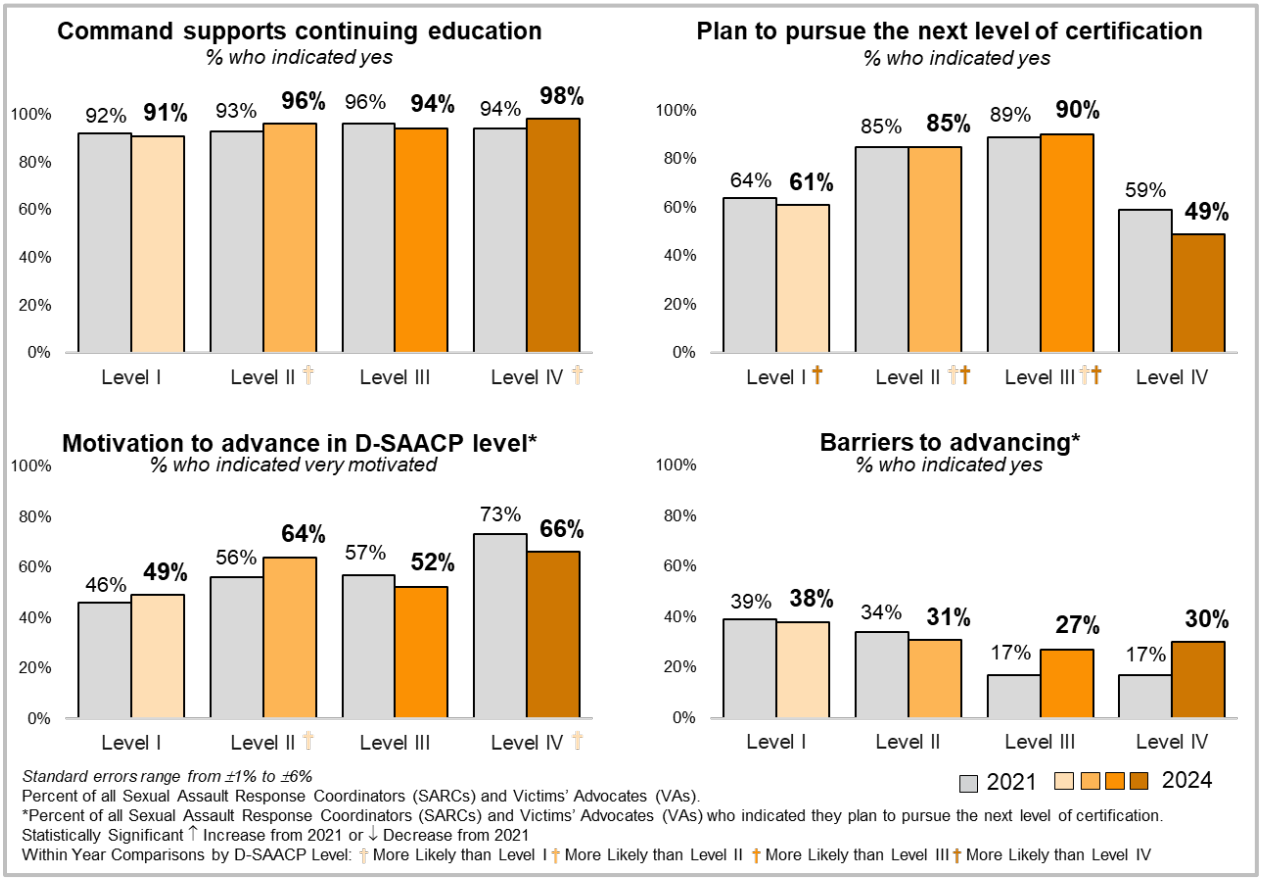


Figure 28 presents the results by D-SAACP level. Results remained stable in 2024 compared to 2021. Level II responders were more likely than Level I responders to endorse that their chain of command supports their continuing education efforts. Level IV and Level II responders were both more likely than Level I responders to indicate a high level of motivation to advance in D-SAACP certification. Level III and Level II responders were more likely than Level I responders to indicate that they planned to pursue the next level of certification.

Figure 28.
Support for and Intentions to Continue D-SAACP by D-SAACP Level



Standard errors range from ±1% to ±6%
Percent of all Sexual Assault Response Coordinators (SARCs) and Victims' Advocates (VAs).
*Percent of all Sexual Assault Response Coordinators (SARCs) and Victims' Advocates (VAs) who indicated they plan to pursue the next level of certification.
Statistically Significant ↑ Increase from 2021 or ↓ Decrease from 2021
Within Year Comparisons by D-SAACP Level: † More Likely than Level I † More Likely than Level II † More Likely than Level III † More Likely than Level IV

Qualitative Insights Regarding Barriers to D-SAACP Level Advancement

Responses from Sexual Assault Responders: ***What are the barriers to moving to the next level of your DoD Sexual Assault Advocate Certification Program (D-SAACP) certification?***

SARCs and VAs were then asked to describe the barriers stopping them from moving to the next level of their D-SAACP certification. Many responders pointed to a lack of time and insufficient staffing in their office as significant obstacles to moving up to the next level. Others reported finding it challenging to meet the required number of hours for providing victim support. Additionally, some responders expressed frustration with a lack of approval from leadership, feeling that their positions were not adequately supported. The D-SAACP certification process itself was also sometimes seen as unclear and complicated, with some respondents unsure of the specific steps needed to advance.

"Time. In our current climate for collateral positions, manpower is a major concern. Not enough time in a day to accomplish the work mission and SHARP related courses." —**SARC**

"It is virtually impossible for me to meet the number of hours required to advance to the next level as a part-time [TITLE] where other duties will always attempt to compete for the time/resources/effort that I could put into my program, especially as a commissioned officer. This will be made totally impossible through the removal of all uniformed [TITLE]/[TITLE]." —**VA**

Chapter 6: Conclusion

The *2024 QuickCompass of Sexual Assault Response Personnel* (*2024 QSAR*) surveyed sexual assault responders about their background, training, and perceptions of the Sexual Assault Prevention and Response (SAPR) program. Survey participants included Sexual Assault Response Coordinators (SARC), Victim Advocates (VA), and Victims' Counsel (VC). These responders were from all branches of the military, including the Army, Navy, Marine Corps, Air Force, and U.S. Department of Defense (DoD) agencies; responders could be on active duty, in the National Guard/Reserve, or they could be civilians. The *2024 QSAR* asked about a variety of aspects of the SAPR program, including workplace relationships, certification and training, resources and tools, victim care, policies and procedures, and responder well-being. The responses provided give the DoD insight into the effectiveness of the SAPR program, highlight areas that are going well, and identify some areas for improvement. This final section highlights key survey findings.

Well-Being, Workplace Climate, and Responders' Self-Care

Helping professionals, such as sexual assault responders, often experience negative job-related psychological effects, including job stress, burnout, compassion fatigue, and vicarious trauma, due to the nature of the work (Newell & MacNeil, 2010). Regular self-care practices can help mitigate the negative psychological effects of work, and organizations can support and promote these practices among their members (Newell & MacNeil, 2010).

Despite indications that adequate resources exist to address burn out, vicarious trauma, and compassion fatigue, all three rose significantly in 2024, continuing the increases observed in previous QSAR administrations.

Notably, in 2024, responders indicated high levels of job stress, burnout, compassion fatigue, and vicarious trauma. The aspects of job stress that were most notable for SARCs were the administrative requirements, and for VC, the subject matter of their work. Overall, reported rates for having experienced these negative psychological effects either remained stable or increased, compared to 2021. In particular, VCs were more likely than SARCs and VAs to report experiencing burnout, compassion fatigue, and vicarious trauma, whereas SARCs experienced these outcomes more than VAs. Despite experiencing the highest rates of burnout, VCs were engaged in their roles. The vast majority believed their role was an important one and that they provide important legal services to victims of sexual assault. Although only half of VCs believed that serving as a VC was good for career progression, just over one-third would not prefer to be in a non-VC role. In terms of retention intentions, just under half of VCs would choose to remain in their positions. Finding ways to help VCs cope with their burnout may alleviate the job stress felt by these professionals.

Similar to 2021, VAs reported less job stress, higher work satisfaction, and experienced less retaliation compared to SARCs and VCs in 2024. This may be due to their position, where they typically work with victims less frequently than SARCs or VCs, as their roles are primarily collateral duties.

Although a high percentage of responders reported having adequate resources to manage burnout, compassion fatigue, and vicarious trauma, and noted high levels of access to these resources, they indicated using three self-care support resources less frequently: military behavioral health providers, civilian behavioral health providers, and group counseling. The qualitative findings helped explain the low usage of these resources, revealing that long wait times to see a provider, along with a lack of personal time and the inability to take leave, prevented responders from leveraging them fully. Additionally, some responders indicated that they lacked motivation or initiative to get help for their concerns and acknowledged that asking for help can be difficult.

On a positive note, the rate of retaliation experienced by SARCs and VAs remained low in 2024, and the majority of SARCs and VAs indicated they were likely to remain in their current position. Overall, all responders reported generally high levels of resilience, work satisfaction, and work group effectiveness. To build on this, continuing to support work environments that promote well-being, reduce job stress, and promote help-seeking behaviors can help foster a healthy workforce over time.

Commander Relationships

Supportive relationships with commanders may also be important for reducing job stress and burnout among sexual assault responders, as leadership can mitigate the effects of burnout and contribute to the overall health of the program (Stebbins, et al., 2010). The support of commanders is also vital to the execution of Service-level SAPR programs, as it enables sexual assault responders to provide victim care, manage cases, and provide effective training and resources across the Department. The majority of sexual assault responders reported feeling supported by their local commanders. Across all subgroups, most responders agreed that their commander is accessible and fully supports them, with SARCs expressing stronger agreement than VAs and VCs.

Sexual assault responders feel highly supported by their command, and these perceptions have largely remained stable in 2024 compared to 2021, with positive gains for those that did not remain stable.

In 2024, perceptions of commander support, commanders' views of their role as important, commanders' comfort level in discussing general topics related to sexual violence, and their comfort speaking with victims were consistent with the rates reported in 2021 across all responder roles. Once again, VCs endorsed most aspects of access to commanders, commander engagement, and perceptions of support at lower rates than SARCs and, in some instances, VAs. In 2024, VAs reported an increase in the perception of having direct access to commanders and feeling welcomed and shown professional respect when meeting new commanders, compared to in 2021. Continuing efforts to foster supportive commands can help responders feel professionally supported while ensuring effective victim care, as case management and sexual assault victim care rely on open communication with command.

Support Services for Victims of Sexual Assault

Overall, sexual assault responders indicated that they have the resources to perform their duties in supporting victims, collaborate with supporting agencies to assist victims, and that the existing

programs, policies, and procedures generally meet their needs. Resources available for victim care remained abundant in 2024, which is largely consistent with results from 2021, with few exceptions. Fewer VAs reported having the ability to meet with victims virtually or provide transportation for victims, and fewer SARCs and VAs reported access to clothing for victims in 2024 compared to in 2021. In 2024, the majority of SARCs and VCs had referred victims to military behavioral health clinics and military medical health agencies, whereas more SARCs and VAs referred victims to local civilian medical health agencies compared to 2021. Although there were some significant differences between 2024 and 2021, the majority of responders believe that the various aspects of victim care meet the needs for both female and male victims.

Although policy for victim care is largely clear in the majority of circumstances, there seems to be a disconnect in communication between sending and receiving SARCs during expedited transfers.

With regard to expedited transfers, receiving SARCs reported stable rates of receiving notification from command, obtaining updates on investigations, and having a warm handoff from sending SARCs compared to 2021. Despite this stability, a gap remains between what sending SARCs indicated they did and what the receiving SARCs reported receiving during an expedited transfer. The vast majority of both sending and receiving SARCs indicated that they conducted intake meetings with incoming victims in all or some cases.

Case Management Group (CMG) involvement was highest among VCs, consistent with 2021, with the vast majority of responders indicating that these meetings are typically held in person. SARCs were the most likely to find CMGs helpful to their current position. Similarly, High-Risk Response Team (HRRT) involvement was highest among SARCs, but no differences emerged in perceived effectiveness between SARCs and VAs.

Overall, the vast majority of sexual assault responders endorsed the presence of clear policies and procedures for providing victim care, regardless of role, which remained consistent with 2021 results. SARCs and VCs were more likely than VAs to report having a client opt to participate in the Catch A Serial Offender (CATCH) program. In 2024, more SARCs indicated they had clients notified that their CATCH entry had matched another entry. Sexual assault responders provided feedback on why the percentage of victims using the program is low.

Sexual assault responders continued to express positive feedback about the resources on base, their collaboration with on-base and local service providers, and the clarity of policies and procedures surrounding their program. Having the appropriate job resources plays an important role in motivating and engaging the workforce (Galanakis & Tsitouri, 2022). In a highly demanding work environment, having the necessary resources to fulfill their roles can help protect responders from burnout, allowing them to maintain positive feelings about their position while reducing some of the negative effects of stress they experience. (Bakker and Demerouti, 2007).

Effectiveness of Training

Training plays an essential role in influencing employee growth and development. Extensive research has shown that there is a positive relationship between the opportunity to engage in

professional development or training and positive work outcomes, such as retention, performance, knowledge and skills, and mental health (Shiri et al, 2023).

Supporting the development of sexual assault responders through certification and training can potentially enhance both the performance and the well-being of this workforce. Overall, in 2024, SARCs, VAs, and VCs expressed positive perceptions regarding the initial training they received in support of their duties. SARCs and VAs also held positive attitudes toward the DoD Sexual Assault Advocate Certification Program (D-SAACP). Compared to 2021, perceptions of initial training remained stable across all responders. Predictably, SARCs and VAs were less likely to feel that the training prepared them to assist victims through the court-martial process to a very large or large extent, compared to VCs. VCs, on the other hand, were less likely to feel that the training prepared them well to have structured conversations with victims compared to VAs. The vast majority of SARCs, VAs, and VCs indicated that they received training on handling retaliation against victims. VAs reported a significant increase in preparedness to handle retaliation to a large/very large extent whereas VCs reported a significant decrease in 2024 compared to 2021.

Training was largely viewed as helpful; however, sexual assault responders' perceptions of the effectiveness of training decreased as their D-SAACP level increased.

The majority of SARCs and VAs indicated that they believed the D-SAACP helped them to enhance their skills in working with victims and standardize the delivery of victim assistance. However, sexual assault responders continued to report lower confidence in the program's effectiveness at enhancing their skills as they attained higher levels of certification. SARCs and VAs also reported that their command was overwhelmingly supportive of responders pursuing continuing education. Although SARCs and VAs were both highly motivated and planned to continue advancing through the levels of the D-SAACP, they frequently experienced barriers to their advancement. When asked about these barriers, they identified that a lack of time and insufficient staffing in their offices as some of the most significant obstacles to moving up to the next level.

Taken together, the findings from the *2024 QSAR* provide valuable insights into the experiences of sexual assault responders.

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Appendix A. Glossary

DATA DRIVEN SOLUTIONS FOR DECISION MAKERS

OPA
OFFICE OF PEOPLE ANALYTICS

Glossary

- **SARC**— ***Sexual Assault Response Coordinator***: SARCs are installation resources who provide confidential support and coordinate care for victims of sexual assault throughout the investigation and recovery process.

- **VA**— ***Victim Advocate***: VAs are advocates who provide one-on-one, confidential support, education, and resources to a victim of sexual assault under the supervision of a SARC.

- **UVA**— ***Uniformed Victim Advocate***: Similar to VAs, but they are required to be uniformed service members.

- **VC**— ***Victims' Counsel***: Individuals who provide legal advice or assistance to victims of sexual assault. This term is primarily used by the Air Force.

  - **SVC**— ***Special Victims' Counsel***: Similar to VCs, SVC is the term used by the Army.

  - **VLC**— ***Victims' Legal Counsel***: Similar to VCs, VLC is the term used by the Navy and the Marine Corps.

  - **SVP**— ***Special Victims' Paralegal***: Provide support for SVCs as they perform their duties assisting victims of sexual assault through the legal process.

- **SAPR**— ***Sexual Assault Prevention and Response***: DoD and Service-level program dedicated to prevention of and response to sexual assault in the military.

- **SHARP**— ***Sexual Harassment and Assault Response and Prevention***: The Army's name for their version of SAPR.

- **D-SAACP**— ***Department of Defense Sexual Assault Advocate Certification Program***: DoD certification program required for SARCs and VAs to provide victim advocacy services. The program professionalizes DoD sexual assault victim advocacy by ensuring that all response coordinators and VAs are equipped to provide victim-centered assistance to survivors, from initial report through case conclusion. Program participants can achieve four levels of certification that signify their breadth of experience in working with victims.

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