

The Acting Secretary of the Army's

TASK FORCE REPORT ON SEXUAL ASSAULT POLICIES

May 27, 2004





DEPARTMENT OF THE ARMY
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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Policy on Sexual Assault

Sexual assault is a crime that cannot and will not be tolerated in the United States Army. It has a devastating and often lasting impact on the victim, a fellow Soldier. Moreover, sexual assault tears at the moral fiber of our unit formations, degrading our readiness. Sexual assault has no place in the Army . . . we're a values based organization; we take care of our fellow Soldiers . . . and treat all Soldiers with dignity and respect.

Army policy promotes awareness and education to prevent sexual assault; sensitive care for sexual assault victims; aggressive, timely, and thorough investigation of all reported sexual assaults; and accountability for those who commit these crimes. Further, we demand and expect that leaders at every level will create and promote a positive command climate in which victims have the confidence in the Chain of Command and criminal investigators to report these crimes immediately. Additionally, leaders must ensure that Soldiers and other members of the Army community treat sexual assault victims with dignity, fairness, and respect for their privacy. The Army has existing medical and legal policies and programs to assist leaders. Use these resources to provide victims with immediate medical care, follow-up counseling, and seamless victim assistance.

Bottom line: this is a leadership and chain of command issue. Let's make the right things happen.

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General, US Army
Chief of Staff

R. L. Brownlee
Acting Secretary of the Army

TASK FORCE REPORT ON SEXUAL ASSAULT POLICIES

Executive Summary

GENERAL

The Task Force's mission was to conduct a detailed review of Army policies on reporting and addressing allegations of sexual assault. We examined existing Army policies, programs, and procedures, as well as survey, case, and other available statistical data. We also reviewed and analyzed other Department of Defense (DoD) and university sexual assault programs. Our recommendations are broad based. They cover Army policies, programs, and procedures, unit and institutional training, command climate, and oversight. As we proceeded with our review, we became convinced that proactive involvement by leaders at all levels will be the key to successfully addressing sexual assault in the Army.

PURPOSE

The Acting Secretary of the Army and the Chief of Staff of the Army jointly stated in a recent memorandum—

“Sexual assault is a crime that cannot and will not be tolerated in the United States Army. It has a devastating and often lasting impact on the victim, a fellow Soldier. Moreover, sexual assault tears at the moral fiber of our unit formations, degrading our readiness. Sexual assault has no place in the Army.... We're a values-based organization; we take care of our fellow Soldiers ... and treat all Soldiers with dignity and respect.”¹

In recent months, media reports regarding sexual assaults committed against Soldiers in the US Central Command (CENTCOM) Theater of Operations criticized the Army “...for failing to appropriately deal with this serious issue.”² On February 6, 2004, the Acting Secretary of the Army directed the establishment of an Army Task Force on Sexual Assault Policies (Task Force) to take on the following missions:³

- Conduct a detailed review of the effectiveness of the Army's policies on reporting and addressing allegations of sexual assault
- Review the current processes to ensure a climate in which victims feel free to report allegations and in which leaders understand their responsibilities to support victims and to investigate allegations

¹ Department of the Army memo, Subject: Army Policy on Sexual Assault, April 7, 2004.

² Denver Post, “Military Justice Probed; Congress to Investigate Problems Found by Post,” November 20, 2003.

³ Acting Secretary of the Army memo, Subject: Task Force on Sexual Assault Policies, February 6, 2004.

- Recommend changes or additions to current policies, programs, and procedures to provide clear guidance for reporting and addressing sexual assault allegations and establishing effective protocols for victim support.

APPROACH

The Task Force assessed current Army policies, programs, and procedures, as well as available data pertaining to offenses, adjudication, victim services, and command climate. We also examined Army functional organizations that deal with sexual assault, including those concerned with law enforcement/criminal investigation, legal, medical, chaplain, training, and family advocacy matters. The Task Force analyzed information and data that were provided by numerous sources within and outside the Army. A team of contract professionals supported the Task Force in collecting, analyzing, and interpreting the data.

FINDINGS

Our findings center on five key areas: 1) policy, program, proponent, and integration; 2) education, prevention, training, communication, and command climate; 3) incident response, investigation, and action taken; 4) victim services; 5) data collection, reporting, evaluation, and program improvement. Findings are—

- Current sexual assault prevention and response policies and programs are not integrated among supporting organizations.
- Privileged and confidential avenues of communication exist; however, they are not widely recognized throughout the Army as confidential avenues for victims of sexual assault.
- Current human relations training programs include prevention of sexual harassment but only address sexual assault prevention and response to a limited extent.
- Response and actions taken when a sexual assault is reported vary among commanders.
- Timing of actions taken against victims for minor offenses related to a sexual assault can have a negative impact on victim reporting.
- A backlog of DNA evidence is waiting for processing at the United States Army Criminal Investigation Laboratory (USACIL).
- Commanders are not aware of the multiple options they have to protect victims.
- The Army lacks an integrated, synergistic approach for delivering support and services to sexual assault victims.
- The Army lacks an integrated approach for collecting, analyzing, and evaluating sexual assault cases.

RECOMMENDATIONS

Key Task Force recommendations are summarized as follows—

- Create a policy focused on education, prevention, integrated victim support, thorough investigation, appropriate action, timely reporting, follow-up, and feedback
- Create sustained, comprehensive, progressive, and sequential training that integrates sexual assault topics into Army values and include the Army values in all leadership and human relations training
- Establish a program structure to provide support to sexual assault victims through Victim Advocates (VA) and Victim Advocate Coordinators (VAC)
- Establish a structured system for documentation, quarterly assessment, reporting, and program improvement at the installation, major command, and Headquarters, Department of the Army (HQDA), levels.

Detailed findings and recommendations are contained in the body of this report.

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TASK FORCE REPORT ON SEXUAL ASSAULT POLICIES

On February 6, 2004, the Acting Secretary of the Army directed the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA) to form a Task Force. The Task Force members were—

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Acknowledgments

The Task Force could not have accomplished its mission without the hard work of more than 20 officers, noncommissioned officers, and civilian employees who provided valuable expertise. We appreciate the high priority and leadership support these key leaders provided. Members of the Task Force brought vast personal and professional experience to bear in reviewing and analyzing current Army policies and regulations regarding sexual assault.

The Task Force was aided by contractors from Booz Allen Hamilton who provided invaluable contributions to the overall effort. These individuals provided support in developing data collection tools, collecting and analyzing data, and providing detailed policy research and editorial support:

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Section 1—Introduction, Task Force Charter, and Approach

INTRODUCTION

Discipline, morale, and values have always been the foundation upon which Army units build and maintain readiness. Nowhere is this foundation more important than in a deployed environment. Trust and confidence Soldiers have in each other and their chain of command is fundamental to success on the battlefield. Criminal incidents such as sexual assault erode this trust and confidence.

Because it has always sought to preserve and strengthen the foundation of discipline, morale, and values, the Army leadership was concerned by recent reports of sexual assault in the US Central Command (CENTCOM) Theater of Operations. The media reports outlined allegations of insufficient criminal investigations, unresponsive systems to support victims, and inappropriate actions by the chain of command. Media and victim advocate organizations reported that Soldier sexual assault victims were forced to seek confidential support from organizations outside the Army because, in some cases, members of the chain of command were allegedly involved in the incident.⁴ Reports also indicated that sexual assaults were occurring in garrison environments and that chain of command involvement and response were insufficient. At a minimum, these reports were troubling because of their obvious implications for Soldier and unit effectiveness.

TASK FORCE CHARTER

The Acting Secretary of the Army directed the establishment of a task force with an aggressive timeline, under the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA), and with support from 14 organizations across the Department of the Army (see Annex A). His February 6, 2004, directive required that the Task Force be established to—

- Conduct a detailed review of the effectiveness of the Army's policies on reporting and addressing allegations of sexual assault
- Review the current processes to ensure a climate in which victims feel free to report allegations and in which leaders understand their responsibilities to support victims and to investigate allegations
- Recommend changes or additions to current policies, programs, and procedures to provide clear guidance for reporting and addressing sexual assault allegations and protocols for victim support.

APPROACH

For the purposes of its review, the Task Force included in its working definition of sexual assault the offenses of rape, forcible sodomy, indecent assault, and any attempt

⁴ *Denver Post*, "Military Justice Probed; Congress to Investigate Problems Found by Post," November 20, 2003.

to commit these crimes as defined by the Uniform Code of Military Justice (UCMJ).⁵ We adopted the following three-phased approach to ensure a comprehensive examination of Army policies on reporting sexual assault incidents and dealing with allegations of sexual assault:

- Phase I: Strategy
- Phase II: Collection and Analysis of Data and Information
- Phase III: Findings and Recommendations.

Each of the three phases is discussed below. Although time constraints prohibited the Task Force from conducting field investigations and personal interviews, we examined available data and program information at the Headquarters Department of the Army (HQDA) level and conducted comparative analyses of selected Department of Defense (DoD) and university sexual assault programs.

STRATEGY

A comprehensive sexual assault program includes prevention, immediate response, and long-term support.⁶ For the purposes of this study, the Task Force formulated a strategic approach to ensure that our recommendations covered these components. This strategic approach consisted of the following:

- Prevention—Education, training, and awareness initiatives to prevent sexual assault
- Immediate Response—Timely, appropriate responses by commanders, law enforcement personnel, criminal investigators, and legal and medical services
- Long-Term Support—Long-term support services to minimize physical and/or psychological effects
- Evaluation process—Data collection and tracking processes, including metrics, methods, and procedures for centralized analysis and reporting, supporting technology, and program improvement.

COLLECTION AND ANALYSIS OF DATA AND INFORMATION

With a strategic approach in place, the Task Force reviewed relevant Army policies and regulations, including AR 600-20, Army Command Policy; AR 350-1, Army Training and Education; DODD 1030.1, Victim and Witness Assistance; and AR 608-18, Family Advocacy Program, among others (see Annex G). We gathered and analyzed sexual misconduct and unit command climate data from the US Army Criminal

⁵ For the purpose of the data review, attempts to commit the offenses of rape or forcible sodomy under Article 80, UCMJ, and the offenses of, or assaults with intent to commit, rape or sodomy under Article 134, UCMJ, were also considered sexual assaults.

⁶ The Report of The Michigan Sexual Assault Systems Response Task Force, *The Response to Sexual Assault: Removing Barriers to Services and Justice*, 2001.

Investigation Command (CID),⁷ Office of The Judge Advocate General (OTJAG); and the US Army Research Institute for the Behavioral and Social Sciences (ARI).

The Task Force reviewed various US Army programs and functional areas that play a role in responding to sexual assault, i.e., military police; legal, medical, and chaplain departments; and the Family Advocacy Program (FAP). The review included analysis of the quality and appropriateness of their response to sexual assault. We also reviewed current training offerings, including enlisted initial entry training (IET), professional military education (PME), and human relations training, to determine where training gaps exist.

Finally, the Task Force identified, gathered, and analyzed information about the current procedures of sexual assault and victim service programs within and beyond the DoD, including programs at the US Military Academy (USMA), US Navy (USN), US Coast Guard (USCG), University of Arizona, and Purdue University. The Task Force also met with representatives from the Virginia Sexual Assault Nurse Examiners (SANE) program and the Navy Sexual Assault Victim Intervention (SAVI) program, and studied their approaches, including materials, to determine processes that would be relevant and effective in the Army.

FINDINGS AND RECOMMENDATIONS

An analysis of the available data led to findings and recommendations in five key areas—

- Policy, program, proponent, and integration
- Education, prevention, training, communication, and command climate
- Incident response, investigation, and action taken
- Victim services
- Data collection, reporting and evaluation, and program improvement.

⁷The US Army Criminal Investigation Command was formerly known as the Criminal Investigation Division (CID) and has retained "CID" as its official acronym.

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Section 2—Findings and Recommendations

AREA 1: POLICY, PROGRAM, PROPONENT, AND INTEGRATION

FINDING: Current sexual assault prevention and response policies and programs are not integrated among supporting organizations. The Surgeon General, Provost Marshal General, Judge Advocate General, and CID have policies and programs in place that address reporting, investigation, victim support, and data collection related to sexual assault cases that come to the attention of the chain of command, the military police (MP), or CID. However, the Army lacks an overarching policy that identifies a proponent or a clear set of responsibilities directing the various organizations involved to coordinate with each other. Without an overarching policy, the Army does not have a clear picture of sexual assault issues, which results in a piecemeal rather than integrated approach to handling sexual assault.

RECOMMENDATIONS

Publish a sexual assault prevention and response policy, and incorporate it as a separate provision in Army Regulation (AR), 600-20, Army Command Policy. Elements of the policy should include but not be limited to—

- A concise statement communicating the Army leadership's position on sexual assault
- Guidelines for prevention and education
- Roles and responsibilities of the chain of command
- Guidelines for a formal victim advocacy program that includes Victim Advocates (VA) and Victim Advocate Coordinators (VAC) (see also Area 4 recommendations later in this section for roles and responsibilities)
- Existing avenues for confidential communication
- Oversight and responsibilities of sexual assault review boards (SARB)
- Appropriate actions to respond to allegations of a sexual assault and requirements to document administrative and disciplinary actions taken in all cases (whether or not any were imposed)
- Process for program assessment (e.g., reporting procedures, metrics, data sources) that enables installation commanders, major commands (MACOM), and Army-level leaders to assess program performance
- Procedures for notification to the installation Provost Marshal and CID.

Assign one Army staff organization the primary responsibility for doctrine, policy, program design, coordination, and training for the Army's sexual assault prevention and response program. The primary purpose of establishing a single proponent would be oversight of all aspects of the Army's program for dealing with sexual assault. This staff organization would—

- Be responsible for Army-wide policies, doctrine, plans, and initiatives pertaining to the Army's sexual assault prevention and response program
- Be responsible for overall evaluation and assessment of the Army's sexual assault prevention and response program
- Coordinate training requirements and develop programs of instruction and other support materials necessary for sexual assault awareness and prevention training
- Ensure that sexual assault awareness and prevention training is incorporated into all applicable human relations training (e.g., alcohol/drug abuse prevention education and prevention of sexual harassment training)
- Develop and maintain an integrated sexual assault data management system.

The Task Force recommends that the G-1 be designated as the responsible staff organization (see page 24).

FINDING: Privileged and confidential avenues of communication exist; however, they are not widely recognized throughout the Army as confidential avenues for victims of sexual assault. Media reports and victim advocate organizations have expressed concerns that some victims are reluctant to report allegations of sexual assault to their chain of command and that there is a lack of confidential reporting mechanisms available for Soldiers seeking assistance and guidance. However, the Task Force found that there were several confidential avenues of communication that Soldiers could use to seek assistance and guidance without informing their chain of command, i.e., military chaplains, legal assistance attorneys, psychotherapists, and the Army's One Source Program.⁸

The Task Force examined at length whether additional confidential or privileged avenues of communication would be appropriate within the Army for victims of sexual assault. We conclude that existing confidential avenues of communication are sufficient, but they need to be well advertised to ensure victims are aware they exist. Hopefully, victims will have enough confidence in the chain of command and law enforcement personnel to come forward and report incidents of sexual assault.

The Task Force is aware of concerns expressed by victims' advocacy nongovernmental organizations that believe anonymous reporting mechanisms are necessary to encourage victims to report incidents of sexual assault. We seriously considered these concerns but conclude that publicizing existing avenues of confidential communication will help encourage victims to seek help and report allegations and that a separate anonymous reporting mechanism is not a recommended course of action. The Army must balance the need for a thorough investigation of allegations against the need for victim privacy. The Task Force is concerned that a mechanism of anonymous reporting that fails to inform the chain of command or law enforcement personnel of the facts and circumstances of sexual assault could be detrimental to maintaining unit effectiveness, morale, and safety. The following example illustrates one of the many concerns of the Task Force. In a deployed combat environment, a commander or supervisor without knowledge of an allegation of sexual assault may unknowingly assign a victim and the alleged perpetrator to patrol the same area or guard the same installation. A commander needs to know of an incident not only to provide for the safety of each unit member, but also to ensure mission accomplishment. Without knowledge of a sexual assault incident and a follow-on thorough criminal investigation conducted by trained and experienced personnel, commanders cannot take appropriate action to maintain unit discipline, protect the victim, and prevent future sexual assaults.

⁸ *Army One Source is a 24-hour, toll-free information and referral telephone service available worldwide to active duty, National Guard, and Reserve Soldiers, and their families.*

RECOMMENDATION

Ensure information regarding the Army's sexual assault prevention program includes a thorough and appropriate discussion of the issues regarding privileged communications and confidentiality, who can provide such confidentiality, and when such information may be released to other individuals.

All Soldiers must fully understand the avenues of confidential and privileged communication available and the responsibilities and limitations of each avenue. The Task Force recommends that VAs and VACs be prepared to provide information regarding avenues of confidential and privileged communication to victims or anyone seeking such information on behalf of a victim. This information would help victims who are reluctant to report an allegation find confidential advice and assistance.

Sexual assault prevention and response training should include information regarding avenues of confidential communication. Such training should be tailored to the audience and be made available in a variety of venues (i.e., Web-based information and annual training). The training and information should include examples of the potential consequences of delayed reporting. Such consequences could include the inability of authorities to conduct a timely and thorough investigation; the inability of the chain of command to appropriately care for victims or discipline perpetrators; and the possibility that without a report to a commander or law enforcement personnel, the perpetrator may assault others.

Within the recommended victim advocacy program, VACs and VAs should receive training regarding avenues of privileged and confidential communications, as well as training regarding the Privacy Act and the Freedom of Information Act, to understand how these laws apply to their duties. Training should include specific examples to illustrate that although communications to a VAC or VA are not privileged or confidential, any information provided by the victim to the VAC or VA would be released only to those within the DoD with an "official need to know." The VAC or VA would not disclose information to the victim's family, friends, colleagues, co-workers, or others without the victim's consent. VACs and VAs must understand that improper disclosures, in addition to potentially violating the victim's privacy interests, could impede the criminal investigation and the victim's healing process.

AREA 2: EDUCATION, PREVENTION, TRAINING, COMMUNICATIONS, AND COMMAND CLIMATE

FINDING: Current human relations training programs include prevention of sexual harassment but only address sexual assault prevention and response to a limited extent. Training related to sexual assault is taught only in IET, Drill Sergeant School, and the Senior Officer Legal Orientation Course. Required “Prevention of Sexual Harassment” training and other human relations classes do not cover sexual assault prevention.

RECOMMENDATIONS

Develop a comprehensive, progressive, and sequential program to train Soldiers and leaders in the prevention of and response to sexual assault. The effort should be devoted to providing all ranks with information on Army policy and programs. Unit refresher training should include sexual assault prevention and response for application in garrison and deployed environments. Training should educate all Soldiers on their rights and responsibilities in preventing sexual assault and in dealing with sexual assault, if they or someone they know becomes a victim. It should educate leaders on the protocol to follow in response to a reported incident. Training for law enforcement personnel, care providers, legal personnel, and chaplains should be reviewed and updated as necessary. A training support package for Reserve Officers’ Training Corps (ROTC) should be developed and implemented.

Include sexual assault prevention and response programs as part of all PME courses. The Army should develop comprehensive, progressive, and sequential training support packages for all PME courses. A specific package should be tailored to each level of enlisted and officer career (i.e., Officer Basic Course, Primary Leadership Development Course, Basic Noncommissioned Officer Course, and Officer Advanced School through appropriate senior leadership training). Content and methods to deliver the training should be improved as the training program is refined.

Integrate sexual assault as a danger into the Commander’s Safety Course, unit risk assessments, and unit safety briefs. This action would enable leaders and Soldiers to see sexual assault in the context of a key operational and Soldier welfare program—safety. Sexual assault risk factors, prevention, and impact on unit readiness should be included in unit safety briefings before high-risk periods, such as pre- and post-deployment, and leisure time, such as training holidays and holiday weekends. For example, during a weekend safety briefing, leaders could reiterate use of the buddy system as a preventive measure.

Maximize education by using resources familiar to Soldiers and by updating resources already in place. Training, education, and awareness venues already exist. The Army could easily expand these to include prevention of sexual assault training and information. Some possible examples could include—

- Create and distribute an interactive video similar to the Army's "Saving SGT Pabletti"
- Add sexual assault vignettes to the *Consideration of Others* Handbook
- Use Web-enabled information such as Army Knowledge Online (<https://www.us.army.mil>), the Army's public Web site (www.army.mil), or the Army's (www.hooah4health.com).

Ensure that law enforcement, medical, and legal personnel are provided with additional skills to deal with the psychological and sociological dynamics involved with handling sexual assault cases. It is important to have an understanding of the complexities and myths that are associated with the crime of sexual assault. Law enforcement, medical and legal personnel should be aware of the special needs of the victim. Additional skills and training should help minimize further victimization.

Revamp human relations training to incorporate all applicable topics (e.g., equal opportunity, sexual assault, sexual harassment) into a broader context of Army Values, Soldier's Creed, and Warrior Ethos. Human relations training should be expanded to cover all relevant topics related to unit cohesion and effective working relationships. Sexual assault, sexual harassment, discrimination, drug and alcohol abuse, and other similar behavior are barriers to good order, discipline, and unit readiness. Human relations training at all stages of a Soldier's career is critical to prevention of human relations problems and speedy resolution of these problems if they occur. Integrating the human relations training with Army Values, the Soldier's Creed, and Warrior Ethos would ensure that Soldiers know such training is an important component of war-fighting and unit development.

AREA 3: INCIDENT RESPONSE, INVESTIGATION, AND ACTION TAKEN

FINDING: Response and actions taken when a sexual assault is reported vary among commanders. Army regulations require that all serious crimes be reported to CID.⁹ Although CID receives reports on incidents of rape and forcible sodomy, less severe forms of indecent assaults are often investigated only at the unit level. The Task Force, through the Staff Judge Advocates (SJA) in the CENTCOM Theater of Operations, went to all commanders to determine whether all reported incidents of sexual assault had been dealt with in accordance with existing rules and regulations. We were able to determine that commanders took action but did not always report the offenses to the MP or CID, nor did they complete DA Form 4833, Commander's Report of Disciplinary or Administrative Action. Even in those cases reported to CID, the Task Force found that commanders sometimes failed to thoroughly complete DA Form 4833. Because of the failure to report the disposition of cases, the Provost Marshal General (PMG) and CID do not have complete information in their databases. This in turn, may contribute to an impression of a commander's "...indifference to sexual assaults."¹⁰

RECOMMENDATIONS

Reemphasize the requirement that commanders must report all sexual assault incidents to the CID. Include a provision in the new sexual assault prevention and response policy section in AR 600-20, Army Command Policy. Army Regulation 195-1 (Paragraph 6) states commanders must report all serious crimes to CID. The new policy in AR 600-20 should reflect this existing provision.

Require battalion-level commanders (Summary Courts-Martial Convening Authorities) to sign the Commander's Report of Disciplinary and Administrative Action taken (DA 4833) for all sexual assault cases. Installation CID Field Activities and SJAs should assist Special and General Courts-Martial Convening Authorities in establishing local procedures to ensure that all DA 4833s are completed. Accurate and timely reporting should ensure accurate statistical data upon which to base future program assessments.

Revise DA Form 4833, Commander's Report of Disciplinary or Administrative Action (and counterpart actions under state military codes for Army National Guard personnel not on active duty), to expand upon the term "administrative." The report should use specific language to describe action taken such as discharge, suspension, or removal of security clearances, and/or permanent adverse documents filed in the Soldier's military personnel file.

⁹ Army Regulation 195-1 (Paragraph 6), *Army Criminal Investigation Program*, August 12, 1974.

¹⁰ USA Today, "Report in the Military: Female Troops Deserve Much Better," February 6, 2004.

FINDING: Timing of actions taken against victims for minor offenses related to a sexual assault can have a negative impact on victim reporting. The review of the USMA's sexual assault prevention and response program indicated that the possibility of adverse action against sexual assault victims for acts such as fraternization, underage drinking, or drunk and disorderly conduct may adversely impact victims' decisions to report sexual assault. If a sexual assault is reported and action is taken against the victim for the minor misconduct *before* action is taken against the alleged perpetrator of the sexual assault, a victim may feel unfairly treated by the criminal justice system. Perception of such unfair treatment can adversely affect future victims' willingness to report.

RECOMMENDATION

Ensure commanders are aware that they have discretion to delay action against a victim for his or her alleged minor misconduct related to the sexual assault allegation. In some cases, it could be appropriate to delay a decision on whether or not to take action against a victim for minor misconduct until the final disposition of the case against the alleged perpetrator is complete. This could reduce the reluctance of victims to report. It also would give law enforcement personnel necessary time to properly investigate cases.

FINDING: A backlog of DNA evidence is waiting for processing at the United States Army Criminal Investigation Laboratory (USACIL). The USACIL is the only laboratory authorized to conduct DNA forensic testing for the DoD. The demand for DNA testing in a wide variety of criminal, operational, and administrative cases has more than doubled in the last 4 years and is expected to continue to increase. Current laboratory resources are not sufficient to meet increased demand.

RECOMMENDATION

Implement a Process Action Team (PAT), coordinated by CID, to review practices and procedures related to the processing of DNA evidence. Following a review of practices and procedures related to DNA analysis, the PAT should make appropriate recommendations designed to reduce backlog and processing time for all DNA cases.

FINDING: Commanders are not aware of the multiple options they have to protect victims. Existing legal options include imposition of pretrial confinement or restriction and a Military Protective Order (MPO) (DD Form 2873) on the alleged perpetrator, and relocation or reassignment of the alleged perpetrator or victim. Temporary relocation of the victim or alleged perpetrator lowers the chances of incidental contact prior to resolution of the case.

RECOMMENDATIONS

Adopt a policy that provides for consideration of geographical separation of the victim and alleged perpetrator. Commanders should determine whether the victim desires to be transferred to another unit. By considering the victim's preferences and all relevant facts and circumstances of the case, commanders potentially could avoid subjecting the victim to "double victimization" that is sometimes perceived when a victim is transferred from the unit.

Ensure commanders are aware of the option to use Military Protective Order (MPO). The MPO, referred to as a "no contact order," is an effective tool for commanders to maintain the safety of the victim. Commanders should be made aware of their option to use MPOs (DD Form 2873) as means to ensure the safety of victims and witnesses of sexual assault.

AREA 4: VICTIM SERVICES

FINDING: The Army lacks an integrated, synergistic approach for delivering support and services to sexual assault victims. Despite the availability of services for victims in garrison and deployed environments, no single entity integrates these services. The Army needs a proponent to act on behalf of the chain of command and the victim to ensure that appropriate services are offered and provided, and that necessary follow-up is conducted for the victim and the program.

RECOMMENDATIONS

Establish a victim advocacy component as part of the sexual assault prevention and response program that focuses on prevention, awareness, education, and immediate and long-term victim support. The program should provide integrated victim services and ensure that the availability of services is effectively communicated throughout the Army. The Army should establish victim-centered procedures informing commanders, Soldiers, and staff of the location and availability of military and civilian resources for both the garrison and deployed environments. Crucial to the success of the program would be 1) a dynamic leadership effort to foster a positive command climate in which victims feel free to report, and 2) a media campaign to announce and identify victim services. The program should consist of the following elements:

- Trained, collateral duty VAs at the battalion or equivalent level.
- An integrated, division-level command/installation level VAC with responsibility to integrate and coordinate victim services. Variations may be required for Reserve Component (RC) organizations and installations.
- Program management at Army, MACOM, and intermediate command levels.

VAs should be appointed at battalion, or equivalent, level (minimum grade Staff Sergeant) and have clearly defined roles and responsibilities. VAs would not provide counseling services but would assist victims in securing basic needs and serve as a companion throughout the medical, investigative, and judicial process. Using an integrated approach and existing resources, VAs would be fully trained in victim support intervention. The duties of the VAs should include providing initial information to the victim, including information regarding privacy and confidentiality. In their initial consultation with the victim, VAs must explain the scope and limitations of their role as victim advocates. The VA must also explain a victim's options concerning, among other subjects, his or her involvement with investigative or legal personnel. The victim would decide to what extent the VA's services were desired within program limits. VAs should maintain contact with the victim throughout the medical, investigative, counseling, and judicial process. As with the procedures for Equal Opportunity Representatives, names of VAs should be published as the unit's point of contact (POC) to provide information on all available victim services. A VA should be designated for every sexual assault

crime victim. In the future, VAs could be used to assist victims of other violent crimes as well.

The **VAC** would serve as the primary POC (integrated within the existing FAP) to ensure timely and complete care was provided to sexual assault victims. A VAC, with local policy and program oversight responsibility, should be established at each installation or major RC headquarters to serve as the coordinating official for service providers and VAs. The VAC should provide appropriate training to all VAs. A deployable VAC should be appointed at the senior mission commander level to coordinate these same actions in a deployed environment. The VAC would be directly responsible to ensure that programs provide sexual assault awareness, prevention and education training, identification of confidential sources of information, victim advocacy services, data collection, and effective command review and proper response to each case using the SARB. (The SARB is an existing mechanism of review to ensure that the involved organizations (e.g., medical, legal, law enforcement, social work) have taken appropriate steps to care for the victim and to investigate the case.¹¹)

Program management should be established at all levels—from installation to HQDA. Dedicated manpower should be provided to manage the overall Army program, prescribing goals, objectives, metrics, reporting, and management procedures. The Deputy Chief of Staff, G1, should be the HQDA proponent, supported by the Assistant Chief of Staff, Installation Management (ACSIM). Figure 2.A depicts the Task Force’s proposed Installation Victim Advocacy Program.

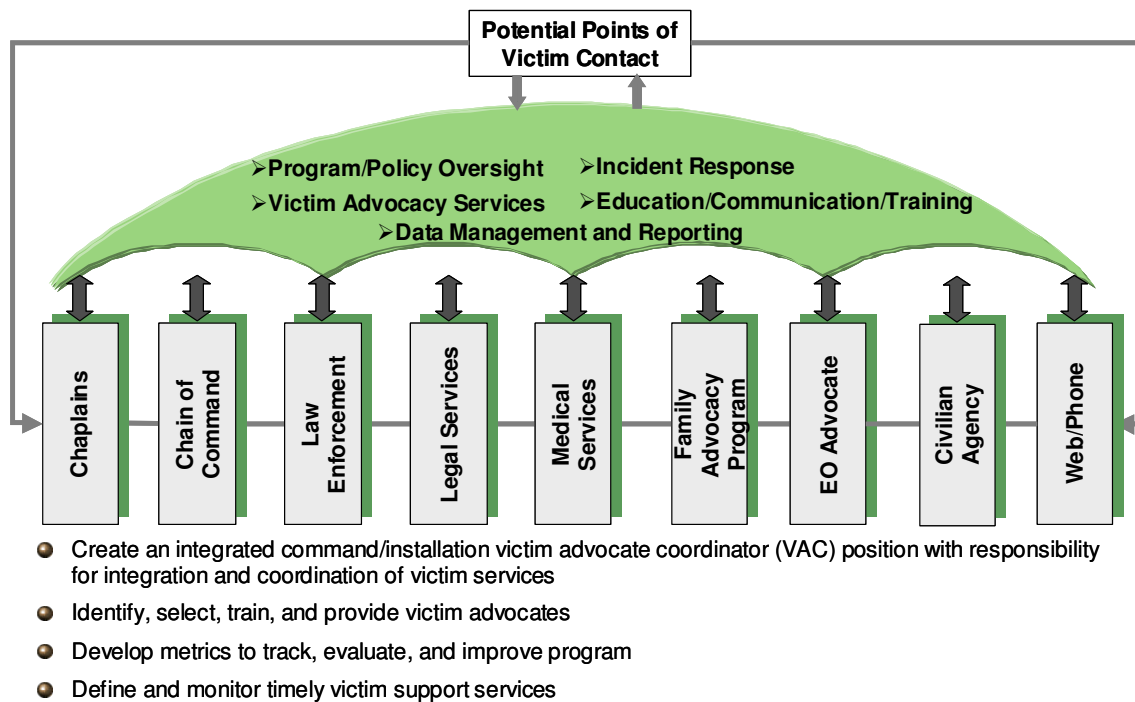


Figure 2.A. Proposed Installation Victim Advocacy Program

¹¹ MEDCOM Regulation 40-36.

Develop an equivalent, comprehensive program of victim support for the RC. RC units should be able to provide services for any RC Soldier who is a victim of sexual assault if the assault occurred while on active duty. Developing this program would include establishing standards for services to ensure coordinated and effective management of sexual assault cases, including access to a VA and appropriate counseling at the installation or in the local communities.

Develop and implement memoranda of understanding (MOU) with appropriate off-post support organizations (e.g., law enforcement, medical facilities, and rape crisis centers). Not all sexual assaults that involve Soldiers occur on installations, and some victims choose to report directly to civilian authorities. The majority of Army medical treatment facilities (MTF) in the United States refer victims to local medical facilities that have subject matter experts for collection of forensic evidence. (See Annex C for a complete listing of MTFs and their procedures for handling victims.) The Task Force recommends that practices be established to manage and assist victims who choose to report to civilian medical facilities or to receive help without reporting through military channels. Installation commanders should establish agreements with civilian organizations to facilitate victim support or to augment installation programs. MOUs would help to ensure that Army leaders, law enforcement, and victim service providers were aware of and could appropriately respond to sexual assault incidents that occur off post. MOUs would be especially critical to the community-based RC units.

Establish standard medical protocols and tracking systems, and ensure coordination with state and local jurisdictions to ensure that the Army has a coordinated approach to victim services. Medical treatment facilities should track victims to ensure they receive the healthcare treatment they need. Because each individual has different needs and different recovery timelines, treatment varies by patient. The existing Army One Source contract should be incorporated into the array of available services because it would provide confidential counseling services to accommodate sexual assault victims.

Move the responsibility for conducting SARBs from the MTF to the installation commander. Currently, SARBs are the responsibility of the MTF commander. This responsibility should be reassigned to the installation commander, senior mission level commander, Regional Readiness commander, or State Joint Forces headquarters level commander, as appropriate. SARBs should be convened quarterly, or more frequently as required, to oversee the local sexual assault prevention and response program, conduct case reviews, evaluate performance against stated metrics, and make necessary adjustments. The SARB membership should include representatives of all Army elements that can positively influence sexual assault prevention and/or response. It is critical that SARBs establish rules and guidelines that ensure victim privacy is protected.

AREA 5: DATA COLLECTION, REPORTING, EVALUATION, AND PROGRAM IMPROVEMENT

FINDING: The Army lacks an integrated approach for collecting, analyzing, and evaluating sexual assault cases. The Army lacks a centralized system to document all relevant data regarding sexual assault cases, including care provided to the victim, resolution of the investigation, and disciplinary action, if any. The Task Force realizes that important information that could provide greater understanding about how well the Army sexual assault prevention and response policies and procedures are working is not being collected. Currently all available Army data on sexual assaults, victims, and alleged perpetrators reside in disparate systems across several Army organizations. This decentralization makes it difficult to follow victims, alleged perpetrators, and cases between services, components, and organizations. The Army does not possess a full set of assessment tools to ascertain sexual assault rates, reporting rates, and victims' perceptions of their treatment and the support services available to them. Although some useful data on sexual assault are collected, there is no Army-wide, standard set of metrics and procedures to track cases, to evaluate programs and services, or to account for those victims who do not report.

RECOMMENDATIONS

Develop an integrated approach to case management and program assessment to facilitate data analysis and improvement of the recommended sexual assault prevention program. As part of this approach, the Task Force recommends development of program performance objectives, metrics, and data collection tools. Once the program objectives are determined and performance measurement system established, the Task Force recommends the development of a comprehensive policy that outlines processes and procedures for data collection, analysis, and feedback reports, including data sources and information requirements.

Publish a comprehensive program assessment policy that outlines processes and procedures for collecting, reporting, and evaluating data, including data sources and information requirements. This policy would help ensure that Army data sources provide the specific data necessary to evaluate the Army's sexual assault environment and the program's effectiveness. As part of this recommendation, the Army should adopt a state-of-the-art social science survey method to facilitate an ongoing assessment of the incidents and prevalence of sexual assault in the Army.

Evaluate existing, connected system capabilities to track and report sexual assault data and victim support. The Task Force found numerous systems that track individual functional areas but do not provide a holistic depiction of sexual assault cases. The Army should identify and review existing systems to determine whether any system has the potential to serve as an integrated sexual assault data management system. If no appropriate system currently exists, the Army might need to develop a new system to meet the sexual assault data tracking needs.

Section 3—Overview of Army Data

INTRODUCTION

The Task Force reviewed Army sexual assault data to better understand the scope of the problem. This section summarizes data on sexual assault offenses, ARI survey information, limitations of Army data, and conclusions.

OVERVIEW OF THE PROBLEM

The Task Force examined sexual assault data on the offenses of rape, forcible sodomy, indecent assault attempts, and assaults to commit these offenses as defined by the UCMJ.¹² Our review was limited to crime statistics derived from the Army Crime Records Center's (CRC) database 1999–2004 with 2002 and 2003 analyzed in detail.¹³ However, some sexual assault cases may go unreported. There is no Army survey of record that has addressed the extent of unreported sexual assault cases, and the Task Force was unable to determine either the existence or the extent of underreporting.

The CRC stores records of all criminal allegations investigated by CID, offenses that carry 6 months or more confinement, and cases that are investigated by installation provost marshals. We examined criminal data that included cases involving Soldiers, family members, civilians, contractors, and members of other services, as well as cases that occurred on and off military installations. Records of criminal allegations include cases determined to be founded, unfounded, or of insufficient evidence (see Annex E for glossary). Figure 3.A depicts the total numbers of alleged sexual assault cases during the past 5 years (1999–2003) as contained in the CRC records.

The Task Force also examined allegations of sexual assault to gain a broader perspective of reported sexual assault in the Army. Note that the analysis and data contained in subsequent sections do not distinguish between founded, unfounded, insufficient evidence, and open cases.

¹² For the purpose of the data review, attempts to commit these offenses, or assaults with intent to commit these offenses, are included in these data.

¹³ US Army Crime Records Center, 2004.

Number of Alleged Rape, Sodomy, and Indecent Assault Cases

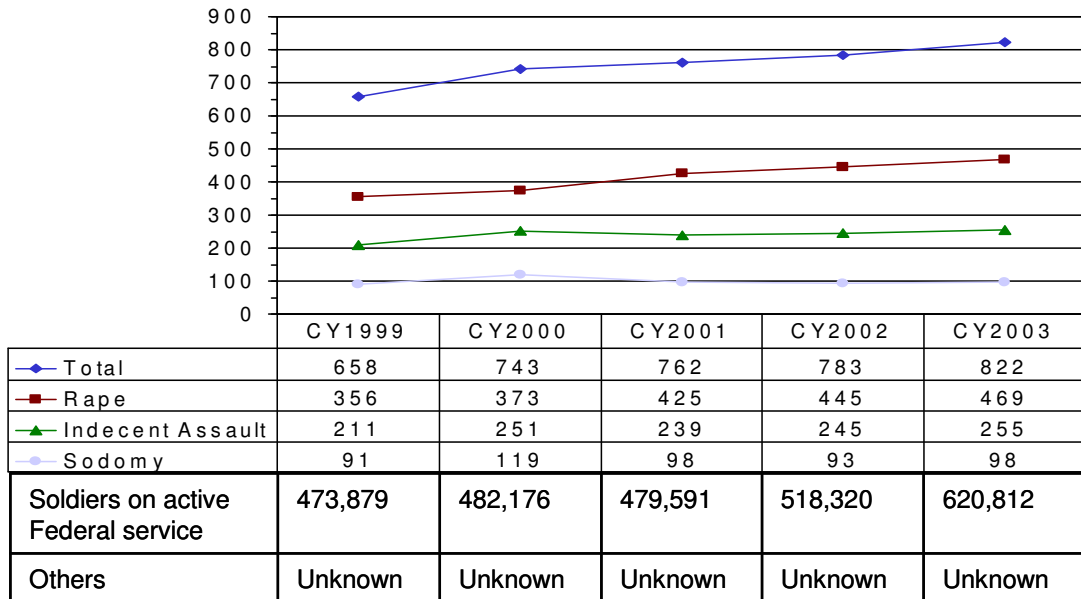


Figure 3.A. Alleged Rape, Sodomy, and Indecent Assault Cases (1999–2003)¹⁴

As depicted in Table 3.A below, 536 of the 783 cases (69 percent) were determined to be founded. Founded cases are those in which investigators find probable cause for the alleged offense(s). One hundred and twenty-seven (16 percent) were determined to be unfounded, i.e., investigators established probable cause that the alleged incidents reported did not occur. During the same year, for 118 (15 percent) of the cases, investigators did not develop sufficient evidence or probable cause to prove or disprove the allegations; these cases were determined to have insufficient evidence.¹⁵ Two calendar year (CY) 2002 cases remain under investigation. As of April 1, 2004, 67 of the CY 2003 cases (8 percent) remain under investigation.

	2002	2003	Percentage Increase/Decrease
Total Cases	783	822	+5%
Founded	536	492	-9%
Unfounded	127	157	+24%
Insufficient Evidence	118	106	-10%
Open	2	67	NA

Table 3.A. Sexual Assault Cases 2002 and 2003

¹⁴The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases. It includes active duty end strength plus mobilized reserve numbers. Data were provided by G1, DAPE-PRS, for 1999–2003. The category “Others” includes family members, civilians, contractors, and members of other services. Soldiers on active federal service (AFS) and others are provided for comparison with the number of assault cases.

¹⁵ See Annex E, Glossary, for definitions of founded, unfounded, and insufficient evidence.

ARMY VICTIM AND PERPETRATOR DEMOGRAPHICS (WITHOUT DISTINGUISHING AMONG FOUNDED, UNFOUNDED, INSUFFICIENT EVIDENCE, AND OPEN CASES, 2002 AND 2003)

- In 2002, 353 of the 783 sexual assault cases (45 percent) involved 1 or more Soldier victims.
- In 2003, 407 of the 822 sexual assault cases (50 percent) involved 1 or more Soldier victims.

Because a single sexual assault case can involve multiple victims and/or perpetrators, the actual number of victims is higher than the number of cases.¹⁶ Table 3.B below identifies the number of victims and alleged perpetrators for these cases and the total number of victims and alleged perpetrators.¹⁷

	2002	2003
Soldiers on Active Duty (Including Mobilized Army Reserve/National Guard)	518,320	620,812
<i>Total Cases (from Table 3.A)</i>	<i>783</i>	<i>822</i>
Cases Involving Soldier Victims	353	407
<i>Total Number of Victims</i>	<i>894</i>	<i>909</i>
Number of Soldier Victims	422	459
<i>Female Soldier Victims</i>	<i>372</i>	<i>405</i>
<i>Male Soldier Victims</i>	<i>50</i>	<i>54</i>
<i>Total Number of Alleged Perpetrators</i>	<i>870</i>	<i>894</i>
Number of Alleged Soldier Perpetrators	688	611
Number of Alleged Soldier Perpetrators (in Cases With Soldier Victims)	375	295

Table 3.B. Number of Sexual Assault Cases, Victims, and Alleged Perpetrators¹⁸

¹⁶ Sexual assault case numbers may not add up because a single case can have multiple victims, perpetrators, or offenses. A Soldier may be charged with multiple specifications of rape (different victims or different times), but all offenses are investigated in one case.

¹⁷ The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases. The Task Force research required combining information from three disparate systems and hand searches or sorting of the data. The current Army system for tracking is insufficient to determine all aspects of what occurred in these cases. Task Force recommendations are designed to establish procedures to better capture more detailed information on victim care and disposition of cases in the future.

¹⁸ Based on additional research and receipt of updates to existing cases, more accurate and recent data were incorporated into this report subsequent to the initial submission of data to the Task Force. This resulted in slight variations in the numbers of victims reported in this report from those contained the initial data submission. Future updates to existing cases may also slightly alter the data and statistical analysis.

In 2002, 79 percent of total alleged perpetrators were Soldiers. Of these, 55 percent were involved in cases with Soldier victims. In 2003, 68 percent of alleged perpetrators were Soldiers. Of these, 48 percent were involved in cases with Soldier victims. Alleged Soldier perpetrators decreased from 2002 to 2003.

The overall Soldier victim rate for sexual assault was 0.8 per 1,000 in 2002 and 0.7 in 2003. Rates in Table 3.C below were calculated using active Army end strength plus mobilized reservists.¹⁹

	2002	2003
Victim Rate Per 1,000 Soldiers	0.8	0.7
<i>Female Victim Rate</i>	4.8	4.4
<i>Male Victim Rate</i>	0.1	0.1
Alleged Perpetrator Rate Per 1,000 Soldiers	1.3	1.0

**Table 3.C. Sexual Assault Soldier Victims and Alleged Soldier Perpetrators—
Rates Per 1,000**

¹⁹ Active end strength plus mobilized reserve numbers were provided by G1, DAPE-PRS: 2002: 518,320 and 2003: 620,812.

The highest number of victims is concentrated in the junior enlisted ranks.²⁰ As shown in Table 3.D below, the victim rate for junior enlisted Soldiers was 1.7 per 1,000 in 2002 and 2003, compared with an NCO victim rate of 0.3 and 0.2 per 1,000, respectively, for the same years.²¹ Sexual assault victim rates for officers were 0.1 in 2002 and 0.2 in 2003.

Rank	2002		2003	
	Number	Rate/1,000	Number	Rate/1,000
Victims				
Junior Enlisted	372	1.7	401	1.7
Noncommissioned Officer	45	0.3	45	0.2
Officer	5	0.1	13	0.2
Alleged Perpetrators				
Junior Enlisted	410	1.7	356	1.2
Noncommissioned Officer	253	1.3	227	1.0
Officer	25	0.3	28	0.3

Table 3.D. Victim and Alleged Perpetrator Rank Distribution²²

²⁰ Junior enlisted Soldiers are those in grades Corporal/Specialist and below; NCOs comprise grades Sergeant through Sergeant Major. Officer grades consist of Warrant Officers and Second Lieutenants and above.

²¹ Rank distribution rates contained in Table 3.D were calculated using the rank profile of the Army active end strength provided by G1, DAPE-PRS.

²² The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases.

Perpetrator sexual assault rates also differed by rank (although the difference across rank for perpetrators varied less than the difference across rank for victims). In 2002, the perpetrator rates for junior enlisted Soldiers, NCOs, and officers were 1.7, 1.3, and 0.3, respectively. In 2003, the perpetrator rates for junior enlisted Soldiers, NCOs, and officers were 1.2, 1.0, and 0.3, respectively.

The highest rate of allegations of sexual assaults involved female junior enlisted Soldiers victims. Numbers of victims and alleged perpetrators, by rank, for 2002 and 2003, are depicted in Table 3.E below.

Rank	2002		2003	
	Male	Female	Male	Female
Victims				
Junior Enlisted	41	331	48	353
Noncommissioned Officer	8	37	6	39
Officer	1	4	0	13
Alleged Perpetrators				
Junior Enlisted	407	3	351	5
Noncommissioned Officer	252	1	226	1
Officer	24	1	28	0

Table 3.E. Male and Female Victims and Alleged Perpetrators by Rank²³

²³ The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases.

Using calculated population figures based on active end strength gender distributions, the 2002 and 2003 rates for victims and alleged perpetrators per 1,000 Soldiers are listed below.²⁴

Victim Rates²⁵

Of every 1,000—

- Female junior enlisted Soldiers—6.8 reported being sexual assault victims in 2002. In 2003, this rate rose to 7.3.
- Female NCOs—1.2 reported being sexual assault victims in 2002. In 2003, this rate rose to 1.3.
- Female officers—0.3 reported being sexual assault victims in 2002. In 2003, this rate rose to 0.9.
- Male junior enlisted Soldiers—0.2 reported being victims of sexual assault in 2002 and 2003.
- Male NCOs—fewer than 0.1 reported being victims of sexual assault in 2002 and 2003.
- Male officers—fewer than 0.1 reported being victims of sexual assault in 2002. In 2003, there were no reports of male officer victims.

Alleged Perpetrator Rates²⁶

Of every 1,000—

- Female junior enlisted Soldiers—0.1 were reported as perpetrators in 2002 and 2003.
- Female NCOs—fewer than 0.1 were reported as perpetrators in 2002 and 2003.
- Female officers—fewer than 0.1 were reported as perpetrators in 2002. No female officers were reported as perpetrators in 2003.
- Male junior enlisted Soldiers—in 2002, 2.2 were reported as perpetrators. In 2003 this rate decreased to 1.8.
- Male NCOs—in 2002, 1.5 were reported as perpetrators. In 2003, this rate decreased to 1.3.
- Male officers—in 2002, 0.3 were reported as perpetrators. In 2003, this rate increased to 0.4.

²⁴ Active Army end strength figures were provided by the Army G-1 Strength Forecasting Division (DAPE-PRS). Reliable gender and rank distributions of the mobilized reservists were not available. Active component gender and rank compositions were used to estimate the gender and rank distribution of the combined active end strength plus the mobilized reserve. This distribution was used to calculate rates per 1,000 among female and male junior enlisted, NCOs, and officers.

²⁵ The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases.

²⁶ The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases.

The Task Force also studied the ages of male and female alleged perpetrators and victims. Results are displayed in Table 3.F below.

	2002		2003	
	Female	Male	Female	Male
	Average Age			
Victim	21.8	22.5	22.4	22.9
Alleged Perpetrator	24	26.3	20.3	29.5
	Median Age			
Victim	21	21	21	21
Alleged Perpetrator	21	24	21	28

Table 3.F. Male and Female Alleged Perpetrators and Victims by Age (2002 and 2003)²⁷

RISK FACTORS

The Task Force examined possible risk factors for sexual assaults including alcohol, drugs, and location. Alcohol was found to be a significant risk factor. Of the 353 cases that involved Soldier victims in 2002, the available data indicated more than half (57 percent, or 202) involved alcohol. In 2003, available data indicated that the percentage decreased to 52 percent (215 of 407 cases; refer to Table 3.B). Drugs were a far less significant factor; the available data indicated that drugs were involved in only 14 cases (4 percent) in 2002 and 10 cases (less than 3 percent) in 2003.

²⁷ The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases. Average age of victims and perpetrators is the arithmetic mean, i.e., the sum of victims' ages divided by the number of victims. Median ages were determined by identifying the middle value in the distribution of victims' and perpetrators' ages, above and below which lie an equal number of values.

For location, we examined types of environments and living quarters associated with cases that involved Soldier victims. We studied barracks, dormitories, billeting, and tents as living quarters; and training, permanent duty, and Theater of Operations as environments. Some sexual assault cases did not occur in any of the selected living quarters listed in Table 3.G below; therefore, the number of cases and percentages shown may not total 100.

	2002		2003	
Total Number of Cases	353		407	
	No. of Cases	Percentage	No. of Cases	Percentage
Type of Environment				
Training	73	21.0	61	15.0
Permanent Duty Station	268	76.0	272	67.0
Theater of Operations	10	3.0	74	18.0
Type of Living Quarters				
Barracks	173	49.0	190	47.0
Dormitories	0	0.0	2	0.5
Billeting	5	1.4	2	0.5
Tents	6	1.7	19	5.0

Table 3.G. Sexual Assault Cases by Type of Environment and Type of Living Quarters

The largest percentage of cases that involved a Soldier victim occurred in barracks in a permanent duty environment. The training environment was the second most common environment in 2002. Sexual assault cases in the CENTCOM Theater of Operations increased from 10 in 2002 to 74 in 2003; during this time, active duty strength in the CENTCOM Theater of Operations increased from 20,284 Soldiers to 165,085 Soldiers.²⁸ Details on these cases can be found in Annex B of this report.

MEDICAL TREATMENT FACILITIES

MTFs provide medical care to sexual assault victims and collect forensic evidence. Fifty-four MTFs, comprising approximately 90 percent of the fixed-facility MTFs worldwide, provided information to the Task Force. These 54 MTFs, ranging in size from medical centers (MEDCEN) to health clinics, provided information on hours of operation, range of treatment available for sexual assault victims, agreements with local civilian hospitals, availability of sexual assault nurse examiner (SANE), and status of SARBs (see Annex C).

²⁸ The G-1 PCC provided active duty strength for the CENTCOM Theater of Operations in 2002 and 2003.

The SANE program offers a multidisciplinary, victim-centered method to respond to sexual assault victims.²⁹ To be SANE certified, nurses are trained to care for sexual assault victims and learn procedures for the collection of evidence. The SANE program is rapidly becoming the preferred industry standard because “the services of trained, experienced SANE practitioners help to preserve victim dignity, enhance medical evidence collection for better prosecution, and promote community involvement and concern with crime victims and their families.”³⁰ Seventy percent, or 46 of the MTFs, have agreements with and use local medical facilities to collect forensic evidence. Forty-six percent, or 25 of the MTFs surveyed, have SANE-certified nurses on staff or available in the local community. Social work services or other counseling access is provided at all Army MTFs. Access includes contracted services and treatment at local civilian facilities.

As noted in Section 2 of this report, the SARB is convened to ensure that all involved organizations (e.g., medical, legal, law enforcement, social work) have taken all steps to care for the victim and to investigate the case.³¹ Sixty-one percent or 33 MTFs currently conduct SARBs or are developing policies to do so.

RESOLUTION OF ALLEGATIONS

Commanders have tools to maintain discipline within their unit. With the advice of a trial counsel (military prosecutor), a commander may decide whether to recommend that an allegation merits trial by court-martial based on the facts, severity of the offense, admissible evidence, and input from the victim. Commanders may also resort to a variety of adverse administrative actions, including verbal and written reprimands, administrative reductions in grade, discharge from the Army, and administrative punishment under Article 15, UCMJ. Additionally, commanders have sufficient flexibility to impose an administrative action for certain cases in which the available evidence clearly supports the allegation, but the admissible evidence is insufficient to establish guilt beyond a reasonable doubt. Adverse administrative actions may also be used for cases in which the victim is reluctant to endure the testimonial aspects associated with a public trial.

For cases in which a commander prefers charges with a view toward court-martial, military law provides great flexibility at trial for the finder of fact. A military judge or panel (jury) may find the accused not guilty, guilty of the charged offense, or guilty of a lesser-included offense. Lesser-included offenses for the offense of rape under Article 120 include indecent assault, assault consummated by a battery, assault, and attempted rape.

The conviction rate for the offense, when combined with the conviction rate for the lesser-included offense, identifies how many of the charged offenses resulted in a

²⁹ Ledray, L.E., *Sexual Assault Nurse Examiner (SANE): Development and Operation Guide*. U.S. Department of Justice, Office for Victims of Crime, 1999.

³⁰ *Ibid.*

³¹ MEDCOM Regulation 40-36.

full or partial conviction. Thus, for the Article 120 rape data, in fiscal year (FY) 1999 a full or partial conviction for the offense of rape occurred in 56 percent of cases (42 percent + 14 percent). The full or partial conviction rates for the offense of rape in FY 2000 through FY 2003 were 63 percent, 51 percent, 58 percent, and 60 percent, respectively.

The statistics do not reflect or account for conviction for another offense in the same trial. For example, a Soldier could be acquitted of a rape offense (and lesser-included offenses) but could have been convicted of violating an Army-wide training regulation that prohibits consensual sexual relationships between drill sergeants (instructors) and trainees, charged under Article 92, failure to obey a regulation.

COMMANDER'S RESPONSIBILITIES

Reports of misconduct are ordinarily referred to the suspect's immediate commander.³² Upon receipt of information that a member of the command is accused or suspected of committing an offense or offenses triable by court-martial, the immediate commander makes or causes to be made a preliminary inquiry into the charges or suspected offenses. Rape and other serious offenses must be reported to CID for investigation.³³ Judge Advocates normally assist commanders to determine disposition of serious misconduct cases.

COMMANDER'S PRETRIAL OPTIONS

Pretrial confinement (PTC) is authorized by Rules for Courts-Martial 305. It requires a reasonable belief that an offense under the UCMJ was committed, that the Soldier committed the offense, that PTC is necessary to prevent flight or to prevent serious misconduct, and that lesser forms of restraint are inadequate.

Conditions on liberty (e.g., restriction to post) may be imposed instead of PTC. An MPO, also called a "no contact" order, may also be issued. The command may permanently or temporarily transfer the alleged perpetrator to another unit pending prosecution or may retain the alleged perpetrator in the unit but temporarily detail the alleged perpetrator to other duties. Commanders, with the advice of their supporting judge advocates, make these case-unique decisions on pretrial options seeking to balance protection of the victim with presumption of innocence of the alleged perpetrator.

COMMANDER'S OPTIONS/OTHER ACTIONS AFTER CONVICTION

If there is no confinement adjudged by a court-martial, the command may retain or transfer the Soldier to another unit. If the Soldier is convicted but no bad conduct discharge or dishonorable discharge is adjudged, the local commander or applicable commander at a confinement facility may initiate separation.³⁴

³² *Rules for Courts-Martial 301 and 303, Manual for Courts-Martial, United States (2002 ed.).*

³³ *Army Regulation (AR) 195-1.*

³⁴ *AR 635-200, chapters 13, 14, and 15.*

Upon conviction of violent sexual offenses, the Soldier is notified of the requirement to register as a sexual offender with the installation Provost Marshal's office and with the state in which the Soldier resides. Convicted Soldiers are also entered into the Federal Bureau of Investigation's (FBI) National Sex Offenders Registry. The Soldier must provide a DNA sample for registration in the FBI DNA database. If the Soldier is confined, DD Form 2704 enables victims and witnesses to request notification of any change in the inmate's confinement status (e.g., parole or release from confinement).

COMMANDER'S ACQUITTAL OPTIONS

If acquitted at a court-martial, the Soldier returns to the unit for resumption of all normal duties. The command may transfer the Soldier if such transfer is in the best interests of good order and discipline or if it is appropriate to give the acquitted Soldier a fresh start. It is lawful to maintain previous "no contact" orders. The commander may consult with the unit's servicing judge advocate to determine whether to impose any adverse administrative action, depending on the facts and circumstances of the incident.

US ARMY RESEARCH INSTITUTE FOR THE BEHAVIORAL AND SOCIAL SCIENCES SURVEY DATA

ARI provided data to the Task Force from surveys conducted in 2000 and 2003. The Sample Survey of Military Personnel (SSMP), an Army-wide survey administered by ARI every spring and fall (with the exception of spring 2003 and 2004 because of war-related deployments), collects information on a wide range of issues important to the Army, active component Soldiers, and their dependent family members. Army policy makers use the survey results to assess Soldier and family well-being, develop plans, assess policies, and evaluate program operations and outcomes.

The SSMP population consists of all permanent party, active component Army personnel (excluding all Privates in Europe and Korea). Samples of about 10 percent of officers and 2–3 percent of enlisted personnel are drawn using the final one or two digits of Soldiers' social security numbers. Since the spring of 1992, approximately 4,000 officers and 4,000 enlisted personnel have responded to each survey. Data were collected and weighted based on Army strength levels at the time each survey was conducted. Most recently, sexual harassment and sexual assault questions were included in the spring 2000 SSMP, and human relations questions were included in the fall 2003 SSMP. (Because of deployments to the Theater of Operations, the fall 2003 administration differed from previous years because the population included only those Soldiers in garrison who were not recently or currently deployed and not preparing to deploy.)

Although most of the questions involved sexual harassment, each survey included one question that dealt specifically with sexual assault. In the 2000 survey, 3.2 percent of male and 6.3 percent of female Soldiers reported that within the previous 12 months, military personnel or civilian personnel in their workplace "had sex with them

without their consent or against their will.” In the 2003 survey, a new question indicated that 0.1 percent of male and 4 percent of female Soldiers responded that they “have been subjected to sexual abuse/assault within the last 12 months.”

The biannual SSMP and the Human Relations Update, conducted every 3 years, are intended to ensure that senior leaders can keep their fingers on the pulse of the operational Army—Soldiers and leaders in the field—on important human relations issues that impact unit cohesion, unit performance, and readiness. As a result of the Task Force’s recommendations, additional questions on sexual assault will be added to these survey instruments to more fully assess Soldier experiences and their attitudes and opinions concerning Army policies, programs, and services related to sexual assault and victim support.

LIMITATIONS OF ARMY DATA

The Task Force encountered several challenges related to automated data in current Army systems that often make in-depth analyses difficult. For example, although information is available and contained in the database, in some instances, it must be manually retrieved. Although the CID is currently transferring its automated data from an old, outdated system to a new system, migration and validation of the data transfer were not complete at the time of this study, so the relevant data were spread across three different systems in different formats. In some cases, we were not able to determine whether the data field information was entered or failed to migrate from archival systems. In those instances, information had to be manually sorted. Analysis of incident data revealed that, on average over the last 5 years, 67 percent of sexual assault incidents occurred on post, and off-post incidents represented approximately 3 percent of occurrences. (Thirty percent of the incident records did not contain the on-post/off-post information.) A large amount of automated data was also missing on drug and alcohol involvement and perpetrators’ adjudications.

Similarly, there were challenges in tracking medical data. Centralized medical records are limited in how they track victim data. They do not track the type of medical treatments or services victims receive. The collected data are sufficient for the medical community. However, a more detailed case management system, run by the installation VAC, would enable the Army to track a victim from initial contact through all services.

Another challenge was the complexity and volume of data for each reported incident. Because there is no single, integrated automated system to report and track sexual assault incidents, it was difficult to gather complete data on all aspects of sexual assault.

CONCLUSIONS

The Task Force's working definition of sexual assault includes offenses of rape, forcible sodomy, and indecent assault.³⁵ Data analyzed by the Task Force revealed the following about sexual assault cases in the Army:

- More than half of sexual assault offenses involve alcohol and/or drugs.
- Almost half of sexual assault offenses occur in barracks.
- The majority of alleged victims are junior enlisted Soldiers.
- The majority of alleged perpetrators are junior enlisted Soldiers or NCOs.
- Current databases do not collect and integrate a full set of data on sexual assault cases to enable the Army to assess the magnitude of sexual assault, the resolution across all cases, or the causal indicators that could be used to stop sexual assaults in the Army.
- High standards exist to provide quality care but they are not integrated.
- Sufficient data do not exist to quantify the timeliness or quality of victim support.

Despite the fact that few quantitatively supported conclusions can be drawn from available data, two themes do emerge from the efforts to analyze these data—

- The need exists to create a single data tracking system, which would facilitate better analysis and reporting.
- Effective data management techniques will be vital for ensuring the quality of collected data.

³⁵ For the purpose of the data review, sexual assault includes attempts to commit these offenses or assaults with intent to commit rape or sodomy as under the UCMJ Article 80, Article 120, Article 125, and Article 134.

Section 4—Program Information and Analysis

PROGRAM REVIEWS

The Task Force’s review of the Army’s sexual assault policies began with a comprehensive review of specific programs and procedures and concluded with an assessment of how well these programs and procedures serve the individual Soldier and Army in practice. In this section, we acknowledge some organizations that have taken a proactive approach to improve their policies and procedures in conjunction with the Task Force’s ongoing review and developing recommendations. We endorse these actions because they will help ensure a timely and aggressive response to our conclusions and recommendations. The actions that arise from the Task Force’s recommendations represent a positive response to the need for change.

The following six Army organizations were identified as having a role in dealing with sexual assault:

- Army G-3/ US Army Training and Doctrine Command (TRADOC) (Training)
- Provost Marshal General and Criminal Investigation Command (CID) (Law Enforcement and Investigation)
- Office of The Judge Advocate General (Victim Witness Liaison)
- Office of The Surgeon General (Victim Medical Services)
- Office of the Chief of Chaplains (Pastoral Care and Counseling)
- Assistant Chief of Staff for Installation Management (Family Advocacy Program).

ARMY G-3/US ARMY TRAINING AND DOCTRINE COMMAND

Training in the Army is more than preventive maintenance; it is the method by which Army doctrine is embedded into Army operations and into the hearts and minds of Soldiers. However, the Army provides relatively little training on the prevention of sexual assault or leadership roles and responsibilities pertaining to sexual assault. Although the requirement to conduct sexual assault prevention training is not specifically stated in Army regulations, it *is* an integral part of the Army's training and education objective to treat Soldiers with dignity and respect.

The Army trains its enlisted Soldiers during IET in rape prevention and use of the buddy system for safety. Drill sergeants and other IET leaders are trained in rape prevention and response. However, officers do not receive the same training in officer basic courses. Cadets at the USMA receive training in leadership roles and responsibilities pertaining to sexual assault; however, cadets in ROTC do not. Sexual assault training is not included in all phases of PME, nor is it mandated in unit refresher training.

In the mid-to-late 1990s, values-based human relations training, using the *Consideration of Others* training methodology, became the standard across the Army as part of unit refresher training. This training is conducted at least annually and covers a variety of subjects, including prevention of sexual harassment, equal opportunity complaint processing, drug and alcohol abuse, reprisal prevention and detection, and command climate assessment—but not sexual assault. Throughout the Army, human relations training is approached differently in garrison than it is in a deployed environment. In a deployed environment, units respond to problems identified in the unit and train as combat conditions permit. Although commanders are required in garrison and in deployed environments to conduct safety briefings during periods of increased risk to ensure Soldier awareness, sexual assault is not currently included, nor is sexual assault included as part of pre-deployment briefings.

The G-3 has initiated the following five actions as part of its internal improvement plan:

- Develop and implement a training program that strongly emphasizes sexual assault as a crime that goes against the tenets of Warrior Ethos and that directly, negatively impacts readiness across the force. The newly created Army training program must be integrated into proponent school functional courses.
- Update existing sexual assault prevention training modules. Modules will—
 - Include definitions of all types of sexual assault
 - Provide victim services information
 - Present multiple reporting methods
 - Present dangers of acquaintance rape
 - Present dangers inherent to deployments.

- Develop and implement a leader's module and incorporate it into PME's including pre-command, first sergeant, and command sergeant major courses. The module should include actions that leaders should take for prevention and response to sexual assault (see Annex D).
- Provide training support packages for unit refresher training and *Consideration of Others* materials.
- Develop IET and PME human relations courses that will transition to support the current operating environment. Sequential human relations training that captures the interest of the audience should be developed for all PME levels. The training must integrate command climate, Army values, and Warrior Ethos across all human relations subjects necessary to maintain unit cohesion and readiness.

PROVOST MARSHAL GENERAL AND CRIMINAL INVESTIGATION COMMAND

The mission of PMG and CID is to thoroughly investigate all allegations of crimes, including sexual assault. Once a call is received regarding a sexual assault, law enforcement and criminal investigative personnel respond to the scene to render assistance to the victim, request medical assistance, and arrange transportation to a MTF when necessary. Once the victim is escorted to the MTF, female law enforcement personnel (when available) are dispatched to support a female victim, physical evidence is collected, and support services information is provided to the victim.

Once the victim and crime scene have been secured, coordination is completed with the Soldier's (victim and/or alleged perpetrator) chain of command and legal personnel in the investigative process. Law enforcement and investigation protocol are the same in garrison and the deployed environments, but timeliness in a deployed environment is impacted by notification, the immediate availability of witnesses, environment, distance, and force protection considerations. Rapid notification from the victim, his or her chain of command, or knowledgeable sources is critical in order to initiate a thorough investigation. Training programs, investigative procedures, and law enforcement protocols are consistent with similar programs in the civilian community.

The processing time for sexual assault forensic evidence examined by the USACIL can be longer because USACIL supports DNA processing for *all branches of the US Armed Forces* throughout the world. Currently USACIL has a 4- to 6-month backlog of DNA samples for processing. Technicians are frequently required to testify in court-martial proceedings, contributing to the backlog.

Improvement plans for the PMG/CID areas of responsibility include—

- Revise Army command policy (AR 600-20) to require commanders to report criminal assaults to the installation provost marshal and CID special agents
- Revise reporting procedures to make the first lieutenant colonel in the chain of command responsible for reviewing and signing the Report on the Action Taken Against Subject (i.e., alleged perpetrator) (DA Form 4833)
- Expand specialized investigator training on victim interaction and investigation. Specialized training will help meet the unique requirements of military investigations and special needs of sexual assault victims³⁶
- Request funding to hire additional USACIL laboratory technicians to reduce backlog
- Conduct an analysis of USACIL practices and procedures using the best practices of civilian crime laboratories to identify actions or practices that can be implemented immediately to enhance the effectiveness, efficiency, and timelines of DNA processing.

³⁶ *International Association of Chiefs of Police, National Advisory Committee, Guidelines and Standards for Victim Oriented Policing.*

OFFICE OF THE JUDGE ADVOCATE GENERAL

The Office of The Judge Advocate General (OTJAG) is the proponent for the victim/witness liaison (VWL) program that is designed to—

- Foster full cooperation of victims and witnesses within the military criminal justice system
- Mitigate physical, psychological, and financial hardships suffered by victims and witnesses of offenses
- Ensure that crime victims and witnesses are advised of their rights as described in AR 27-10, Chapter 18.

The SJA appoints the VWLs. VWLs are not victim crisis responders—they are employed to assist prosecutors and crime victims with the legal process. The majority of VWLs are Army civilian employees, and their duties are normally collateral.

The VWL program does function in the deployed environment. Deployed VWLs are typically Judge Advocate officers with the rank of captain who are new to the job and have little or no experience as VWLs. VWL duties are always collateral duties in a deployed environment.

Improvement plans for the OTJAG (VWL program) area of responsibility include—

- Conduct Department of Justice (DOJ) funded regional training (sponsored by the OTJAG and the HQDA VWL program manager) to ensure consistent information is disseminated to the field VWLs
- Post materials from regional training conferences on the DoD Victim and Witness Council Web site at <http://www.dod.mil/vwac/>
- Develop, with assistance from ARI, a VWL client satisfaction survey to gauge program effectiveness and potential areas of improvement
- Develop a training program for new VWLs on a CD, DVD, or the Web.

OFFICE OF THE SURGEON GENERAL

The mission of the Office of The Surgeon General (OTSG) with regard to sexual assault is to provide medical services to sexual assault victims. In garrison, the OTSG sexual assault program is governed by MEDCOM Regulation 40-36, which guides all MTFs and governs the SARB process. In a deployed environment, MEDCOM Regulation 40-36 serves as a sexual assault management guide for medical treatment and services. Combat Support Hospitals (CSH) and Field Hospitals (FH) provide medical care for sexual assault victims at the division level.

An overall OTSG program assessment shows that MEDCOM Regulation 40-36 provides the appropriate guidance to MTFs, but there is no uniform implementation. Only 50 percent of facilities have functional SARBs. In the CENTCOM area of responsibility, policies and trained staff are in place at the CSH and FH level, but there is limited medical expertise at the division level and below.

The OTSG has identified several internal improvement plans to assist in accomplishing its mission—

- Ensure all SARBs are established and functional according to policy.
- Develop Army Medical Department (AMEDD)-wide policy, rape kit, and rape kit collection training. The OTSG will ensure that procedures in garrison and in deployed environments are standardized. The OTSG will also institute formal sexual assault training in the AMEDD Center and School. On March 1, 2004, the Surgeon General directed the development of the Standardization of Guidelines for the Management of Sexual Assault Victims. Included in this directive was the development of an exportable training packet, "Sexual Assault Responder Training," for use by all AMEDD Soldiers in garrison or in a deployed environment. The training includes myths and facts about sexual assault, sexual assault definitions, areas of sensitivity regarding a victim's mental health, and how to help the victim. Additionally, the training will include specific sections for the commander, counselor, physician, and concerned friends, and lists applicable military regulations/UCMJ provisions.
- Revise procedures for social work services to contact victims who present themselves at civilian hospitals in order to offer follow-up services provided by the Army.

OFFICE OF THE CHIEF OF CHAPLAINS

One of the chaplaincy missions is to provide religious and spiritual support to the sexual assault victim. The ability to engage in privileged communication with military clergy provides the victim a confidential means to seek assistance and guidance. In the course of providing pastoral care and counseling, chaplains encourage victims to report sexual assault incidents and to seek medical services.

Services are different in garrison and in deployed environments. Installations typically have a family life chaplain (FLC) with a master's degree in counseling psychology who provides pastoral counseling training and case consultation. Installations with medical centers have chaplains with clinical pastoral education training, which includes Level 3 trauma experience and crisis intervention training.

In a deployed environment, every CSH and FH is authorized one chaplain with clinical pastoral education training. FLCs are scattered throughout the Theater of Operations and serve in units after their family life utilization tour of duty. Chaplains train in critical stress care at the Chaplain Officer Basic Course and receive 30 hours of training in pastoral counseling.

Improvement plans for the Office of the Chief of Chaplains (OCCH) area of responsibility include—

- Coordinate with the DoD Domestic Violence Task Force to incorporate sexual assault services training into the DoD-mandated domestic violence training at all military departments' chaplain basic courses
- Explore ways to identify chaplains in deployed environments with appropriate counseling and trauma experience
- Pursue certification of FLCs as trauma responders in association with traumatic stress specialists.

ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT

The mission of the FAP is to provide training in the prevention of domestic violence and services to family members who are victims of domestic violence, including sexual assault. The FAP works with military law enforcement, medical, and legal personnel, and chaplains on the installation, as well as counterpart civilian organizations, to provide victim support. Victim advocacy is an integral part of the Army's FAP. The FAP is funded to provide services for domestic violence but not sexual assaults that are not included in domestic violence. The FAP VAs provide crisis support, information, and referral to civilian and military resources.

Army Community Services (ACS) manages the FAP, and the ACS Family Advocacy Program Manager (FAPM) is the installation commander's principal coordinator for the FAP. Currently, 46 of the installations that serve medium to large populations have established FAP VA positions. At smaller installations, victim advocacy services are provided directly by the FAPM, memoranda of agreement, or contracts with local organizations.

Because of FAP functions and organizational structure, potential exists for resource sharing so that support can be provided to all sexual assault victims. Accordingly, the Task Force recommends integrating the sexual assault VAC within the existing FAP structure.

CURRENT PRACTICES

In combination with an assessment of individual Army programs, the Task Force reviewed current practices of the USMA, USN, and USCG, and two university programs—University of Arizona and Purdue University—that had received a DOJ grant to combat campus sexual assault.³⁷ The Task Force examined the advantages and disadvantages of each program relative to Army policies, programs, and procedures. To fully analyze these programs with the goal of determining each program's strengths and applicability to the Army, the Task Force developed the following framework:

- Education/prevention: proactive approaches to educate and prevent and reactive approaches to address victim advocacy, treatment, and counseling
- Immediate support: programs and practices available immediately following an incident, such as medical, psychological, and legal services
- Sustained support: programs and practices available long term for ongoing victim support throughout the process.

We reviewed the following elements in each program:

- Program demographics
- Vision and mission
- Risk management/prevention
- Services and support
- Organizational infrastructure
- Program response/treatment
- Program measures and continuous improvement.

³⁷ Department of Justice, Violence Against Women Office, <http://www.ojp.usdoj.gov/vawgo.htm>.

UNITED STATES MILITARY ACADEMY (USMA)

The Academy's mission is to educate, train, and inspire the corps of cadets so that each graduate is a commissioned leader of character committed to the values of duty, honor, and country; that each graduate experiences professional growth throughout a career as an officer in the US Army; and that each graduate serves a lifetime of selfless service to the nation. In dealing with the issue of sexual assault at the USMA, the superintendent has articulated four goals that have been published to the Academy at large. They are—

- Eliminate illegal behavior and provide a safe environment for cadets, staff, and faculty
- Provide caring support for victims
- Build confidence in our system to encourage reporting of incidents
- Resolve incidents in a fair and timely manner.³⁸

Character development is a central theme of a cadet's overall developmental process at USMA; it is embedded throughout all aspects of cadet life and is anchored to the Cadet Honor Code. Although all staff and faculty are responsible for character development, the Commandant of Cadets is the USMA proponent. Cadets receive 64 hours of values education in their 47-month experience. Of these, 28 hours are dedicated to elements of respect, and 15 hours are devoted to gender issues, which include sexual harassment, date rape, sexism, gender relations, and sexual assault in the military.

Cadets have 14 different venues for reporting incidents of sexual harassment or assault. These range from the formal chain of command to peers and officer sponsors. Reporting is a central component of cadet education, and reporting procedures are posted in every cadet company area.

Although its sexual assault prevention program is fundamentally sound, over the last 2 years the USMA has identified actions that can improve its sexual assault program, including the following:

- Revise the United States Corps of Cadets (USCC) Sexual Assault Response Program (SARP)
- Issue a no-contact order between alleged perpetrator and victim
- Inform the victim of proceedings and outcomes through the VWL
- Provide flexible sequencing of punishments
- Inform cadets of obligation to report incidents
- Employ a licensed female mental health care provider in the Center for Personal Development (CPD)

³⁸ USMA Information Paper, *Sexual Assault Policies at USMA, August 2003.*

- Ensure confidentiality of the victim's communication with CPD
- Implement a superintendent-level Wellness Council to foster program improvements
- Review alcohol policies and wellness programs through a PAT
- Create an integrated values survey that includes a comprehensive assessment of cadet attitudes regarding sexual harassment and sexual assault
- Improve the Tactical Officer Education Program curriculum
- Review procedures for regulations and USMA hearings
- Add the topic of sexual assault to staff and faculty orientation
- Enhance victim assistance through the SJA.

UNITED STATES NAVY

The US Navy is the only service with a defined sexual assault program with dedicated staff and funding at the headquarters and installation levels. The Sexual Assault Victim Intervention (SAVI) program is a comprehensive, standardized, victim-focused program to prevent and respond to sexual assault throughout the Navy. Its mission is to be victim-centered with regard to advocacy, response, and confidentiality. SAVI focuses on three primary objectives—

- Awareness and prevention education
- Victim advocacy and intervention/direct services
- Data collection.

The Navy's SAVI program includes a program manager, assistant, and 26 funded part-time or full-time fleet program coordinators. Other program highlights include—

- Centralized department-wide reporting and tracking system, response, and coordination; locally managed program components
- Command designation of a SAVI program POC and SAVI command representative, acknowledging the role of leaders to “set the tone of command”
- Distinct responsibilities and purposes for command-level SAVI responders, who can serve in multiple roles (i.e., POC, representative, data collection coordinator)
- Integration with FAP for short-term assistance.

The SAVI program offers immediate, 24-hour response, services, and resources to victims who report an assault.

UNITED STATES COAST GUARD

The United States Coast Guard Rape/Sexual Assault Program is designed to establish procedures to respond to sexual assault victims, reporting requirements to ensure initiation and continuity of care, and geographic separation of alleged perpetrator and victim, if required. Key elements of the USCG program include—

- Mandatory annual training for all USCG personnel
- Policy to report allegations of rape or sexual assault for investigation
- Protocols to ensure victims are not further traumatized by the investigation
- Trained victim support person for each unit
- Clarification of roles and responsibilities.³⁹

The USCG has volunteer, collateral duty, “victim support persons” who assist victims in securing basic needs and serve as a companion throughout the medical, legal, and judicial processes. Using an integrated approach and existing resources, victim support personnel are fully trained in victim support intervention.

Because USCG is a much smaller service branch, with only 36,000 active duty members, it has no military medical or mental health treatment centers, no crisis centers in remote locations, and limited funds. In accordance with USCG regulation,⁴⁰ medical personnel are not trained or equipped to provide forensic rape examinations or analysis. These services must be obtained from trained forensic rape medical teams in the local community within 24 hours of the alleged incident. In the event that appropriate local community medical resources do not exist, the local commander must ensure that selected medical personnel are trained as sexual assault forensic examiners (SAFE) in accordance with DOJ Office for Victims of Crime SANE criteria.

³⁹ [HTTP://CGWEB.USCG.MIL/G-C/G-CCS/G-CIT/G-CIM/DIRECTIVES/WELCOME.HTM](http://CGWEB.USCG.MIL/G-C/G-CCS/G-CIT/G-CIM/DIRECTIVES/WELCOME.HTM).

⁴⁰ *Commandant Instruction 1754.10B, Subject: Reporting and Responding to Rape and Sexual Assault Allegations, April 2, 2004.*

UNIVERSITY PROGRAMS

We examined two university programs that received DOJ grants to combat sexual assault on campus—University of Arizona and Purdue University. Highlights of their programs are listed below.

- University of Arizona
 - Includes information on how to identify harassment and stalking
 - Offers walk-in, telephone, referral, and crisis hotline options
 - Supports victims' rights to release information and/or pursue litigation
 - Has available formal on-site and online training on prevention and awareness for students and university departments
 - Allows the victim to request confidentiality, except when the victim needs hospital emergency room services.
- Purdue University
 - Established coordinated partnership among 5 statewide programs, 8 universities and colleges, and 30 local communities to provide comprehensive services for sexual assault victims
 - Focuses on training curriculum, resources, and prevention activities to educate and reduce future occurrences of sexual assault.

An analysis of these programs provides insights into efficient methods of prevention, treatment, and tracking. Formal tracking of sexual assault data facilitates program improvements based on quantifiable data.

SUMMARY OF PROGRAM ANALYSIS

The chart below summarizes the program elements that the Task Force identified as helpful in developing an Army program (Figure 4.A).

	USMA	Navy (SAVI)	Coast Guard	University*
Education / Prevention	<ul style="list-style-type: none"> ● Values-based education via Web site and classroom 	<ul style="list-style-type: none"> ● Focus on prevention education; victim advocacy and intervention/services; and data collection 	<ul style="list-style-type: none"> ● Mandatory annual training 	<ul style="list-style-type: none"> ● Focus on prevention through education and communication ● Available formal and/or online training
Immediate Support	<ul style="list-style-type: none"> ● Chaplains provide an avenue of confidentiality ● No-contact order between subject and victim ● With victim consent, informs Corps of incidents to quell rumors ● Female medical health care provider 	<ul style="list-style-type: none"> ● Local management of program components ● Victim-centered ● Dedicated funding and staff ● 24-hour notification to CNO on reports of sexual assault ● Victim Advocates provided 	<ul style="list-style-type: none"> ● Use civilian treatment facilities and counselors ● Dedicated structure for coordinated approach ● Focus on providing support to victims and protecting their rights ● Victim Support Persons serve as companion throughout the process 	<ul style="list-style-type: none"> ● Multiple reporting venues ● Consider unique environmental factors ● Focus on victim support
Sustained Support	<ul style="list-style-type: none"> ● Victim Witness Liaison (VWL) provides long-term support 	<ul style="list-style-type: none"> ● Centralized tracking, response, and coordination ● Maintains department-wide reporting and tracking system; track numerous data and trends, including victim separation rates 	<ul style="list-style-type: none"> ● Tracks trends 	<ul style="list-style-type: none"> ● Programs should be needs-based and data-driven ● Collect and analyze metrics ● Track satisfaction with process

* University practices represent a compilation of good program components from the University of Arizona and Purdue University. These programs meet the approval of the Violence Against Women Office (VAWO), Office of Justice Programs (OJP), US Department of Justice (DOJ) final regulations governing the implementation of Grants to Combat Violent Crimes Against Women on Campuses.

Figure 4.A. Summary Data for DoD and University Sexual Assault Programs

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Section 5—Report Summary

This report represents the Task Force’s review of the effectiveness of the Army’s policies, programs, and procedures as they pertain to prevention, response, and care for victims of sexual assault. Findings reinforced the Task Force’s belief that proactive involvement by leaders *at all levels* is the key to successfully addressing sexual assault in the Army.

As outlined in our recommendations, the Task Force recommends that the Army —

- Create a policy focused on education, prevention, integrated victim support, thorough investigation, appropriate action, timely reporting, follow-up, and feedback
- Create sustained, comprehensive, progressive, and sequential training that integrates prevention of sexual assault with Army values
- Establish a program structure to provide support to sexual assault victims through VAs and VACs
- Establish a structured system for documentation, reporting, quarterly assessment, and program improvement at the installation, MACOM, and HQDA levels.

The Army senior leadership’s establishment of the Task Force emphasizes its commitment to Soldiers. The recommendations of the Task Force are important first steps toward increasing the awareness and prevention of sexual assault, improving the command climate in which Soldiers feel safe to report assaults, and in providing support and care for victims.

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ANNEXES

- A. TASK FORCE CHARTER**
- B. REVIEW OF CENTCOM THEATER OF OPERATIONS SEXUAL ASSAULT CID FILES**
- C. MEDICAL TREATMENT FACILITIES AND SERVICES AVAILABLE FOR SEXUAL ASSAULT VICTIMS**
- D. PROFESSIONAL MILITARY EDUCATION RECOMMENDATIONS**
- E. GLOSSARY**
- F. ACRONYMS**
- G. REFERENCES, RESOURCES, BIBLIOGRAPHY**

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A: TASK FORCE CHARTER



DEPARTMENT OF THE ARMY
WASHINGTON

6 FEB 2004

MEMORANDUM FOR Assistant Secretary of the Army (Manpower and Reserve Affairs)

SUBJECT: Task Force on Sexual Assault Policies

Sexual assault is a criminal offense that has no place in our Army. It degrades our mission readiness by devastating our ability to work effectively as a team and is incompatible with the values we teach our Soldiers and demand of our leaders.

I direct you to establish a Task Force to conduct a detailed review of the effectiveness of the Army's policies on reporting and addressing allegations of sexual assault. The Task Force will further review the processes currently in place to ensure a climate in which victims feel free to report allegations and leaders understand their responsibilities to support the victims and investigate the allegations.

The Task Force will recommend changes or additions to current policies, programs, and procedures to provide clear guidance for reporting and addressing sexual assault allegations and protocols for the support of victims.

Headquarters, Department of the Army staff and Major Commands will support this effort completely.

Please provide me with your recommendations as the Task Force develops them. I expect a preliminary report not later than 45 days from the activation of the Task Force and your final report 45 days thereafter.

A handwritten signature in black ink, appearing to read "Brownlee".

R. L. Brownlee
Acting Secretary of the Army

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B. REVIEW OF CENTCOM THEATER OF OPERATIONS SEXUAL ASSAULT CID FILES

(Information as of March 5, 2004)

The Task Force reviewed 91 sexual assault cases in the CENTCOM Theater of Operations. The cases included founded, unfounded, insufficient evidence, and open cases. The goals of the review were to 1) gather information and data for further analysis of sexual assault in the Theater of Operations, 2) review data for trends, and 3) identify programs, practices, and support services available for Soldier victims in the Theater of Operations. The majority of alleged perpetrators and victims were US military personnel, but some alleged perpetrators were foreign nationals and coalition forces (Figure B.1).

Civilian		Coalition Forces	
Egypt	1	Italy (CPT)	1
Kuwait	1	UK (RSGM)	1
India	1	Egypt	1
Afghanistan	1		
Other	2		

Figure B.1. Foreign National and Coalition Alleged Perpetrators for January 2003 through March 5, 2004

The cases reviewed included initial, subsequent, and final reports of 107 total offenses of rape, forcible sodomy, and/or indecent assault (Figure B.2).

Offenses (107)		
	Closed	Open
Rapes	28	13
Sodomy	13	5
Indecent Assault	42	6

Location of Offenses	
Iraq	82
Kuwait	15
Afghanistan	10

Figure B.2. Total Number of CENTCOM Offenses and Location of Offenses for January 2003 through March 5, 2004⁴¹

⁴¹ The number of cases for each year includes founded, unfounded, insufficient evidence, and open cases.

The analysis revealed several possible scenarios of alleged perpetrator and victim involvement (Figure B.3). For example, in some cases, more than one type of offense occurred, such as rape and forcible sodomy. In addition, in some cases, there was one alleged perpetrator and one victim, while in others there was more than one of either.

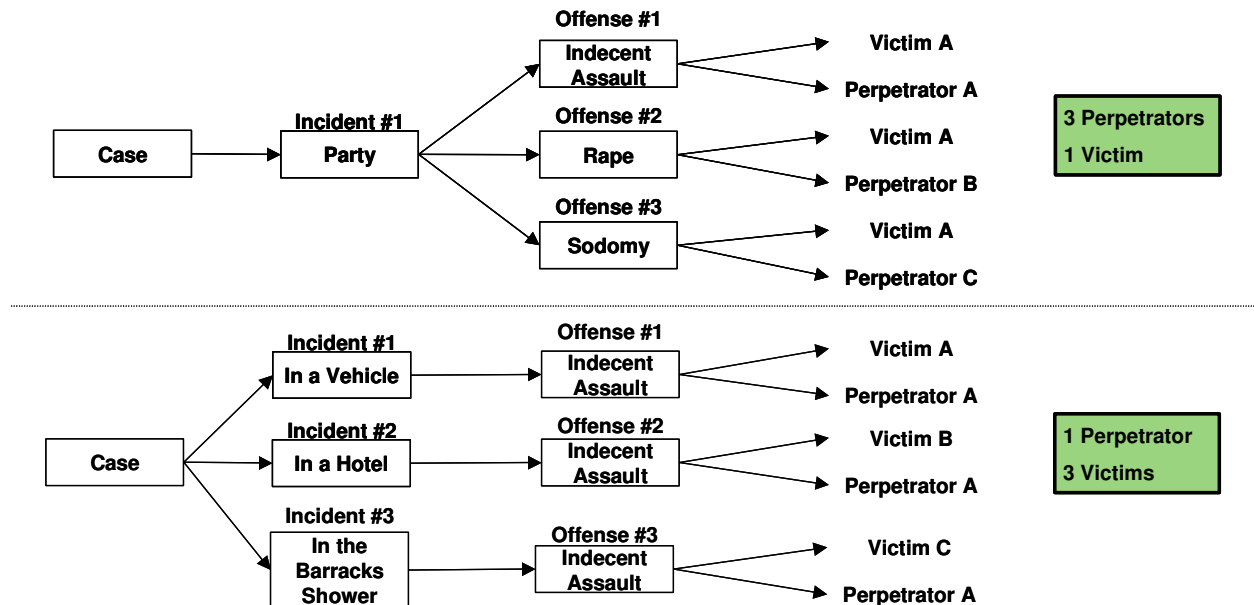


Figure B.3. Illustrative Example of What Constitutes a Case

Although the review did not establish assault patterns, it did indicate that a high number of junior enlisted Soldiers were alleged perpetrators and victims. Of the 188 military personnel involved, nearly 84 percent of alleged perpetrators were identified as junior enlisted Soldiers or noncommissioned officers with the rank of Sergeant and Staff Sergeant (SSG). When the numbers of victims were examined, we determined that 95 percent were SSG or below. In 43 percent of these cases, the alleged perpetrators and victims were members of the same unit. No cases involved an alleged perpetrator or victim above the rank of major. Two victims were from other services, the US Air Force and the US Marine Corps, and are included because the assaults occurred within Army jurisdiction. The rank distribution for alleged perpetrator and victim is provided in Figure B.4.

The Task Force was unable to determine the rank of all Soldiers involved because identifying factors were not completely entered into some CID reports.

Alleged Perpetrators		Victims	
Rank	No. of Soldiers	Rank	No. of Soldiers
PVT	2	PVT	4
PV2	3	PV2	3
PFC	6	PFC	27
SPC	24	A1C	1 *
SGT	17	LCpl	1**
SSG	19	SPC	47
SFC	7	SGT	13
MSG	3	SSG	5
CPT	2	SFC	1
		1LT	2
		MAJ	1
UNK	15	UNK	3

* USAF

** USMC

Figure B.4. Rank Distribution for Alleged Perpetrators and Victims in CENTCOM

One of the primary goals of the Task Force review was to analyze data to determine patterns and identify trends. This included determining whether more assaults occurred in combat, combat support, or combat service support type units and Active Component (AC) or Reserve Component (RC) (Figure B.5). The review noted that 65 percent of victims and 51 percent of perpetrators were assigned to Active Combat Service Support units. Given the incomplete data and random occurrences of assaults, the Task Force could identify no conclusions or patterns. In some cases, the components of the alleged perpetrators and victims were difficult to determine because of a significant number of AC and RC Soldiers assigned to multi-component units.

Unit Type by Victim

	Active Army	Army National Guard	Army Reserve
Combat	11	0	0
Combat Support	10	3	6
Combat Service Support	36	8	12

Unit Type by Perpetrator

	Active Army	Army National Guard	Army Reserve
Combat	14	2	1
Combat Support	9	2	5
Combat Service Support	26	3	6
Unknown – 12			
Foreign National – 9			

Figure B.5. Unit Type by Victim and Perpetrator

Determining which victim support programs and services were available in the Theater of Operations was difficult. The CID report files did not provide information about victim treatment or the legal disposition of alleged perpetrators, especially in cases involving non-US Soldiers or foreign nationals, because these cases were referred back to respective country authorities. Subsequent and final reports did not always report victim disposition data. This was partly because follow-on information is not available to the CID agent and because the CID report focuses on the investigation of the crime rather than ongoing care provided to the victim. A few agents were able to capture some victim service information when the victim did not delay reporting the incident and when follow-on actions occurred immediately after the assault (i.e., use of rape kit, treatment at medical facility). In these cases, the CID agent escorted the victim to the medical treatment facility (MTF).

In the cases in which the victim decided not to cooperate, recanted his or her story, or there was lack of evidence, the investigation was often terminated, and little useful data or lessons learned could be gleaned from the report. Termination of an investigation did not mean that a sexual assault did not occur. It only meant the

investigator could go no further to determine probable cause or prove or disprove an allegation.

After completing the files review and analyzing the data, the Task Force concluded that the CID's responses to sexual assault allegations were usually immediate. It also found that investigations were initiated quickly after a report was received and were completed as meticulously as possible.

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C. MEDICAL TREATMENT FACILITIES AND SERVICES AVAILABLE FOR SEXUAL ASSAULT VICTIMS

Name of MTF	Hours of Operation	Full Medical Care for SA Victims?	Notifies MPs ?	Refers to Civilian Facilities?	Name of Civilian Facility	Transports to Civilian Hospital?	Alerts Civilian Hospital?	MOA With Civilian Hospital?	SANE at Civilian Hospital?	Social Work or Counselling Provided?	Conducts SARB?	SARB Level?
USFK,18th MEDCOM, Korea	24/7 ER at 121st General Hospital	Y	Y	NA	NA	NA	NA	NA	NA	Y	Y	MTF
PACIFIC REGION												
*USA MEDDAC, Japan	0700-1630	N	Y	N	NA	NA	NA	NA	NA	Y	N	N
Tripler Army Medical Center, Hawaii	24/7 ER	Y	Y	N	NA	NA	NA	NA	NA	Y	Y	MTF
WESTERN REGION												
Madigan Army Medical Center, Ft Lewis, WA	24/7 ER	Y	Y	If Needed	NA	NA	NA	NA	Y	Y	Y	MTF
Weed Army Community Hosp, Ft Irwin, CA	24/7 ER	Y	Y	If Needed	NA	NA	NA	NA	Y	Y	Y (Working)	MTF
California Medical Detachment, Monterey, CA	0730-1600	N	Y	Y	Community Hospital of Monterey	N	N	Y	Y	Y	N	N
Troop Medical Clinic, Ft Richardson, AK	0730-1600	Y (Elmendorf AFB)	Y	Y	Alaska Regional Hospital, Anchorage, AK	N	Y	Y	Y	Y	N	N
Bassett Army Community Hosp, Ft Wainwright, AK	0730-1630	Y	Y	If Needed	Fairbanks Memorial Hospital	Y	Y	Under Discussion	Y	Only if Requested	Working	MTF
EUROPEAN REGION												
Landstuhl Army Regional Medical Center, Germany	24/7 ER	Y	Y	N	NA	NA	NA	NA	NA	Y	Y	MTF
- Subordinate Clinics include: NATO and SHAPE (Belgium); Baumholder, Dexheim, Kleber, and Wiesbaden (Germany); Livorno and Vicenza (Italy).	Various hours, no 24 Hour service	N	Y	Y	Local hospitals	Y (MTF or via local service)	Y	Y	NA	Y	Y	MTF

C. Medical Treatment Facilities and Services Available for Sexual Assault Victims (CONTINUED)

Name of MTF	Hours of Operation	Full Medical Care for SA Victims?	Notifies MPs ?	Refers to Civilian Facilities?	Name of Civilian Facility	Transports to Civilian Hospital?	Alerts Civilian Hospital?	MOA With Civilian Hospital?	SANE at Civilian Hospital?	Social Work or Counselling Provided?	Conducts SARB?	SARB Level?
Wuerzburg Army Hospital, Germany	24/7 ER	Y	Y	N	NA	NA	NA	NA	NA	Y	Y	MTF
- Subordinate Clinics include: Bamberg, Giebelstadt, Grafenwoehr, Hohenfels, Illsheim, Katterbach, Kitzingen, Schweinfurt, and Vilseck (Germany)	Various hours, no 24 Hour service	N	Y	Y	Local hospitals	Y (MTF or via local service)	Y	Y	NA	Y	Y	MTF
Heidelberg Army Medical Department Activity, Germany	24/7 ER	Y	Y	Y	Heidelberg University Frauen Klinik	Y	Varies	N	NA	Y	Y	MTF
- Subordinate Clinics include: Babehausen, Buedingen, Butzbach, Coleman, Darmstadt, Friedberg, Hanau, Mannheim, and Stuttgart (Germany)	Various hours, no 24 Hour service	N	Y	Y	Local hospitals	Y (MTF or via local service)	Y	Y	NA	Y	Y	MTF

C. Medical Treatment Facilities and Services Available for Sexual Assault Victims (CONTINUED)

Name of MTF	Hours of Operation	Full Medical Care for SA Victims?	Notifies MPs?	Refers to Civilian Hospital?	Name of Civilian Hospital?	Transports to Civilian Hospital?	Alerts Civilian Hospital?	MOA With Civilian Hospital?	SANE at Civilian Hospital?	Social Work or Counselling Provided?	Conducts SARB?	SARB Level?
GREAT PLAINS REGION												
William Beaumont Army Medical Center, Ft Bliss, TX	24/7 ER	Y	Y	If Needed	Sierra Vista Regional Medical Center	Y	Y	Y	Y (and MTF has 3)	Y	Y	MTF
Brooke Army Medical Center, Ft Sam Houston, TX	24/7 ER	N	Y	Y	Methodist Specialty and Transplant	Y	Y	Y	Y	Y	Y	MTF
Evans Army Community Hospital, Ft Carson, CO	24/7 ER	N	Y	Y	Memorial Hospital	Y	Y	Y	Y	N	N	NA
Darnell Army Community Hospital, Ft Hood, TX	24/7 ER	Y	Y	Y	Scott and White Memorial Hospital	N	Y	N	Y	Y	Y	MTF
Raymond J. Bliss Army Health Center, Fort Huachuca, AZ	0730-1630	N	Y	Y	Sierra Vista Regional Medical Center	N	Y	Y	N (One is in training; goal is Oct 04)	Y	N	NA
Munson Army Health Center, Fort Leavenworth, KS	24/7 ER	N	Y	Y	Cushing Hospital, Leavenworth, KS	Y	Y	Under review	Y	Y	N	NA
Gen Leonard Wood Army Community Hospital, Ft Leonard Wood, MO	24/7 ER	Y	Y	N	NA	NA	NA	NA	NA	Y	N	N
Bayne Jones Army Community Hospital, Ft Polk, LA	24/7 ER	Y	Y	N	NA	NA	NA	NA	NA	Y	N	N
Irwin Army Community Hospital, Ft Riley, KS	24/7 ER	Y	Y	N	NA	NA	NA	NA	NA	Y	Y	MTF
Reynolds Army Community Hospital, Ft Sill, OK	24/7 ER	Y	Y	N	NA	NA	NA	NA	NA	Y	Y (Working)	MTF

C. Medical Treatment Facilities and Services Available for Sexual Assault Victims (CONTINUED)

Name of MTF	Hours of Operation	Full Medical Care for SA Victims?	Notifies MPs?	Refers to Civilian Hospital?	Name of Civilian Hospital?	Transports to Civilian Hospital?	Alerts Civilian Hospital?	MOA With Civilian Hospital?	SANE at Civilian Hospital?	Social Work or Counselling Provided?	Conducts SARB?	SARB Level?
SOUTHEAST REGION												
Dwight David Eisenhower Army Medical Center, Ft Gordon, GA	24/7 ER	Y	Y	If Needed	Rape Crisis Center	N	NA	N	Y	Y	N	N
Blanchfield Army Community Hospital, Ft Campbell, KY	24/7 ER	Y	Y	If Needed	Vanderbilt, Nashville, TN	If Needed	Y	N	N	Y	Y	MTF
Fox Army Community Hospital, Redstone Arsenal, AL	0730-1800	N	Y	Y	Huntsville Hospital	N	Y	Y	N	Y	Y	MTF
Lawrence Joel Army Health Clinic, Ft McPherson, GA	0730-1630	N	Y	Y	Grady Health System, Rape Crisis Unit	Y	N	N	N	Y	Y	MTF
Lawrence Joel Army Health Clinic, Ft Gillem, GA	0700-1800	N	Y	Y	Grady Health System, Rape Crisis Unit	Y	N	N	N	Y	Y	MTF
Lyster Army Community Hospital, Ft Rucker, AL	0730-1600	N	Y	Y	Flowers Hospital or Dale Medical Center	Y	Y	Y	N	Y	Y	MTF
Martin Army Community Hospital, Ft Benning, GA	24/7 ER	Y	Y	Y	St Francis Bradley	N	Y	N	N	Y	N	N
Moncrief Army Community Hospital, Ft Jackson, SC	24/7 UCC	N	Y	Y	Palmetto Richland Memorial Hospital	Y	Y	Y	Y	Y	N	N
Rodriguez Army Health Clinic, Ft Buchanan, PR	0730-1600	N	Y	Y	San Pablo Hospital	N	Y	Y	N	Y	N	N
Tuttle Army Health Clinic, Ft Stewart, GA	0700-1800	N	Y	Y	Memorial Hospital or Winn Army Community Hospital	Y	Y	Y	Y	Y	Y	MTF
Winn Army Community Hospital, Ft Stewart, GA	24/7 ER	Y	Y	N	NA	NA	NA	NA	Y	NA	Y	MTF

C. Medical Treatment Facilities and Services Available for Sexual Assault Victims (CONTINUED)

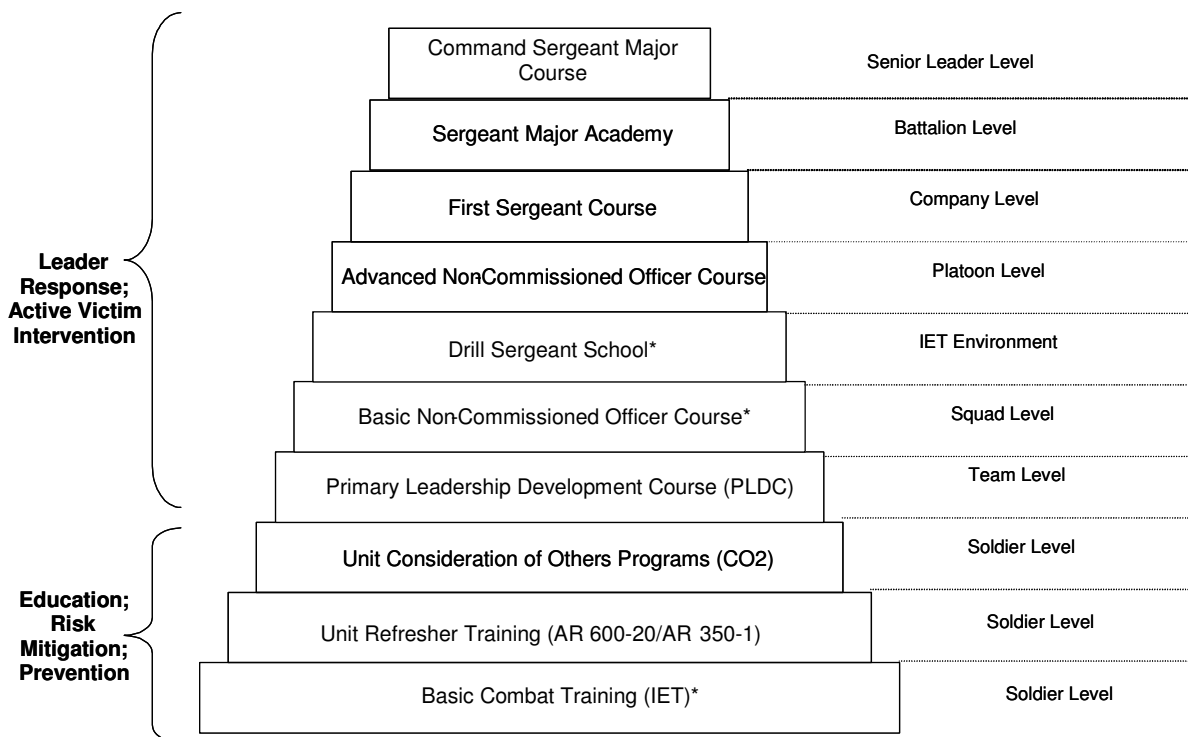
Name of MTF	Hours of Operation	Full Medical Care for SA Victims?	Notifies MPs?	Refers to Civilian Hospital?	Name of Civilian Hospital?	Transports to Civilian Hospital?	Alerts Civilian Hospital?	MOA With Civilian Hospital?	SANE at MTF and/or Civilian Hospital?	Social Work or Counselling Provided?	Conducts SARB?	SARB Level?
NORTH ATLANTIC REGION												
Walter Reed Army Medical Center, Washington, DC	24/7 ER	Y	Y	N	NA	NA	NA	NA	N	Y	N	NA
Womack Army Medical Center, Ft Bragg, NC	24/7 ER	Y	Y	N	NA	NA	NA	NA	Y	Y	Y(working)	MTF
Ainsworth Army Health Clinic, Ft Hamilton, NY	0730-1630	N	Y	Y	Victory	Y (Civ EMS)	Y	N	Unknown	Y	N	N
Barquist Army Health Clinic, Ft Detrick, MD	0730-1600	N	Y	Y	Frederick Memorial Hospital	Y	Y	N	Unknown	Contracted	Y	Installation
Craven Army Health Clinic, Ft Monroe, VA	0730-1630	N	Y	Y	Riverside Regional MEDCEN	N	Y	N	N	Y	N	N
DiLorenzo Health Clinic, The Pentagon, Washington, DC	0700-1600	N	Y	Y	WRAMC or Arlington County Hospital	N	Y	N	Unknown	Y	N	NA
DeWitt Army Community Hospital, Ft Belvoir, VA	24/7 ER	N	Y	Y	Fairfax INOVA	Y	Y	N	Y	N	Y (working)	NA
Dunham Army Health Clinic, Carlisle Barracks, PA	0730-1600	N	Y	Y	Carlisle Hospital	Y (arranged locally)	Y	N	N	Y	Y	MTF
Guthrie Medical Department Activity, Ft Drum, NY	0730-2300	N	Y	Y	Samaritan Medical Center	Y	Y	N	Y	Y	Y	MTF
Ireland Army Community Hospital, Ft Knox, KY	24/7 ER	N	Y	Y (working)	Advocacy & Support Center, Elizabethtown	Y (CID escort)	Y	Working	Y	Y	Y (working)	MTF
Keller Army Community Hospital, West Point, NY	24/7 ER	Y	Y	N	NA	NA	NA	NA	N	Y	Y	MTF
Kenner Army Health Clinic, Ft Lee, VA	0730-2000 M-F 0800-1200 Sat	N	Y	Y	Medical College of VA	Y (MPs)	Y	N	Y	Y	Working	MTF

C. Medical Treatment Facilities and Services Available for Sexual Assault Victims (CONTINUED)

Name of MTF	Hours of Operation	Full Medical Care for SA Victims?	Notifies MPs?	Refers to Civilian Hospital?	Name of Civilian Hospital?	Transports to Civilian Hospital?	Alerts Civilian Hospital?	MOA With Civilian Hospital?	SANE at MTF and/or Civilian Hospital?	Social Work or Counselling Provided?	Conducts SARB?	SARB Level?
Kimbrough Ambulatory Health Clinic, Ft Meade, MD	0730-1600	N	Y	Y	(National Naval Medical Center if medically stable.) Laurel Regional Hospital & North Arundel Regional Hospital	Y	Y	Y (Requires Updating)	NNMC - Y Nr Arundel - Y Laurel - N	Both in-house and purchased care	N	N
Kirk AHC, Aberdeen Proving Ground, MD	0530-1630	N	Y	Y	Franklin Square, Upper Chesapeake MEDCEN, Harford Memorial Hospital	N	Y	Y	Y	N	N	N
McDonald Army Community Hospital, Ft Eustis, VA	0700-2200	N	Y	Y	Riverside Regional Medical Center	Y	Y	N	Y	Y	N	N
Patterson Army Health Clinic, Ft Monmouth, NJ	0730-1630, 2000 W/TH, 0900-1400 Sat	N	Y	Y	Riverview Medical Center, Red Bank, NJ	Post EMS or Clinic Transport	Y	Y	Y	Y	Y	Installation
Rader Army Health Clinic, Ft Myer, VA	0730-1600	N	Y	Y	INOVA Fairfax, VA	N	Y	Y	Y	Y	Y	Installation
Troop Medical Clinic and Walson Air Force Clinic, Ft Dix, NJ	0730-1630 M-F 0730-0930 Weekend	N	Y	Y	Virtua	Y (EMS)	Y	N	N	Y	N	N
USAHC, Ft Story, VA	0730-1600	N	Y	Y	Portsmouth Naval Hospital		Y		Y		N	N

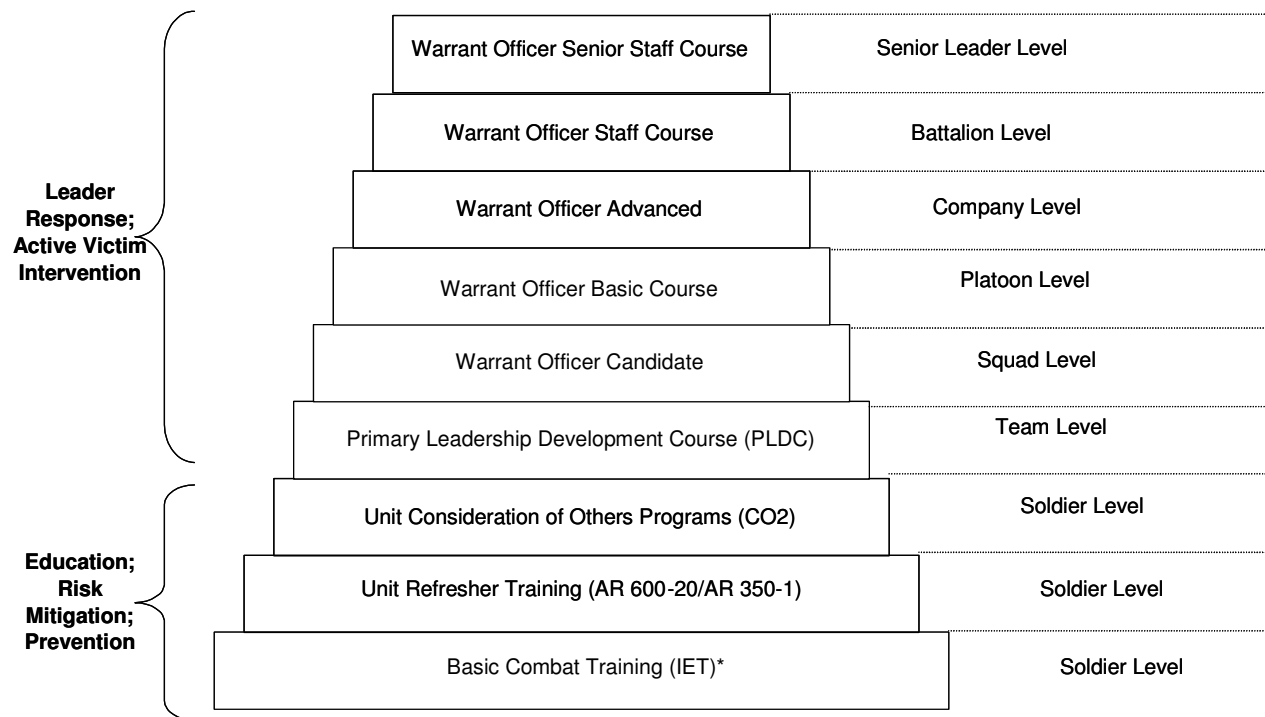
D. PROFESSIONAL MILITARY EDUCATION RECOMMENDATIONS

The following three figures (Figure D.1–Figure D.3) depict the complete progression of a Soldier’s training. Sexual assault training should be included at all levels and throughout a Soldier’s career (enlisted, warrant officer, and commissioned officer). Currently, training on prevention of sexual assault for enlisted Soldiers exists only at the initial entry training (IET) and Drill Sergeant School. Training modules should be added that are sequential and progressive, and that include actions leaders should take for prevention and response to sexual assault, as well as to handle its impact on readiness across the force.



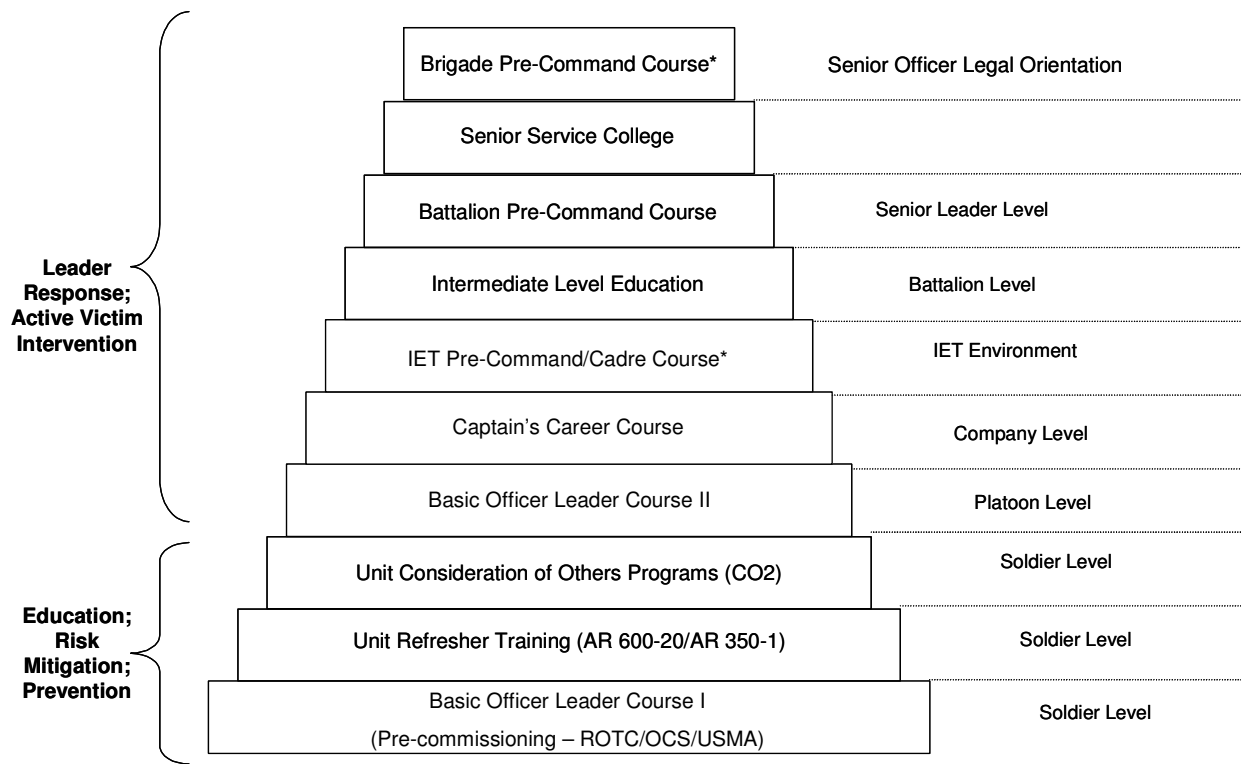
** Some rape prevention/sexual assault training currently exists; recommend revision to incorporate program*

Figure D.1. Recommended Enlisted Soldier and NCO Education



** Some rape prevention/sexual assault training currently exists; recommend revision to incorporate program*

Figure D.2. Recommended Warrant Officer Education



** Some rape prevention/sexual assault training currently exists; recommend revision to incorporate program*

Figure D.3. Recommended Commissioned Officer Education

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E. GLOSSARY

Alleged Perpetrator—One who has been accused of committing a crime, including any report of a crime to police authorities of a known or unknown person.

Army Values—Loyalty, duty, respect, selfless service, honor, integrity, and personal courage (leadership).

Case—A formal investigative file that may contain multiple incidents, offenses, victims, and offenders (i.e., perpetrators).

CENTCOM Theater of Operations—Includes Afghanistan, Iraq, and Kuwait.

Confidentiality—The term used in this report to describe the general principle that the Privacy Act prohibits the unauthorized release of personal information except to those who have an "official need to know" or if such release furthers a lawful exercise of public office (e.g., the release of certain information by a law enforcement official in the course of an investigation when release is necessary to carry out an investigation).⁴²

Founded Case—A determination made by the CID that a criminal offense has been committed. The determination that a founded offense exists is an investigative decision independent of any judicial opinion or disciplinary action.⁴³

Incident—One or more offenses committed by the same offender (perpetrator), or group of offenders, acting in concert at the same time and place.

Insufficient Evidence—1) The inability of an investigation to determine that a reported or alleged criminal offense did or did not occur, or 2) the inability to establish probable cause to believe that an alleged offender did or did not commit an offense.⁴⁴

Perpetrator—One who has committed a crime; offender.

Privilege or Claim of Privilege—The assertion by any person of a privilege to 1) refuse to be a witness; 2) refuse to disclose any matter; 3) refuse to produce any object or writing; or 4) prevent another from being a witness or disclosing any matter or producing any object or writing.⁴⁵

Sexual Assault—Offenses of rape, forcible sodomy, and indecent assault, or attempts to commit these crimes.⁴⁶

⁴² AR 25-55, Department of Army, Freedom of Information Act Program, AR 340-21, The Army Privacy Program.

⁴³ CIDR 195-1, Paragraph 7-6c.

⁴⁴ *Ibid.*

⁴⁵ Military Rules of Evidence (MRE) 501(b).

⁴⁶ For the purpose of the data review, attempts to commit these offenses or assaults with intent to commit rape or sodomy as under UCMJ Article 80, Article 120, Article 125, and Article 134.

Sexual Harassment—A form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when—

- Submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person’s job, pay, career.
- Submission to or rejection of such conduct is used as a basis for career or personal decisions affecting that person.
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creates an intimidating, hostile, or offensive working environment.
- Any person in a supervisory or command position uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of a Soldier or civilian employee.
- Any Soldier or civilian employee makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature.⁴⁷

Unfounded Case—A determination made by the CID that a criminal offense did not occur. This determination must be based on demonstrative evidence. A lack of evidence to support a complaint or questioning of certain elements of a complaint is not sufficient to categorize an incident as unfounded. A finding of insufficient evidence is not a basis for labeling an offense as unfounded.⁴⁸

Victim Advocate—Trained Soldiers who provide support to sexual assault victims.

Victim Advocate Coordinator—The single POC who 1) ensures that timely and complete care is provided for sexual assault victims; 2) provides essential coordination and is the focal point for service providers and Victim Advocates (VA); 3) provides for the training of all VAs; 4) is responsible to ensure that programs are in place that provide sexual assault awareness, prevention and education training, identification of confidential sources of information, victim advocacy services, data collection, data reporting, and effective command review and proper response to each case using the SARB.

Warrior Ethos—The desire to accomplish the mission despite all.⁴⁹

⁴⁷ *Army Regulation 600-20, Prevention of Sexual Harassment, May 13, 2002.*

⁴⁸ *CIDR 195-1, Paragraph 7-6c.*

⁴⁹ *Field Manual 22-100, Army Leadership, August 1999.*

F. ACRONYMS

AC	Active Component
ACS	Army Community Services
AMEDD	Army Medical Department
AR	Army Regulation
ARI	Army Research Institute for the Behavioral and Social Sciences
ASA (M&RA)	Assistant Secretary of the Army (Manpower and Reserve Affairs)
ACSIM	Assistant Chief of Staff for Installation Management
CENTCOM	Central Command
CID	Criminal Investigation Division
CPD	Center for Personal Development
CRC	Crime Records Center
CSH	Combat Support Hospital
CY	Calendar Year
DA	Department of the Army
DoD	Department of Defense
DOJ	Department of Justice
DIBRS	Defense Incident Based Reporting System
DNA	Deoxyribonucleic Acid
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
FBI	Federal Bureau of Investigation
FH	Field Hospital
FLC	Family Life Chaplain
FY	Fiscal Year
HQDA	Headquarters, Department of the Army
IET	Initial Entry Training
MACOM	Major Command
MEDCEN	Medical Center
MOU	Memorandum of Understanding
MP	Military Police
MPO	Military Protective Order
MTF	Medical Treatment Facility
NCO	Noncommissioned Officer
OCCH	Office of the Chief of Chaplains
OTJAG	Office of The Judge Advocate General
OTSG	Office of The Surgeon General
PAT	Process Action Team
PCC	Personnel Contingency Cell
PME	Professional Military Education
PMG	Provost Marshal General
POC	Point of Contact
PTC	Pretrial Confinement
RC	Reserve Component (Army National Guard and Army Reserve)

ROTC	Reserve Officers Training Corps
SAFE	Sexual Assault Forensic Examiner
SANE	Sexual Assault Nurse Examiner
SARB	Sexual Assault Review Board
SARP	Sexual Assault Response Program
SAVI	Sexual Assault Victim Intervention
SGT	Sergeant
SJA	Staff Judge Advocate
SSG	Staff Sergeant
SSMP	Sample Survey of Military Personnel
STRATCOM	Strategic Communications
TRADOC	Training and Doctrine Command
TSP	Training Support Package
UCMJ	Uniform Code of Military Justice
USACIL	United States Army Criminal Investigation Laboratory
USCC	United States Corps of Cadets
USMA	United States Military Academy
USN	United States Navy
USCG	United States Coast Guard
VA	Victim Advocate
VAC	Victim Advocate Coordinator
VWL	Victim/Witness Liaison
WWW	World Wide Web

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