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REGARDING

SUPPORT TO SURVIVORS OF SEXUAL
ASSAULT

BEFORE THE

SENATE ARMED SERVICES COMMITTEE, PERSONNEL SUBCOMMITTEE

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Madam Chairman, Members of the Committee, thank you for the opportunity to discuss with you the Department of Defense's support for sexual assault survivors and the relationship between sexual assault, the subsequent development of post-traumatic stress disorder (PTSD) and suicide. The Department is committed to ensuring that all Service members and DoD beneficiaries receive access to timely, evidence-based health care delivered by competent and compassionate providers. The Department is also committed to a strong prevention strategy for sexual assault and suicide in the Military.

**PTSD, Sexual Assault, and Suicide**

One of the signature injuries from the Operation Enduring Freedom, Operation Iraqi Freedom, Operation and Operation New Dawn (OEF/OIF/OND) conflicts is PTSD, a treatable psychological condition commonly associated with a traumatic event. The Department Armed Forces Health Surveillance Center has tracked a continuously rising prevalence of PTSD in the force, which has doubled from approximately 1% of Service members to approximately 2% in the last decade of war. Unfortunately, not everyone who develops PTSD symptoms seeks care and, for some, PTSD symptoms may not develop until months or years following the traumatic event. DoD routinely screens Service members, both pre- and post-deployment, for PTSD symptoms. For those who screen positive, we provide a number of treatment options and are monitoring the outcomes of those therapies. We also have integrated behavioral health providers into the primary care clinics to deliver timely interventions for those who need this type of help and support.

Trauma associated with sexual assault -- a term that encompasses a range of penetrating and non-penetrating crimes -- is also a treatable psychological condition. In fact, many of the

treatments developed for PTSD were designed specifically for sexual assault survivors. Recovery from any form of sexual assault can be very challenging for the survivor and the people that support them. Given the stigma and shame that many survivors experience following the crime, it is often difficult for victims to engage care or even report. Civilian and military research both show that less than a third of sexual assaults are ever reported to law enforcement, with the vast majority of reporters being women; men rarely report these crimes. This is unfortunate because Department of Justice research finds that reporting of sexual assault makes it much more likely that victims will engage care and treatment. Consequently, the Department took the advice of civilian experts and instituted two reporting options in 2005 – Unrestricted and Restricted Reporting – to facilitate reporting and help victims to get needed care and services they deserve. Over time, this approach has worked. In 2004, before the Sexual Assault Prevention and Response Program was instituted, the Department received only 1,700 reports of sexual assault. In Fiscal Year 2013, preliminary data indicates that were about 5,400 reports of sexual assault – more than three times the number received in 2004. While any report of sexual assault is troubling, this increase in reporting of the crime has allowed us to offer many more survivors the assistance and care they need to help restore their lives. Care helps survivors better cope with not only the symptoms of PTSD, but also with other conditions known to impact survivors, such as substance dependence, anxiety disorders, and depressive disorders – which for some may bring about thoughts of suicide.

We know from civilian population research that experiencing sexual assault, especially childhood sexual assault, are associated with increased risks of suicidal ideation, attempts and completions. Furthermore, this association appears to be independent of gender. As I previously stated, the experience of sexual assault is also associated with increased risk for a number of

mental health conditions. Some of these mental health conditions may also be associated with suicidal ideation, attempts, and completions.

Overall, suicide deaths among members of the U.S. Armed Forces increased between 2001 and 2012, peaking in 2012 with a rate of 23.3 per 100,000. For 2013, preliminary data shows that this trend is reversing. While there was an increase in female suicides from 2011 to 2012, the majority of suicides are among males, reflective of the overall military population. DoD collects information about suicides, both completed and attempts. This includes information about reported sexual abuse or sexual harassment before and since joining the military, as well as medical conditions, such as PTSD.

Between 2008 and 2011, the total number of individuals who attempted or completed suicide and reported either sexual abuse or harassment ranged from six to fourteen individuals. During that same time period, only nine individuals who completed suicide also had a diagnosis of PTSD.

For military populations, the evidence associating sexual assault and subsequent suicidal ideation, attempt or completion is less well defined. More work certainly needs to be done in clinical and research spectra. Until we have more conclusive data, we assume that our military community would have the same risks as those in the civilian community following sexual assault.

In order to address a need for more information, Defense Suicide Prevention Office (DSPO) and Sexual Assault Prevention and Response Office (SAPRO) are jointly sponsoring a study to better understand the prevalence of suicide risk among sexual assault victims. Using data from the Survey of Health- Related Behavior of Active Duty members, the study will assess the existence of statistically significant relationships between self-reported instances of sexual

assault and suicidal ideation and attempts. In addition, the study will analyze the extent to which risk factors for sexual assault overlap with risk factors for suicidal ideation and attempts.

DoD will also include a behavioral health-related question in the Defense Equal Opportunity Management Institute's Organizational Climate Survey (DEOCS) for the first time in 2014. The DEOCS questionnaire measures climate factors associated with equal opportunity and employment programs, organizational effectiveness, discrimination/sexual harassment, and sexual assault prevention and response.

In addition to these research efforts, the Department is focusing on reducing stigma, increasing education, and building resilience. Each of the Services offers comprehensive suicide awareness training that teaches Service members to recognize the warning signs and symptoms of self-harming behavior, resilience building skills, and to intervene when necessary. A key feature to the training and outreach being done by the Services promotes the use of the Veterans/Military Crisis Line (V/MCL) that is a collaborative effort with the Department of Veterans Affairs (VA), which staffs the call center. The V/MCL is a 24/7/365 confidential crisis line that is available to all Service members and their families throughout the United States, Europe, and Japan and online worldwide. For those not in immediate crisis, but seeking solutions, Vets4Warriors provides 24/7/365 confidential peer support and resilience case management for Active and Reserve Component members and their families. Using the Reciprocal Peer Support Model, the program assists Service members who are facing personal challenges with tools to manage their stress and build their resilience. Vets4Warriors will continue to provide resilience case management and transition assistance to its sister programs at VA throughout the callers military career life-cycle.

**Department of Defense Efforts**

Because sexual assault and harassment, PTSD and suicide are issues of great concern, DoD has invested in a variety of prevention and treatment strategies, as well as policies and protocols to ensure that appropriate care and support is provided. Sexual assault survivors are at increased risk for developing sexually transmitted infections, depression, anxiety and PTSD; conditions that can have a long-lasting effect on well-being and future functioning, and can precipitate suicidal thinking.

To address these and other potential risks, and regardless of whether a survivor is male or female, whether the sexual assault occurred prior to joining the military or during service, or whether manifestations are physical or emotional, DoD has policies, guidelines and procedures in place to provide access to a structured, competent and coordinated continuum of care and support for survivors of sexual trauma. This continuum of care begins when individuals seek care and extends through their transition from military service to the VA or to care in their communities.

Department of Defense instructions provide comprehensive guidance on medical management for survivors of sexual assault for all Military Health Service personnel who provide or coordinate medical care for sexual assault survivors. These detailed instructions mandate that the Military Medical Departments meet specific standards of care, including standards for sexual assault forensic exams, health care provider training, and the provision of comprehensive and timely care and support to survivors. DoD requires that care is gender-responsive, culturally competent and recovery oriented. Moreover, healthcare professionals providing care to sexual assault survivors are also required to recognize the potential for pre-existing trauma and the perils of re-traumatization.

According to the Department's instructions, the case of any sexual assault survivor who presents to one of our military treatment facilities is treated as a medical emergency. In the emergency department, survivors receive a comprehensive evaluation that includes a detailed history and physical examination. Treatment of any and all immediate life-threatening injuries takes priority. Once an individual is stabilized, he or she is provided with the services of a Sexual Assault Response Coordinator (SARC) or Sexual Assault Prevention and Response Victim Advocate (VA), and offered a sexual assault forensic examination (SAFE). In addition, survivors are offered testing and prophylactic treatment options for human immunodeficiency virus (HIV) and other sexually transmitted illnesses. Women are advised of their risk for pregnancy and counseled regarding options for emergency contraception. Prior to release from the emergency department, health care providers ensure all survivors receive instructions for the treatment provided, as well as referrals for additional medical services and behavioral health evaluation and counseling.

DoD policy requires that standardized forensic examinations are offered to all sexual assault survivors who present for care. The Standardized Sexual Assault Forensic Examinations or SAFEs follow the U.S. Department of Justice Protocol, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Military Treatment Facilities (MTFs) must have either SAFE trained healthcare providers at the MTF or agreements with local civilian providers to conduct these exams. SAFE kits are available at all Medical Treatment Facilities (MTFs) and providers document their findings using the most current edition of Department of Defense Form 2911 (DD 2911), "DoD Sexual Assault Forensic Examination Report." Furthermore, DoD requires that all collected specimens are appropriately labelled and

that the evidentiary chain of custody is maintained.

SARCs and Advocates serve as a single 24/7 point of contact for sexual assault survivors and help coordinate all services provided to survivors including follow-up health care. SARCs are responsible for counseling survivors on the choice between unrestricted and restricted reports, and for coordinating subsequent actions following the survivor's decision on reporting. The DD Form 2911, mentioned above, documents the reporting preference (restricted or unrestricted) of the sexual assault survivor. When a survivor elects to pursue an unrestricted report, SARCs facilitate the initial interaction with a Service's Military Criminal Investigative Organization (MCIO – Army Criminal Investigative Division, Naval Criminal Investigative Service, and the Air Force Office of Special Investigations). SARCS also ensure that SAFE Kits and associated evidence are provided to the appropriate Military Criminal Investigative Organization when unrestricted reporting is selected. Restricted reports are kept confidential and, consistent with the survivor's wishes, criminal investigators and commanders are not notified.

When a survivor requests a SAFE yet elects restricted reporting, a restricted reporting control number (RRCN) is generated for specimen labeling purposes. This approach provides survivors the ability to recover at their own pace, with a degree of desired control and privacy, while preserving the option to convert a case to an unrestricted report at a later date.

DoD provides a wide range of medical treatment for both the physical and emotional injuries that may result following any traumatic event, including sexual assault. Identification of a patient's needs begins when they first seek medical care or with the assistance of a SARC – whether the event was immediate, recent or if it occurred in years past. Individuals are offered evidence-based behavioral health services or a referral for follow-up medical services as clinical

conditions and patient preference dictate. Access to both needed evidence-based medical care and behavioral health services is widely available across DoD to address the specific physical and emotional needs of traumatized individuals. In locations where DoD does not have a particular form of specialized care within a given Military Treatment Facility, patients are referred to specialty providers in the local community.

Patient preference and involvement drive the type of approach used in order to achieve maximal recovery. This includes the type of therapy selected, whether or not medication is prescribed, or both. Patient preference for the gender and/or duty-status of the therapist are respected and accommodated. Delivery of medical and mental health care is responsive and sensitive to the patient's gender, sexual orientation, age, and other issues of personal identity.

Patient preference has also motivated us to provide multiple methods of entry into care. Given the stigma, fear, and shame associated with this horrible crime, the Department created DoD Safe Helpline -- a crisis support service for adult Service members of the DoD community who are survivors of sexual assault. Safe Helpline is owned by the Department of Defense and is operated by the non-profit Rape, Abuse and Incest National Network (RAINN), the nation's largest anti-sexual violence organization. This service is independent of DoD and all information shared by visitors is anonymous and confidential. SAPRO has also expanded the Safe Helpline by adding content which specifically addresses concerns and questions asked by male survivors in the military. Based on Safe Helpline staff interactions with callers, it appears that sometimes men find it easier to first tell an anonymous Safe Helpline staffer rather than a loved one about their sexual assault. This allows the survivor to speak to someone who is trained to listen and help. Many men find that talking to staff first makes it easier to tell friends and family later.

Survivors of sexual assault may also access care through Military OneSource. While OneSource is not anonymous, survivors may engage a variety of care options through this confidential Department of Defense-funded program that provides comprehensive information on every aspect of military life at no cost to active duty, Guard and Reserve Component members, and their families. Confidential services are available 24 hours a day by telephone and online. In addition to the website support, Military OneSource offers confidential call center and online support for consultations on a number of issues. Military OneSource also offers confidential non-medical counseling services online, via telephone, or face-to-face. Survivors may receive confidential non-medical counseling addressing issues requiring short-term attention. However, should survivors require more intensive support, civilian OneSource providers provide referrals back to the military healthcare system.

We recognize that the long-term needs of survivors of sexual assault often extend beyond the period in which a Service member remains on active duty. When sexual assault survivors are still actively receiving behavioral health care at the time of separation from the Service, they are linked to the DoD *inTransition* Program to help ensure that continuity of care is maintained. The *inTransition* program assigns Service members a support coach to bridge support between health care systems and providers. The coach does not deliver behavioral health care or perform case management, but is an added resource to patients, health care providers and case managers to help ensure transition of care is seamless. Safe Helpline also provides information for sexual assault survivors that may be transitioning from military to civilian life.

Madam Chairman, Members of the Committee, we want to again thank you for the opportunity to appear before you today to discuss these very important issues. The Department's

policies are designed to ensure that all trauma survivors, and particularly those subjected to sexual assault, have access to a full range of health treatments and support programs to optimize recovery. We look forward to any questions you may have.