

# Sexual Violence Survivor Experience Study (SVSES) Initial Questionnaire

**GREEN** = “Base Items” asked on initial survey and every followup survey

OMB Review Draft as of August 3, 2022

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**OVERVIEW:** The Sexual Violence Support and Experiences Study (SVSES) is a confidential, non-probability, and longitudinal study of military sexual assault survivors. Service members will be able to join the study at any time. Once participants join the study, they will take an “initial survey” of up to 64 questions (determined by skip logic) and will be invited to continue participating in the study on a quarterly basis by taking substantially shorter follow-up surveys (about 10 minutes to complete, depending on the endorsement of case/reporting status items).

OMB CONTROL NUMBER: 0704-SVSS

OMB EXPIRATION DATE: XX/XX/XXXX

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-SVSS, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## KEY TERMS/CONCEPTS:

- **Confidential:** participants will confirm their eligibility to join the study by logging-in with their individual DoD Identification Number. Accordingly, the study is not anonymous. However, reporting of the survey results will only be at the aggregate level. OPA has strict procedures in place to protect against the accidental disclosure of participants’ personal information. OPA has also obtained a Certificate of Confidentiality from the National Institutes of Health (NIH) to further protect the privacy of study participants.
- **Non-probability:** No sampling process will take place to invite participants to the study. Accordingly, data from the study will only reflect the experiences and perceptions of those individuals who participate in the study and will not be generalizable to all Service members.
- **Longitudinal:** Study members will complete an initial survey and then receive invitations to complete follow-up surveys on a quarterly basis until they leave the study or the study ends.
- **Hover Text:** Text that participants will only see by tapping on a specific word (on mobile devices) or hovering over the word on computers. This text provides additional information to help the participant interpret and respond to the question.
- **Skip logic:** Refers to OPA’s standard practice of limiting questions to the appropriate individuals (based on prior responses). Skip logic is reflected in the grey text for each question.
- **Piping:** Content in brackets denote changes to question wording based on answers to previous questions. Some participants will see the question with the bracketed text and some will see the question *without* the bracketed text.
- **Reviewer notes:** We provide notes throughout the questionnaire to help explain specific features of the survey or content. It is recommended that reviewers print or view the questionnaire with the “comments” displayed in order to view these notes.

## ABOUT THE QUESTIONNAIRE:

The initial questionnaire is divided into several sections and aligned to three overarching research questions shown in the callout box to the right:

- Information on demographic characteristics of the respondent (RQ 1, 2, 3)
- Victimization experiences involving sexual assault (SA) or unwanted sexual contact (RQ 1, 2, 3)
- Characteristics of victimization experiences (RQ 1, 2, 3)
- Experiences with the military justice process (RQ 2, 3)
- Barriers to reporting sexual assault (RQ 1)
- Experiences with the sexual assault response system (RQ 1)
- Health & well-being (RQ 2)
- Career outcomes (RQ 3)
- “Journal” (RQ 1, 2, 3)

Research Questions (RQs)
1. How satisfied or dissatisfied are survivors with the support resources available to them?
2. How do aspects of the military support system and military justice process impact survivors (e.g., their psychological health and well-being)?
3. What aspects of the military support system and the military justice process impact retention intentions, career progression, and separation from military service?

Demographics (7 items) - Respondents are asked about their military status, relationship status, race, ethnicity, gender identity, and sexual orientation.

Sexual Assault (SA)/Unwanted Sexual Contact (USC) Victimization, reporting, & investigations (8 items) – In order to be eligible for the study, participants are limited to those who indicate having experienced sexual assault (or some other unwanted sexual contact), *since joining the military*. Additional questions identify whether the respondent has ever reported the SA/USC they experienced and if an investigation occurred.

Characteristics of SA/USC experiences (7 items) – Respondents are asked to describe the characteristics of the most recent reported or investigated incident; including, the number of alleged offenders, the alleged offender’s status, and their relationship to the alleged offender.

Experiences with the military justice process (18 items) – Respondents who made an unrestricted report or experienced a military criminal investigation are asked about the status of their case, their participation in the criminal investigation and military justice proceedings, and their satisfaction with aspects of those processes.

Barriers to reporting sexual assault (1 item) – Respondents who have never reported a sexual assault to military authorities are asked about barriers to reporting.

Experiences with the sexual assault response system (4 items) – Respondents who reported their sexual assault (restricted or unrestricted) or experienced a military criminal investigation are asked about their use of and satisfaction with various response services or resources.

Health/Well-being (13 items) - Respondents are asked about their overall health-related quality of life, perceptions of institutional betrayal, suicidality, barriers to care, social support, and post-traumatic growth.

Career outcomes (4 items) – Respondents are asked about their retention intentions and/or plans for separation from the military.

Journal (1 item) – Open text question at the conclusion of the survey that asks participants to share additional comments/provide additional feedback regarding their experiences with the military justice process and the sexual assault response systems.

**SVSES Follow-up surveys (see Tab D2) will occur every 90 days, after the initial survey is completed, and are designed to require about 10 minutes to complete.** The base items for the follow-up survey (i.e., questions on every survey) are highlighted in green and include the following sections:

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- Demographics (2 questions)
- Status changes (1 question)
- Experiences with the military justice process and sexual assault response systems (2 questions)
- Health and Well-being (5 items)
- Career outcomes (3 items)
- Journal (1 item)

The SVSES follow-up surveys also include respondent-specific items. Respondent-specific items are determined based on responses to the initial or previous surveys and responses to the follow-up survey. For example, for each follow-up survey, individuals who previously indicated they have never reported a sexual assault will see the base questions *and* additional questions regarding their current reporting status.

## BACKGROUND INFORMATION

Thank you for agreeing to participate in this important study.

Please answer each question thoughtfully and truthfully. This will allow us to provide a clearer picture of the different experiences that military members have. **If you prefer not to answer a specific question for any reason, just leave it blank.**

Some of the questions in this survey will be personal. For your privacy, you may want to take this survey where other people won't see your screen.

You may also want to have a pen and paper available as you complete the survey. At the end of the survey you will be given a chance to expand upon your responses or share more about your experiences.

### 1. Are you currently serving in the military?

- Yes
- No, I'm retired or separated (NOT a member of the Active, Reserve, or National Guard)

### 2. What is your current relationship status? *Mark one.*

- Married
- Living with a romantic partner (for example, a boyfriend or girlfriend)
- In a committed romantic relationship, but not living together
- Divorced and not currently in a relationship
- Widowed and not currently in a relationship
- Never married and not currently in a relationship
- Other or prefer not to say

### 3. [Ask if Q1 = 2] Suppose that you have to decide whether to stay in the military. Assuming you could stay, how likely is it you would choose to do so?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

## EXPERIENCES SINCE JOINING THE MILITARY

Please read the following special instructions before continuing the survey.

Questions in this next section ask about unwanted experiences of an abusive, humiliating, or sexual nature. These types of unwanted experiences may vary in severity. Some of them could be viewed as an assault. Others could be viewed as hazing or some other type of unwanted experience. They can happen to anyone.

When answering these questions, **please include experiences no matter who did it to you or where it happened.**

Please include experiences even if you or others had been drinking alcohol, using drugs, or were intoxicated.

Remember, **all the information you share will be kept confidential.**

### 4. Since joining the military, have you experienced any of the following intentional sexual contacts that **were against your will or which occurred when you did not or could not consent** in which someone... *Mark "Yes" or "No" for each item.*

	Yes	No
a. <b>Sexually touched you</b> (for example, intentional touching of genitalia, breasts, or buttocks) <b>or made you sexually touch them?</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. <b>Attempted</b> to make you have sexual intercourse, but was not successful?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. <b>Made you</b> have sexual intercourse?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. <b>Attempted</b> to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. <b>Made you</b> perform or receive oral sex, anal sex, or penetration by a finger or object?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Made some other <b>unwanted contact?</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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[Ask if Q4f = 2] You indicated that you experienced some other unwanted contact. Please describe the event. *Please do not include any personally identifiable information.*

Thank you for answering the questions so far. Remember that your answers are confidential and will not be shared with anyone, including your leadership.

DoD Safe Helpline is a crisis support service specially designed for members of the DoD community affected by sexual assault.

To reach the DoD Safe Helpline 24/7 call a hotline number:

Toll-Free: 1-877-995-5247

5. Since joining the military, please give your best estimate of how many **separate occasions** you had these unwanted experiences.

 Times

6. What was the date of your [**MOST RECENT**] unwanted experience? *If you do not remember the exact date, please provide your best estimate.*

Month

Year

DoD provides two types of sexual assault reports.

- **Restricted** reports allow people to get information, collect evidence, and receive medical treatment and counseling *without starting an official criminal investigation of the sexual assault allegations.*
- **Unrestricted** reports *start an official criminal investigation* of sexual assault allegations in addition to providing people with the services available in restricted reporting.

7. Did you report your [**most recent**]/[**most recent or a new**] unwanted experience to **military authorities**? *This could have been either a restricted or unrestricted report. Mark one.*

I have not had another unwanted experience

Yes, an unrestricted report

Yes, a restricted report that **remained restricted**

Yes, a restricted report that **I chose to convert to an unrestricted report**

Yes, a restricted report that I did not convert to an unrestricted report, **but a military criminal investigation occurred anyway**

No, I did not report **BUT a military criminal investigation occurred anyway** (for example, because someone else reported it or my sexual harassment complaint was converted to a sexual assault)

No, I did not report **and there was no military criminal investigation**

I'm **unsure** what kind of report I made, **but there was a military criminal investigation**

8. [Ask if Q5 > 1] Based on your responses, you may have experienced more than one unwanted sexual contact or sexual assault since joining the military. Have you reported **any** of your previous experiences to **military authorities**? *This could have been either a restricted or unrestricted report. Mark all that apply.*

Yes, an unrestricted report

Yes, a restricted report that **I chose to convert to an unrestricted report**

Yes, a restricted report that I did not convert to an unrestricted report, **but a military criminal investigation occurred anyway**

Yes, a restricted report that **remained restricted**

No, I did not report **BUT a military criminal investigation occurred anyway** (for example, because someone else reported it or my sexual harassment complaint was converted to a sexual assault)

No, I did not report **and there was NO military criminal investigation**

I'm **unsure** what kind of report I made, **but there was a military criminal investigation**

I'm **unsure** what kind of report I made **but there was NO military criminal investigation**

##. [If RESFLAG = "True"] You previously indicated that you made a restricted report, has your reporting status changed? *Mark one.*

- Yes, I chose to convert to an unrestricted report
- No, my restricted report has remained restricted **AND there has been no military criminal investigation.**
- No, I did not convert to an unrestricted report, **BUT a military criminal investigation occurred anyway**

9. [Ask if RPTFLAG= "True" OR RESFLAG= "True"] What was the date of your [most recent] report to military authorities? *If you do not remember the exact date, please provide your best estimate.*

Month  
  
 Year

The Catch a Serial Offender (CATCH) Program gives people making a sexual assault report (where the name of the suspect is not known by law enforcement) an opportunity to anonymously submit suspect information to help DoD identify alleged serial offenders. Service members who experience sexual assault can make a CATCH entry by contacting their Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA).

10. [Ask if RESFLAG= "True" OR NRPTFLAG= "True"] Have you submitted the name of the offender(s), or any other identifying information about the offender(s), to the CATCH Program?

- Yes
- No
- I do not know
- Not applicable/not eligible, the suspect was already identified to military authorities

11. [Ask if Q10= "No"] Please share your reasons for not using the CATCH program? *Please do not include any personally identifiable information.*

## CHARACTERISTICS OF THE EXPERIENCE

The following questions ask for additional information about your **most recent** [sexual assault incident that you reported to military authorities] [sexual assault incident that was **investigated by a military criminal investigative organization**]. Please focus on the one **most recent** [sexual assault that you reported] [sexual assault investigation].

12. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] Which of the following experiences happened during the [most recent] event [that you reported] [that was investigated]? *Mark "Yes" or "No" for each item.*

	Yes	No
a. <b>Sexually touched you</b> (for example, intentional touching of genitalia, breasts, or buttocks) <b>or made you sexually touch them</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. <b>Attempted</b> to make you have sexual intercourse, but was not successful.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. <b>Made you</b> have sexual intercourse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. <b>Attempted</b> to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. <b>Made you</b> perform or receive oral sex, anal sex, or penetration by a finger or object.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Some other <b>unwanted contact</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

13. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] How many people did this to you?

- One person
- More than one person
- Not sure

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14. [Ask if RPTFLAG = "True" OR INVFLAG= "True"] Was/Were the person(s) who did this to you...

- All men?
- All women?
- Another gender identity (for example, trans, gender queer, or nonbinary)
- A mix of genders (men, women, and/or another gender identity)?
- Not sure

15. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] Was/Were any of the person(s) who did this to you a military member?

- Yes, they all were
- Yes, some were, but not all
- No, none were military
- Not sure

16. [Ask if RPTFLAG = "True" OR INVFLAG= "True"] At the time of the sexual assault, was/were the person(s) who did this to you... *Mark all that apply.*

- Military member of the same rank as you in your unit?
- Military member of the same rank as you **NOT** in your unit?
- Your immediate military supervisor?
- Someone else in your chain of command (excluding your immediate military supervisor)?
- Some other higher ranking military member in your unit?
- Some other higher ranking military member **NOT** in your unit?
- A lower ranking military member in your unit?
- A lower ranking military member **NOT** in your unit?
- DoD/Government civilian(s) working for the military?
- Contractor(s) working for the military?
- None of the above
- Not sure

17. [Ask if RPTFLAG= "True" OR INVFLAG = "True"] At the time of the sexual assault, was/were the person(s) who did this to you... *Mark all that apply.*

- Your current spouse?
- Your former spouse?
- Someone you have a child with?
- A romantic partner **you were living with** (for example, a boyfriend or girlfriend)?
- Someone you were in a committed romantic relationship with, **but not living together**?
- A person you were casually intimate with, but not in an exclusive relationship with?
- A friend or acquaintance?
- A family member or relative?
- A stranger?
- Someone from your military workplace?
- Someone you met on a dating application or website?
- None of the above
- Not sure

18. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] Did your **most recent sexual assault investigation occur while...**?

*Mark one*

	Yes	No
a.....Assigned to your current duty location/installation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....Assigned to a prior duty location/installation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.....Assigned to your current u	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.....Assigned to a previous u	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## EXPERIENCE WITH THE MILITARY JUSTICE PROCESS

For the following questions, please continue to focus on your **most recent** [sexual assault that you reported to military authorities] [sexual assault incident that was investigated by a military criminal investigative organization].

19. [Ask if [Q7=3] OR [Q8 = 3]] You indicated that you converted your report from restricted to unrestricted. What led you to convert your initial report? *Please do not include any personally identifiable information.*

20. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] What is the current status of your case? *Mark one*

- An investigation by military and/or civilian law enforcement is currently underway.
- The military criminal investigation is complete and the case is now with a senior military officer to decide how to proceed.
- Court martial proceedings for the subject(s) involved in the sexual assault were initiated or are currently underway.
- Non-judicial punishment proceedings for the subject(s) involved in the sexual assault were initiated or are currently underway.
- The military criminal investigation is complete, but I don't know what's next.
- The military criminal investigation is complete and the case is closed.
- I do not know the status of my case.
- None of the above.

21. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q21 = 1, 2, 7, OR 8]] Do you plan to, or are you currently, participating in the **military** criminal investigation? *For example, being interviewed by law enforcement or providing a statement.*

- Yes, I plan to participate
- Yes, I am currently participating in the process
- No
- Not sure
- Does not apply (for example, the case only

involves civilian law enforcement)

22. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q21 = 3, 4, 5 OR 6]] Did you choose to...?

Does not apply (for example, the case only involved civilian authorities)		
	Yes	No
a.....Participate in the military criminal investigation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....Participate in the military justice proceedings (for example, testifying at a hearing)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

23. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q22 = 3 OR Q23A=1 OR Q23B=1]] What are/were your reasons for declining to participate in the military criminal investigation and/or the military justice proceedings? *Mark all that apply.*

- The investigation was/would have been too emotionally difficult.
- The investigation took too much time.
- I did not want to appear in court (for example, being in the courtroom or testifying).
- The court process took too much time.
- I was not given the choice to file a restricted report (for example, someone else reported the assault).
- Other reason

[Ask if [RPTFLAG= "True" OR INVFLAG = "True"] AND [Q24 = 7]] Please provide your other reason(s) for not participating in the investigation and/or military justice proceedings. *Please do not include any personally identifiable information.*

24. [Ask if [RPTFLAG= "True" OR INVFLAG = "True"] AND [Q21 = 3, 4, OR 6]] Were the charges that were preferred against the offender(s) consistent with your expectations?

- Yes, they were what I expected
- No, they were less severe than I expected
- No, they were more severe than I expected



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Not sure, I did not know what to expect

25. [Ask if [RPTFLAG= "True" OR INVFLAG = "True"] AND [Q21 = 3, 4, OR 6]] How satisfied or dissatisfied are you with the charges that were preferred against the offender(s)?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

26. [Ask if RPTFLAG= "True" OR INVFLAG= "True"] How satisfied or dissatisfied are you with the following aspects of the reporting and military justice process?

Does Not Apply

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
a. Your access to a SARC or SAPR VA as your point of contact for coordinating your care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Your ability to have immediate and comprehensive medical and/or psychological treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Your ability to request a temporary or permanent expedited transfer.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Your access to legal representation (SVC/MLC/VC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. The expedited transfer process itself	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Your notification regarding your rights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
g. Your ability to request a military protective order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Your ability to request a civilian restraining order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Your protection from retaliation and/or reprisal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Your updates on the progress of the investigation to include notification about hearings or court proceedings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [CLSDFLAG= "True"]] When was your sexual assault case closed (the investigation, and all legal actions involving the offender(s), was completed)? If you do not remember the exact date, please provide your best estimate.

Month

Year

28. [Ask if RPTFLAG= "True" OR INVFLAG= "True"] Were you informed about the following rights? Mark one

I do not recall		
No, I was not told of my rights		
Yes, I was informed but my wishes were not followed		
Yes, I was informed and my wishes were followed		
a.....Your right to express a preference for military or civilian prosecution?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....Your right to provide input on referral of charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	I do not recall	
	No, I was not told of my rights	
Yes, I was informed but my wishes were not followed		
Yes, I was informed and my wishes were followed		
c.....Your right to provide input on pre-trial agreements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.....Your right to provide input on alternate dispositions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

32. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] What outcome(s) are/were you **hoping** to see as a result of the military justice process? *Please do not include any personally identifiable information.*

30. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [CLSDFLAG= "True"]] To your knowledge, what official actions were taken against the offender(s) as a result of the legal proceedings? *Mark all that apply.*

- There were no actions taken against the offender(s)
- An administrative action (for example, a Letter of Reprimand or Letter of Counseling)
- Non-judicial punishment (for example, loss of pay, rank, or privileges)
- Administrative separation
- Discharge or resignation **in lieu of court-martial**
- Court-martial conviction for sexual assault offense
- Court-martial conviction for some other offense (not sexual assault)
- Court-martial acquittal for all offenses
- I don't know what official action was taken against the offender(s)
- Some other action

31. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [CLSDFLAG= "True"] AND [Q30 DOES NOT EQUAL 9]] How satisfied or dissatisfied were you with the official action(s) taken against the offender?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very Dissatisfied

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33. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"]] Are/Were you the subject of an investigation **for something you allegedly did** at the time of the sexual assault incident (for example, drinking underage, adultery, or fraternization)?

- Yes, I was the subject of an investigation that was completed
- Yes, I'm the subject of an ongoing investigation
- No

34. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q33 = 1 OR 2 ]] What was/were the allegation(s) made in the investigation? *Mark all that apply.*

- Underage drinking
- Adultery
- Fraternization
- Curfew violation
- Other

[Ask if Q34 = 5] You selected "Other". Please tell us about the allegation. *Please do not include any personally identifiable information.*

35. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q33 = 1]] Did you receive any of the following types of **non-judicial punishment** (Captain's Mast, Office Hours, or Article 15) for something you allegedly did **at the time of the sexual assault incident**? *Mark all that apply*

- Reprimand (for example, a Letter of Reprimand)
- Reduction in rank
- Loss of pay
- Confinement
- Restriction
- Extra Duty
- No, I did not receive non-judicial punishment

36. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"]] Since your most recent [reporting experience] [investigation experience], to what extent did you experience any...? *Mark one answer for each item.*

	Not at all	
	Very small extent	
	Small extent	
	Moderate extent	
	Large extent	
	Very large extent	
a.....Retaliation by a person in a position of leadership or authority over you (for example, loss of privileges, denied promotion/training, transferred to less favorable job).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....Social retaliation (for example, being ignored by coworkers or being blamed for the situation in an effort to deter you or intimidate you from participating in the military justice process).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

37. [Ask if Q36A OR Q36B DOES NOT EQUAL 1] Please describe the retaliation you experienced. *Please do not include any personally identifiable information.*

**BARRIERS TO REPORTING SEXUAL ASSAULT**

38. [Ask if NRPTFLAG= "True"] What were your reasons for NOT reporting the unwanted sexual contact or sexual assault you experienced to a military authority? *Please do not include any personally identifiable information.*

## EXPERIENCE WITH THE SEXUAL ASSAULT RESPONSE SYSTEM

39. **[In the past three months have] [Have] you used or interacted with the following resources regarding the unwanted sexual contact or sexual assault you experienced? Mark one answer for each item.**

	I did not have access to this resource					
	No, not at all					
	Yes, daily					
	Yes, weekly					
	Yes, a couple times					
	Yes, once					
a. Your unit's commanding officer/director.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Your senior enlisted advisor (for example, First or Master Sergeant, Sergeant Major, Command Master/Senior Chief).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Your immediate military supervisor.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. A Sexual Assault Response Coordinator (SARC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. A Uniformed Victim Advocate (UVA) or Victim Advocate (VA).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. DoD Safe Helpline (877-995-5247).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. A medical provider from a <b>military medical treatment facility</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. A medical provider from a <b>civilian treatment facility</b> .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	I did not have access to this resource					
	No, not at all					
	Yes, daily					
	Yes, weekly					
	Yes, a couple times					
	Yes, once					
i. A behavioral health provider (for example, a therapist or social worker)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or Victims' Counsel (VC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. A chaplain.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. [Ask if RPTFLAG = "True" or INVFLAG = "True"] Military law enforcement personnel.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Family Advocacy Program (FAP) counselor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

40. **[Ask if Q39a-m DOES NOT EQUAL 1 OR 60] How satisfied or dissatisfied are you with the following resources you interacted with? Mark one answer for each item.**

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied or dissatisfied				
	Satisfied				
	Very satisfied				
a. Your unit's commanding officer/director.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Your senior enlisted advisor (for example, First or Master Sergeant, Sergeant Major, Command Master/Senior Chief).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Your immediate military supervisor.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Sexual Violence Survivor Experience Study (SVSES) Initial Questionnaire**

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	Very dissatisfied				
	Dissatisfied				
	Neither satisfied or dissatisfied				
	Satisfied				
	Very satisfied				
d.	A Sexual Assault Response Coordinator (SARC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e.	A Uniformed Victim Advocate (UVA) or Victim Advocate (VA).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f.	DoD Safe Helpline (877-995-5247).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g.	A medical provider from a <b>military medical treatment facility</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h.	A medical provider from a <b>civilian treatment facility</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i.	A behavioral health provider (for example, a therapist or social worker)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j.	Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or Victims' Counsel (VC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k.	A chaplain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l.	Military law enforcement personnel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m.	Family Advocacy Program (FAP) counselor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

41. [Ask if Q40a - m = 1 OR 2] You indicated you are dissatisfied with one or more resources you have interacted with. Please describe the reason(s) you are dissatisfied. *Please do not include any personally identifiable information.*

42. [Ask if RPTFLAG = "True" OR INVFLAG = "True" OR RESFLAG= "True"] After the [most recent] sexual assault... *Mark one*

		Yes	No
a.....	Did you request a transfer to a new duty location/installation or unit?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....	Were you transferred to a new duty location/installation or unit?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.....	Did you request convalescent leave to receive support or to allow time for recovery?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.....	Did you take convalescent leave?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**HEALTH AND WELLBEING**

43. How much do you agree or disagree with the following statements about your experiences in the military?

									Moderately disagree
									Slightly disagree
									Slightly agree
									Moderately agree
									Strongly agree
a.	I feel betrayed by leaders who I once trusted.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	I feel betrayed by fellow Service members who I once trusted.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	I feel betrayed by others outside of the U.S. military who I once trusted.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

44. Please indicate the degree to which each statement is true for you. *Mark one answer for each item.*

									Not at all
									Very rarely
									Rarely
									Occasionally
									Usually
									Always
a.....	There is at least one person that I can share most things with.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Always	Usually	Occasionally	Rarely	Very rarely	Not at all
b.....When I am feeling down there is someone I can lean on.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.....There is someone in my life I can get emotional support from.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.....If stranded somewhere there is someone who would get me.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e.....I have someone to help me if I am physically unwell.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f.....There is someone who can help me fulfill my responsibility when I am unable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

45. **In general, would you say your health is...?**

- Excellent
- Very good
- Good
- Fair
- Poor

46. **Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

 Days

47. **Thinking about your psychological health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your psychological health not good?**

 Days

48. **During the past 30 days, for about how many days did poor physical or psychological health keep you from doing your usual activities, such as self-care, work, or recreation?**

 Days

49. **At any time in the past 12 months, have you had any thoughts of killing yourself? Mark one**

- Yes
- No

50. **[Ask if Q49 = 2] During the past 12 months, did you work out a plan of how to kill yourself? Mark one**

- Yes
- No

51. **During the past 12 months, did you make a suicide attempt? Mark one**

- Yes
- No

**If you need immediate help, contact one of the 24-hour crisis hotlines listed below:**

Veterans Crisis/Military Crisis Line: 1-800-273-8255 (press 1)  
Suicide and Crisis Lifeline: Dial or SMS 988

52. **[Ask if Q1 = 2] Please indicate how much you agree or disagree with the following statements about military personnel in your current unit. Mark one answer for each item.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. My unit is like family to me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. People in my unit are trustworthy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. My fellow unit members appreciate my efforts.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I feel valued by my fellow unit members.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Members of my unit are interested in my well-being.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# Sexual Violence Survivor Experience Study (SVSES) Initial Questionnaire

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
f. <b>My fellow unit members are interested in what I think and how I feel about things.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My unit leader(s) are interested in what I think and how I feel about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel like my efforts really count to the leaders in my unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My service is appreciated by the leaders in my unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I can go to unit leaders for help if I have a problem or concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The leaders of my unit are interested in my personal welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I feel valued by the leaders in my unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
d.....It is difficult to schedule an appointment.	<input type="checkbox"/>	<input type="checkbox"/>
e.....There would be difficulty getting time off of work for treatment.	<input type="checkbox"/>	<input type="checkbox"/>
f.....Mental healthcare costs too much money.	<input type="checkbox"/>	<input type="checkbox"/>
g.....I have to wait too long to see a provider.	<input type="checkbox"/>	<input type="checkbox"/>
h.....It would harm my career.	<input type="checkbox"/>	<input type="checkbox"/>
i.....Members of my unit might have less confidence in me.	<input type="checkbox"/>	<input type="checkbox"/>
j.....My unit leadership might treat me differently.	<input type="checkbox"/>	<input type="checkbox"/>
k.....My leaders would blame me for the problem.	<input type="checkbox"/>	<input type="checkbox"/>
l.....Mental healthcare doesn't work.	<input type="checkbox"/>	<input type="checkbox"/>

55. Indicate for each of the statements below the degree to which this change occurred in your life since your most recent unwanted event... *Mark one answer for each item.*

53. During the past 12 months...?

	Yes	No
a.....Was there a time you thought you might need treatment for an emotional or behavioral health problem but you chose not to seek treatment?	<input type="checkbox"/>	<input type="checkbox"/>
b.....Was there a time you thought you might need treatment for use of alcohol or drugs but you chose not to seek treatment?	<input type="checkbox"/>	<input type="checkbox"/>

54. Please indicate whether or not each of the following are possible concerns that might affect your decision to receive behavioral health counseling or services if you ever had a problem. *Mark one answer for each item.*

	Yes	No
a.....I don't trust mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>
b.....I don't know where to get help.	<input type="checkbox"/>	<input type="checkbox"/>
c.....I don't have reliable transportation.	<input type="checkbox"/>	<input type="checkbox"/>

	Did not experience	To a very small degree	To a small degree	To a moderate degree	To a great degree	To a very great degree
a. I prioritize what is important in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have an appreciation for the value of my own life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to do good things with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have an understanding of spiritual matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a sense of closeness with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have established a path for my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I know that I can handle difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have religious faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I'm stronger than I thought I was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have learned a great deal about how wonderful people are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I have compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL BACKGROUND INFORMATION**

##. In the past three months, have you experienced any of the following... *Select all that apply* .

	Yes	No
a. A new incident of unwanted sexual contact or sexual assault?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Promotion to a higher rank or paygrade?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Reduction in rank or paygrade?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Relocation to a new base or installation (a Permanent Change of Station [PCS])?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Transfer to a new unit?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

56. [Ask if Q1 = 2] Are you in the process of being separated or retiring from the military?

- Yes, my contract ended and I will not re-enlist
- Yes, I am in the process of an administrative separation
- Yes, I am in the process of a medical separation
- Yes, I am in the process of retiring
- No

57. [Ask if [Q1 = 2] AND [Q56 = 2 OR 3]] Are you being separated from the military against your will?

- Yes
- No

Service members undergoing involuntary separation within one year of the final disposition of their sexual assault case may request a review of their involuntary separation to the first General or Flag Officer in their chain of command.

58. [Ask if [Q57 = 2] AND [RTPFLAG= "True"]] Did you, or do you plan to, request a General Officer or Flag Officer review for your involuntary separation?

- Yes, I requested a review
- Yes, I requested a review and the outcome did not change
- Yes, I plan to make a request for my involuntary separation to be reviewed
- No, I did not request a review and I do not plan to
- No, I was not aware of this option

59. Are you Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

60. What is your race? *Mark one or more races to indicate what you consider yourself to be.*

- American Indian or Alaska Native
- Asian (for example, Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
- Black or African American
- Native Hawaiian or other Pacific Islander (for example, Samoan, Guamanian, or Chamorro)
- White

61. Do you consider yourself to be... *Mark one.*

- Heterosexual or straight?
- Gay or lesbian?
- Bisexual?
- I use a different term: \_\_\_\_\_
- Prefer not to answer

62. What sex were you assigned at birth, on your original birth certificate? *Mark one.*

- Male
- Female

63. Do you currently describe yourself as male, female, or transgender? *Mark the option that applies best.*

- Male
- Female
- Transgender
- I use a different term: \_\_\_\_\_

64. In the space below you are invited to share more about your experiences and encounters with the response system and military justice process, including any comments or concerns that you were not able to express elsewhere in the survey. Please do not enter personally identifiable information.



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To reach the DoD Safe Helpline 24/7 for secure, confidential, and anonymous crisis support service,

**Call a hotline number:**

Toll-Free: 1-877-995-5247

DSN: 877-995-5247

Other: 202-540-5962

**Worldwide:** <https://www.safehelpline.org/>

If [USCFLAG] = "False" display: "Based on your answer to the previous question, you are ineligible for this study. If you feel that you have encountered this message in error, click the back button arrow and check your answer(s). To submit your answers, click Submit. For further help, please call our Survey Processing Center toll free at 1-800-881-5301 or e-mail [svses-survey@mail.mil](mailto:svses-survey@mail.mil)."

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