

CLEARED FOR PUBLIC RELEASE: EXECUTIVE SUMMARY ONLY



2018 QUICKCOMPASS OF SEXUAL ASSAULT RESPONDERS

OVERVIEW REPORT

Acknowledgments

The Office of People Analytics (OPA) is indebted to numerous people for their assistance with the *2018 QuickCompass of Sexual Assault Responders (2018 QSAR)*, which was conducted on behalf of Rear Admiral Ann M. Burkhardt, Director of the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO). The survey was conducted under the leadership of Dr. Ashlea Klahr, Director of OPA's Health and Resilience (H&R) Division. H&R research is conducted under the oversight of Ms. Lisa Davis, Deputy Director of H&R. The project manager for this effort was Ms. Amanda Barry of Fors Marsh Group, LLC (FMG).

Policy officials who contributed to the development of this survey included Dr. Nathan Galbreath, Dr. Audrey Hilbert, Ms. Laura Crane, Mr. Zachary Gitlin, and Ms. Sarah Newman of the DoD Sexual Assault Prevention and Response Office.

The lead survey design analysts were Ms. Amanda Barry and Mr. Hunter Peebles of FMG. Ms. Kimberly Wyborski, Director of Data Collection at FMG, was responsible for the creation of survey database and archiving standards. The Data Operations Manager on this survey was Mr. Thomas Mienk.

FMG's Advanced Analytics team, under the guidance of Dr. Jennifer Gibson, Vice President, was responsible for all statistical aspects of this survey, including sampling, weighting, and nonresponse bias analysis. Mr. Stephen Busselberg and Mr. Alex McMillan were responsible for coordinating the sampling and weighting processes and developed the statistical weights based on the respondents for this survey.

A team consisting of Dr. Ashlea Klahr and Ms. Lisa Davis of OPA, Ms. Amanda Barry, Ms. Ariel Hill, Mr. Hunter Peebles, Dr. Rachel Wynn, Ms. Mallory Mann, Dr. Ron Vega, and Mr. James Khun of FMG contributed to the writing and analyses provided in this report. Mr. Rae Turner, Ms. Stephany Valencia, Ms. Melissa Manley, Ms. Mallory Mann, Mr. Melvin Walker, and Dr. Rachel Wynn contributed to the design and qualitative analysis provided in this report.

Executive Summary

Key Findings

Results from the *2018 QuickCompass of Sexual Assault Responders (2018 QSAR)* show that Sexual Assault Prevention and Response (SAPR) personnel experience high levels of support from local commanders, healthy working relationships, and satisfaction with their training and certification. SAPR personnel showed confidence in assisting both female and male victims, clarity on SAPR policies and procedures, and low levels of burnout, vicarious trauma, and compassion fatigue. Areas for improvement include engagement with legal personnel, training on the court-martial process, and use of resources and tools.

Study Background and Materials

Study Background

The Department of Defense (DoD) seeks to continually improve upon sexual assault and sexual harassment response programs and resources available to Service members. In this vein, the DoD Care for Victims of Sexual Assaults Task Force was established in 2004 as a result of the Secretary of Defense's direction to the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) to undertake a review of all sexual assault policies and programs across the Services and DoD and to recommend changes (DoD, 2004). The task force conducted a comprehensive review, including focus groups with Service members, service providers, and victims; consultation with subject matter experts; and an analysis of data from the task force's Sexual Assault Hotline. As a result, the task force developed a number of recommendations to establish new DoD-wide policies around victim support, including the establishment of required victim advocates and other victim support positions. These key SAPR responder positions included Sexual Assault Response Coordinators (SARC), Victim Advocates (VA), and Uniformed Victim Advocates (UVA), while Special Victims' Counsel (SVC) and Victims' Legal Counsel (VLC) were added in 2014. SARCs are resources that provide confidential support and coordinate care for victims throughout the investigation and recovery. VAs/UVAs are advocates who provide education and resources to victims in addition to providing confidential support—these personnel are under the supervision of the SARC. SVCs/VLCs are legal personnel who are active duty advocates representing victims by providing legal advice, guidance, and assistance with exercising their legal rights as a crime victim. The overall functioning of these positions is to provide guidance to and advocacy for victims of sexual assault in gaining the medical, psychological, and legal services to which they are entitled. They are the responders tasked with the responsibility of providing support and guidance for sexual assault victims, from initial response to the care and recovery process.

The *2018 QuickCompass of Sexual Assault Responders (2018 QSAR)* was designed to provide insights about SAPR personnel at military installations worldwide. Responders are the focal point for SAPR programs at each military location. Therefore, it is critical that the Sexual Assault Prevention and Response Office (SAPRO) and Service SAPR officials understand how effectively responders are trained for their positions as well as their perceptions of how well their program is supported and executed. The *2018 QSAR* is the fourth survey of this population following the *2015 QuickCompass of Sexual Assault Prevention and Response-Related*

Responders (2015 QSAPR), the *2012 QuickCompass of Sexual Assault Response Coordinators (2012 QSARC)*, and the *2009 QuickCompass of Sexual Assault Responders (2009 QSAR)*. These surveys were performed at the request of the Defense Task Force on Sexual Assault in the Military Services (Task Force on SAMS). However, due to major changes to the questions and substantial differences in the survey populations, including the addition of SVCs/VLCs, the results of the *2018 QSAR* are not directly comparable to the previous three surveys.

Survey Methodology

The *2018 QSAR* was administered via the web between September 17 and October 29, 2018. This survey was a census of all DoD SARCs and VAs who were certified as of August 1, 2018, as well as all SVCs and VLCs serving at the time of the survey fielding. Potential SARC and VA respondents were identified through the DoD Sexual Assault Advocate Certification Program (D-SAACP; DoDI 6495.02), whereas Service SAPR offices identified SVCs and VLCs, who do not hold a D-SAACP certification. The target survey frame consisted of 24,285 certified SARCs and VAs drawn from the D-SAACP list (1,959 SARCs and 22,062 VAs) and SVCs and VLCs (264) provided by Service SAPR offices. Surveys were completed by 4,687 eligible responders, yielding an overall unweighted response rate of 23%. Responders were considered ineligible if they indicated in the survey or by other contact (e.g., telephone calls or e-mails to the data collection contractor) that they were not serving in the appropriate position as of the first day of the survey fielding—September 17, 2018. Survey completion was defined as answering 50% or more of the survey questions asked of all responders. Data were weighted using an industry-standard process to reflect the known population of D-SAACP-certified personnel and SVCs/VLCs as of August 2018. Weighting produces survey estimates of population totals, proportions, and means (as well as other statistics) that are representative of their respective populations. See Table 1 for a further description of the respondent sample population and response rates. Statistical comparisons were made with two-tailed, independent sample *t* tests, with a significance threshold of $p < 0.05$; only significant differences are reported.

Table 1.
Sample Description and Response Rates

	Population Size	Response Rate
Total Responders	24,285	23%
SARC	1,959	38%
VA/UVA	22,062	21%
SVC/VLC	264	31%
Army	10,930	26%
Navy	7,422	16%
Marine Corps	2,447	22%
Air Force	3,400	30%
DoD Agency	86	38%

Population Characteristics

The 2018 *QSAR* reflects the attitudes and opinions of SARCs, VAs/UVAs, and SVCs/VLCs across the U.S. Military Services, including DoD civilians serving in these roles.

Table 2 details the summary characteristics of each group of responders.

Table 2.
Typical Characteristics of Sexual Assault Responders

Characteristic	SARC	VA/UVA	SVC/VLC
Army	72%	39%	33%
Navy	6%	35%	22%
Marine Corps	4%	10%	7%
Air Force	12%	15%	38%
DoD Agencies	6%	1%	---
Active Duty	61%	82%	98%
National Guard/Reserve	12%	13%	2%
Civilian	27%	5%	---
E-5–E-9 (Military)	78%	81%	14%
GS 9–12 (Civilian)	74%	73%	---
Served in SAPR role for two years or more	43%	40%	15%
Never deployed in SAPR role	80%	71%	89%
Located CONUS	78%	77%	78%
Served 10 or fewer military victims in the past 12 months	78%	98%	14%
Collateral duty	43%	91%	9%
D-SAACP Level I	74%	89%	---

Note. Table reflects weighted estimates of characteristics based on survey responses.

Overall, the majority of SARCs were either active duty military or civilians as opposed to Reserve component members. Generally, SARCs were located within the Continental United States (CONUS) and had never been deployed as a SARC. A little less than half indicated that their duties as a SARC were collateral duties, and less than half had served as a SARC for two years or more.

Similarly, the majority of VAs/UVAs were also military members, located CONUS, and had never been deployed as a VA/UVA. Less than half of VAs/UVAs had served in their role for two years or more. Uniquely, VAs/UVAs overwhelmingly provided their services as a collateral duty.

Unlike SARCs, VAs, and UVAs, SVCs/VLCs were all military members. The majority of SVCs/VLCs were also located CONUS and had never been deployed in their capacity as an SVC/VLC. SVCs/VLCs were also unique in that less than one-fifth had served in their current role for two years or more, and less than one-tenth provided their services as a collateral duty.

Key Findings

This section discusses the key findings for the major areas of the 2018 QSAR. Topics covered include responders' working relationships with command and SAPR personnel; the effectiveness of training and use of the D-SAACP; and the use of SAPR resources and tools, victim care and reporting, SAPR policy and procedures surrounding victim care, and a discussion of the general well-being of sexual assault responders.

Workplace Relationships

The relationship between local commanders and SAPR responders plays an important role in responders' ability to perform effectively. Responders indicated that local commanders perceive their SAPR/Sexual Harassment Assault Response Prevention (SHARP) roles and duties as important (82%), and they are generally recognized as the "go-to" person for issues related to sexual assault (67%). SARC's are more likely to be recognized as the "go-to" person (88%) than VAs/UVAs (64%). Furthermore, nearly three-quarters (74%) of responders agree that their local commanders feel comfortable speaking about SAPR/SHARP-related issues in general. However, legal personnel (i.e., SVCs/VLCs) are less likely to indicate that they agree (58%) when compared to other responder roles. Finally, only 6% of responders indicated experiencing retaliation related to their duties as a sexual assault responder.

Responders indicated positive working relationships among other sexual assault responders. The majority of responders believe they receive the appropriate support from SARC's (81%) and VAs (80%) to a large extent. However, a little less than two-thirds of responders (65%) believe they receive the appropriate support from SVCs/VLCs to a large extent.

Certification and Training

Responders reported that their initial training was effective to a large extent in shaping victim care skills (67%). However, the initial training could be improved in the areas of court-martial processes (38%) and handling male victims (52%), in which responders were less likely to report their training to be effective to a large extent.

Two-thirds (66%) of responders reported plans to pursue the next level of D-SAACP certification. Motivation to do so is very high, with 84% of responders indicating they are motivated to pursue the next level. The vast majority (91%) of responders also reported support from command to use continuing education in pursuit of the next level of certification.

A little more than one-third (37%) of responders reported barriers to pursuing the next level of D-SAACP certification, with the most reported barrier being *Primary duties and other work barriers*. Other commonly cited barriers include *Not having enough time to pursue the next level* and *"Unable to meet victim contact and/or educational requirements"*.

Resources and Tools

Responders indicated that SAPR resources are readily available to them, with scores falling between a *Moderate extent* and *Large extent* (3.7 on a scale from 1 to 5). However, an overall community collaboration score, which assesses the extent to which responders interface with

non-DoD and non-SAPR DoD support providers in the community, was calculated as between *Never* and *Rarely* (1.9 on a scale from 1 to 5). Use of referrals was similarly low. Responders, on average, only referred 28% of the resources available to them. DoD resources, such as DoD Safe Helpline (SHL) and SAPR Source, were generally used with more frequency than non-DoD resources, such as local domestic violence shelters and local civilian mental health clinics. Factors that increase community collaboration scores and referral percentages included being a sole duty responder, having three years of experience or more, and being located CONUS.

Use of the Defense Sexual Assault Incident Database (DSAID) was generally low. Only 54% of SARCs and 8% of VAs/UVAs indicated that they use DSAID as part of their routine job duties.

Victim Care

Responders endorsed a high availability of resources for both male and female victims of sexual assault, along with a high confidence in addressing the needs of male and female victims. Resources for male and female victims were rated as available to a large extent by a majority (>70%) of responders.

There were very few instances of individuals disclosing an incident to a responder and then *not* filing a DD2910—an official report of the sexual assault. Most responders (82%) only experienced this nonreporting once or twice during the past 12 months.

Victim Care Policy

Responders indicated that the SAPR/SHARP program has clear procedures for the majority of situations and personnel, such as DoD civilians and dependents. However, cases involving foreign nationals were the one exception, with only 61% of responders reporting that the SAPR/SHARP program has clear procedures for these cases.

Case Management Groups (CMG) were reported to have mixed effectiveness, with SARCs finding them most helpful and the perceived helpfulness growing with higher D-SAACP levels. Very few responders (3%) reported involvement in a High-Risk Response Team (HRRT) within the last 12 months. However, more than three-quarters (76%) of responders who *were* involved in an HRRT found them to be effective to a large extent.

Well-Being

Individuals who provide service to trauma victims may experience stress or fatigue as a result of their job responsibilities. As such, self-care for such providers is important for mitigating negative effects of the job. The majority of responders (86%) reported they have enough time for self-care, with fewer responders from DoD agencies (76%) reporting time for self-care than responders from the Services. Burnout, vicarious trauma, and compassion fatigue are generally low, with burnout being the most common for all responders (27%), but their prevalence grows with higher D-SAACP certification levels. Despite this, responders overwhelmingly reported that they have the resources to combat burnout, vicarious trauma, and compassion fatigue (78%–83%). The most impactful stressors reported were *the subject matter of my work* and *the administrative requirements of the position*.

Profile of a Healthy, Effective SARC

Healthy working relationships, effective use of resources, feeling prepared to meet the needs of victims, clarity in SAPR procedures, and time for self-care are key contributors to the health and effectiveness of a SARC.

Key to healthy relationships are the local commanders; SARCs can be more effective if they have direct, unimpeded access to local command and if their local command views their role as important. Most SARCs indicated that their local commanders do view their role as important and they do have direct access to their local commanders. It was also revealed that SARCs feel more supported when their SAPR role is their sole or primary duty.

With regard to resources and tools, an effective SARC uses a multitude of available resources, including DSAID, other services provided by DoD, and community resources. Although community collaboration is low overall, SARCs who collaborate with community resources in addition to DoD resources tend to have a wider variety of options for victim care, responders said, allowing them to be flexible to the needs of a given victim.

Other factors that contribute to SARCs' effectiveness include whether they feel prepared and confident in addressing the needs of both male and female victims; the highest performers have equal and high confidence in both. Most responders indicated that they felt confident in addressing the needs of male and female victims alike and that their programs are able to treat them appropriately.

Clarity surrounding SAPR procedures also helps SARCs perform their job duties; if a SARC is unclear about what to do in certain situations, it decreases his or her effectiveness. Clarity of procedures and policies was endorsed highly by responders.

Finally, critical to the health of SARCs is time for self-care; most SARCs indicated sufficient time for self-care and that they have access to resources to help deal with burnout, compassion fatigue, and vicarious trauma.

Conclusion

Overall, the 2018 *QSAR* revealed that SAPR personnel are generally well supported. Responders indicated strong support from local command and strong working relationships. They also expressed satisfaction with their training and certification. Responders endorsed the clarity of SAPR procedures, indicating they have a clear idea of what to do in a variety of contexts with a variety of victims. They also feel well prepared to serve both female and male victims and feel that both female and male victims get adequate support. Although most feedback was positive, the 2018 *QSAR* did reveal a few areas for improvement, including training on the court-martial process, effective use of both DoD and non-DoD resources and tools, and engagement with legal personnel.

Topline Report

Appendix A contains the topline report for the 2018 *QSAR*. Each survey question is presented within the topline report and includes the question text (or composite measuring description, if

applicable), subitem text (if applicable), variable name, response options, reporting categories, unweighted n , estimates for each response option, and a table note (if applicable). Results are presented by all responders, Service, duty status, and job role.