



# Sexual Violence Support and Experiences Study

**FY23–FY24 Overview Report**

**DATA  
DRIVEN  
SOLUTIONS  
FOR  
DECISION  
MAKERS**



**Additional copies of this report may be obtained from:**

Defense Technical Information Center

ATTN: DTIC-BRR

8725 John J. Kingman Rd., Suite #0944

Ft. Belvoir, VA 22060-6218

**Or from:**

<http://www.dtic.mil/dtic/order.html>

Ask for report by DTIC#

# Sexual Violence Support and Experiences Study

## FY23–FY24 Overview Report

Jessica Marcon Zabecki<sup>1</sup>, Christine McCall<sup>2</sup>, Tina Killoran<sup>2</sup>, Hannah L. Samuelson<sup>1</sup>, Kimberly Hylton<sup>1</sup>, Maia Behrendt<sup>2</sup>, Jess Tercha<sup>2</sup>, Mark Petusky<sup>2</sup>, Marissa Oliver<sup>2</sup>, Lisa Davis<sup>1</sup>

<sup>1</sup> Office of People Analytics (OPA)

<sup>2</sup> Fors Marsh

DATA  
DRIVEN  
SOLUTIONS  
FOR  
DECISION  
MAKERS



## Acknowledgments

The Office of People Analytics (OPA) is grateful to numerous individuals for their assistance with the vision for this research project and the creation of this report. This research was conducted under the leadership of Dr. Ashlea Klahr, OPA Director, and Dr. Rachel Lipari, Director of OPA’s Health & Resilience (H&R) Research Division. The *Fiscal Year 2023–2024 Sexual Violence Support and Experiences Study (FY23–FY24 SVSES)* project team included Dr. Jessica Marcon Zabecki, Chief Military Research Psychologist, H&R; Dr. Hannah Samuelson, Senior Research Psychologist, Data Science, Statistics, and Survey Support (DS4) Division, Ms. Kimberly Hylton, Chief of Operations & Methodology, DS4 Division; and Ms. Lisa Davis, Deputy Director, H&R.

Policy officials who contributed to the development of the SVSES study include Dr. Nathan Galbreath, Director, Sexual Assault Prevention and Response Office.

The contract support research team for this effort included Dr. Christine McCall (lead analyst), Dr. Tina Killoran, and Dr. Marissa Oliver, from Fors Marsh. We would also like to thank our colleagues Ms. Jess Tercha, Dr. Andrew Pomerville, Mr. Mark Petusky, Mr. Graham Puckett, Mr. Joshua Nuhfer, Dr. Maia Behrendt, and Ms. Margaret Coffey from Fors Marsh for their contributions to this project and this report.

---

## Executive Summary

---

The Sexual Violence Support and Experiences Study (SVSES) is a longitudinal survey about Service members' experiences with the sexual assault response system and/or the military justice process after experiencing sexual assault (or unwanted sexual contact<sup>1</sup> as measured on Office of People Analytics [OPA] surveys) while serving in the military. The SVSES opened on June 1, 2023, and fields continuously so that Service members may join at any time. Service members are re-contacted every 90 days with an invitation to complete a follow-up survey.

The purpose of this report is to describe key findings from the SVSES, both by examining cross-sectional associations between variables of interest and, when possible, how outcomes of Service members who have experienced unwanted sexual contact change over time. Specifically, this research describes Service members'<sup>2</sup> experiences with the sexual assault response system and identifies how these experiences are tied to health, well-being, and career outcomes over time for SVSES respondents who participated between June 1, 2023, and September 30, 2024 (FY23–FY24).<sup>3</sup> Although confidential, SVSES does not use scientific sampling and weighting because the full population of Service members who have experienced unwanted sexual contact in the military is unknown. Therefore, the results presented in this report may not be generalizable to all Service members who have experienced unwanted sexual contact in the military.

Cross-sectional regression models examined whether, while controlling for other variables, an outcome was associated with a predictor at Time 1. If significant, longitudinal models were examined to understand 1) how the outcome itself changed over time (up to five time points) and 2) whether the trajectory of change differed regarding Time 1 predictor values, while controlling for other variables. Outcomes included interaction with sexual assault response system resources, satisfaction with the reporting and military justice process, health and well-being, and career outcomes, which included retaliation experiences and retention intentions. Predictors included reporting category, interaction and satisfaction with sexual assault response system resources, satisfaction with charges against the alleged offender, and satisfaction with the reporting and military justice process. Key findings for each of the outcomes included:

- **Interaction with Sexual Assault Response System Resources.** Interactions with sexual assault response system resources differed by reporting category at Time 1. Specifically, respondents in the Unrestricted Report, Investigated, and

---

<sup>1</sup> The term “unwanted sexual contact” used throughout this report refers to a range of activities prohibited by the Uniform Code of Military Justice (UCMJ), including uninvited and unwelcome completed or attempted sexual intercourse, sodomy (oral or anal sex), penetration by an object, and the unwanted touching of genitalia and other sexually related areas of the body.

<sup>2</sup> Anyone who is currently serving in the U.S. Military—Active or Selected Reserve—and has experienced sexual assault while serving is eligible to enter the study, regardless of whether they reported the experience to military authorities. Members from the Army, Navy, Marine Corps, Air Force, Space Force, National Guard, and Coast Guard are eligible to join the study; however, this report focuses solely on members serving in the Department of Defense (DoD).

<sup>3</sup> The SVSES opened on June 1, 2023. The data reflected in this report were collected June 1, 2023, through September 30, 2024. Although the data do not cover October 1, 2022, through May 31, 2023, of FY23 due to the date the study opened, we refer to the time period covered as FY23–FY24 for brevity.

Restricted Report categories used a significantly higher number of resources than respondents in the No Report category. Over time, on average, respondents tended to interact with fewer sexual assault response system resources in FY23–24. This decline was more pronounced for the Unrestricted Report and Investigated categories when compared to the No Report category.

- **Satisfaction with the Reporting and Military Justice Process.** Higher satisfaction with the charges brought against the alleged offender was associated with significantly higher satisfaction with the reporting and military justice process at Time 1. Satisfaction with the reporting and military justice process decreased on average over time. This change over time did not differ based on Time 1 satisfaction with the charges brought against the alleged offender.
- **Health and Well-Being.** Whereas interaction with a behavioral health provider<sup>4</sup> was associated with poor general health at Time 1, those who were more satisfied with their behavioral health providers reported better general health at Time 1. Further, those who were more satisfied with the reporting and military justice process also reported better general, physical, and psychological health at Time 1. Generally, respondents' evaluations of their general health and physical health decreased on average across time, and we did not find evidence that change in health was associated with these predictors at Time 1.
- **Retaliation.** Compared to the Investigated reporting category, respondents in the Unrestricted reporting category reported more retaliation<sup>5</sup> at Time 1. Respondents who interacted with more sexual assault response system resources experienced more retaliation, whereas satisfaction with charges brought against the alleged offender as well as satisfaction with the reporting and military justice process was associated with lower levels of retaliation at Time 1. Over time and on average, respondents tended to report more experiences of retaliation. This increase in retaliation was more pronounced for those in the Investigated reporting category (compared to the Unrestricted Report category) and for those higher-than-average on Time 1 satisfaction with the reporting and military justice process.
- **Retention Intention.** Respondents who interacted with more sexual assault response system resources, including sexual assault response coordinators and behavioral health providers, reported lower levels of retention intention at Time 1. Generally, respondents' retention intentions decreased on average over time, and we did not find evidence that change in retention intention was associated with interactions with Time 1 sexual assault response system resources.

---

<sup>4</sup> Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

<sup>5</sup> Respondents were not asked whether they experienced retaliation in a way that met behavioral or legal criteria for retaliation, to include professional reprisal, ostracism, or maltreatment. Their responses should be interpreted as the respondent's perception of their own experiences, rather than ones that meet definitions of retaliatory behaviors.

Collectively, the SVSES provides insights into how experiences with the sexual assault response system shape outcomes for Service members who have experienced unwanted sexual contact. Specifically, the study shows that key aspects of the sexual assault response system are associated with victim well-being at Time 1. Over time, we find evidence that outcomes change, with changes in interactions with sexual assault response system resources and retaliation being explained (at in least in part) by earlier experiences. As the SVSES is continually-fielding, future work will continue to disentangle cross-sectional and longitudinal associations between experiences with the sexual assault response system and important outcomes for Service members who have experienced unwanted sexual contact.



## Table of Contents

	<u>Page</u>
<b>Executive Summary</b> .....	<b>iii</b>
<b>Chapter 1: Introduction</b> .....	<b>1</b>
<b>History and Development of the Study</b> .....	<b>2</b>
History of OPA’s Survivor Experience Surveys .....	2
Development of the SVSES .....	4
Survey Development.....	4
Stakeholder Feedback .....	5
– Administering the Survey. ....	5
– Identifying Participants.....	5
– Methods for Notifying and Inviting Participants.....	6
– Communicating with Victims and Conducting Outreach.....	6
– Summary.....	7
Instrument and Study Outreach Refinement.....	7
– Methods.....	7
– Results.....	8
– Summary.....	8
<b>Overview of the Report</b> .....	<b>9</b>
<b>Chapter 2: Methodology</b> .....	<b>11</b>
<b>Survey Methodology</b> .....	<b>11</b>
Study Design.....	11
<b>Sample Characteristics</b> .....	<b>15</b>
Characteristics of Respondents .....	16
Characteristics of Reported Unwanted Sexual Contact Incidents .....	17
<b>Analysis Methodology</b> .....	<b>18</b>
Variables .....	18
Analysis Overview.....	21
Step 1: Cross-Sectional Models.....	21
Step 2: Longitudinal Multilevel Models .....	21
Presentation of Results.....	23
<b>Chapter 3: Sexual Assault Response System Resources</b> .....	<b>25</b>
<b>Number of Sexual Assault Response System Resources Used</b> .....	<b>25</b>
Comparisons by Reporting Category.....	26
<b>Interaction With Sexual Assault Response System Resources</b> .....	<b>27</b>
Interaction with Sexual Assault Response Coordinators by Reporting Category .....	28
Interactions with Victim Advocates by Reporting Category .....	28
Interactions with Military Medical Providers by Reporting Category .....	28
Interactions with Behavioral Health Providers by Reporting Category .....	29
Interactions with Unit’s Commanding Officer by Reporting Category.....	30
Interactions with Senior Enlisted Advisors by Reporting Category.....	31
Interactions with Immediate Military Supervisors by Reporting Category .....	31
<b>Conclusion</b> .....	<b>31</b>

**Table of Contents (Continued)**

	<u>Page</u>
<b>Chapter 4: Reporting and Military Justice Process .....</b>	<b>33</b>
<b>Satisfaction With the Reporting and Military Justice Process.....</b>	<b>33</b>
Comparisons by Satisfaction With Charges Brought Against the Alleged Offender .....	34
<b>Conclusion .....</b>	<b>34</b>
<b>Chapter 5: Health, Well-Being, and Career Outcomes.....</b>	<b>37</b>
<b>General Health .....</b>	<b>37</b>
Comparisons by Interaction with a Behavioral Health Provider .....	38
Comparisons by Satisfaction with Behavioral Health Provider Interactions.....	38
Comparisons by Satisfaction with the Reporting and Military Justice Process.....	39
<b>Poor Physical Health Days in the Past 30 Days.....</b>	<b>40</b>
Comparisons by Satisfaction with the Reporting and Military Justice Process.....	40
<b>Poor Psychological Health Days in the Past 30 Days.....</b>	<b>41</b>
Comparisons by Satisfaction with the Reporting and Military Justice Process.....	41
<b>Retaliation.....</b>	<b>42</b>
Comparisons by Reporting Category.....	42
Comparisons by Number of Sexual Assault Response System Resources Used .....	43
Comparisons by Satisfaction with Charges Brought against the Alleged Offender .....	44
Comparisons by Satisfaction with the Reporting and Military Justice Process.....	45
<b>Retention Intentions.....</b>	<b>46</b>
Comparisons by Number of Sexual Assault Response System Resources Used .....	46
Comparisons by Interaction with a Sexual Assault Response Coordinator.....	47
Comparisons by Interaction with a Behavioral Health Provider .....	48
<b>Conclusion .....</b>	<b>48</b>
<b>Chapter 6: Discussion and Conclusion .....</b>	<b>51</b>
<b>Victim Care and Support .....</b>	<b>51</b>
<b>Addressing Retaliation .....</b>	<b>52</b>
<b>Satisfaction and Military Justice .....</b>	<b>53</b>
<b>Limitations and Future Directions .....</b>	<b>53</b>
<b>Conclusions.....</b>	<b>54</b>
<b>References.....</b>	<b>57</b>

**Appendices**

<b>Appendix A. Regression Tables.....</b>	<b>61</b>
<b>Appendix B. Initial Survey Descriptive Results.....</b>	<b>69</b>

## Table of Contents (Continued)

### List of Tables

Table 1.	SVSES FY23–FY24: Number of Respondents by Number of Completed Follow-Ups .....	15
Table 2.	SVSES FY23–FY24: Characteristics of SVSES Respondents.....	16
Table 3.	SVSES FY23–FY24: Characteristics of Unwanted Sexual Contact Incidents.....	17
Table 4.	SVSES FY23–FY24: Characteristics of the Reported Unwanted Sexual Contact Experience .....	17
Table 5.	Predictor and Outcome Variable Definitions.....	18
Table 6.	Covariate Definitions .....	20
Table 7.	Associations Between Reporting Category at Time 1 and Number of Sexual Assault Response System Resources Used Across Time – Linear Regression .....	27
Table 8.	Associations Between Reporting Category at Time 1 and Interaction with a Sexual Assault Response Coordinators (SARC) Across Time – Logistic Regression.....	28
Table 9.	Associations Between Reporting Category at Time 1 and Interaction with a Military Medical Provider Across Time – Logistic Regression .....	29
Table 10.	Associations Between Reporting Category at Time 1 and Interaction with a Behavioral Health Provider Across Time – Logistic Regression .....	30
Table 11.	Associations Between Reporting Category at Time 1 and Interaction with Unit’s Commanding Officer Across Time – Logistic Regression.....	31
Table 12.	Associations Between Satisfaction With Charges Brought Against the Alleged Offender at Time 1 and Satisfaction With the Reporting and Military Justice Process Across Time – Linear Regression.....	34
Table 13.	Associations Between Interaction With Behavioral Health Providers at Time 1 and General Health Across Time – Linear Regression .....	38
Table 14.	Associations Between Satisfaction With Behavioral Health Providers at Time 1 and General Health Across Time – Linear Regression .....	39
Table 15.	Associations Between Satisfaction With the Reporting and Military Justice Process at Time 1 and General Health Across Time – Linear Regression .....	40
Table 16.	Associations Between Satisfaction With the Reporting and Military Justice Process at Time 1 and Poor Physical Health Days Across Time – Linear Regression.....	41
Table 17.	Associations Between Satisfaction with the Reporting and Military Justice Process at Time 1 and Poor Psychological Health Days Across Time – Linear Regression .....	42
Table 18.	Associations Between Reporting Category at Time 1 and Retaliation Across Time – Linear Regression.....	43
Table 19.	Associations Between Number of Sexual Assault Response System Resources Used at Time 1 and Retaliation Across Time – Linear Regression .....	44
Table 20.	Associations Between Satisfaction With Charges Brought against the Alleged Offender at Time 1 and Retaliation Across Time – Linear Regression .....	45
Table 21.	Associations Between Satisfaction With the Reporting and Military Justice Process at Time 1 and Retaliation Across Time – Linear Regression .....	46
Table 22.	Associations Between Number of Sexual Assault Response System Resources Used at Time 1 and Retention Intentions Across Time – Linear Regression.....	47

## Table of Contents (Continued)

	<b><u>Page</u></b>
Table 23. Associations Between Interaction with a Sexual Assault Response Coordinator (SARC) at Time 1 and Retention Intentions Across Time – Linear Regression.....	47
Table 24. Associations Between Interaction with Behavioral Health Providers at Time 1 and Retention Intentions Across Time – Linear Regression.....	48

## **List of Figures**

---

Figure 1. History of OPA Survivor Experience Surveys .....	3
Figure 2. Hierarchy of Respondent Reporting Category Assignment.....	13
Figure 3. Hierarchical Model Equations .....	23

## Chapter 1: Introduction

---

Preventing and addressing sexual assault in the military remains an important part of the Department of Defense's (DoD) ability to ensure that Service men and women are mission ready. Ongoing efforts to better understand and document sexual assault in the military have been a priority of DoD research for more than a decade, as part of a larger agenda to ensure that the current approaches to addressing and reducing sexual assault are having the intended effect (SAPRO, 2020). Recent reports show improvements in multiple metrics concerning sexual assault (OPA, 2024). The DoD Fiscal Year 2023 Annual Report on Sexual Assault in the Military (FY 2023 Annual Report) found that Service members experienced significantly fewer incidents of sexual assault in 2023 when compared to 2021, and a greater proportion of Service members reported their incident of sexual assault to military authorities (SAPRO, 2024). While the decrease in rates is promising, ensuring that victims receive the proper care needed to recover from a sexual assault is one area critical for the DoD's efforts toward maintaining a ready and lethal force.

The Sexual Violence Support and Experiences Study (SVSES) is a confidential, voluntary, longitudinal study launched in 2023, about Service members' experiences with the sexual assault response system and/or the military justice process, as well as their health, well-being, and career progression. The Health & Resilience (H&R) Research Division at the Office of People Analytics (OPA) has historically administered other surveys of Service members who reported a sexual assault or unwanted sexual contact<sup>6</sup> to capture experiences with sexual assault response services and resources, as well as investigative and legal process experiences.<sup>7</sup> In prior efforts, OPA has collected feedback from Service members at a single point in time regarding their experiences with the military justice process. However, a longitudinal approach is critical given that the sexual assault response, military justice, and recovery processes take time. Thus, the SVSES extends upon previous survey efforts by taking a longitudinal approach to capture individuals' perceptions and experiences throughout the course of those processes. This study explores respondents' satisfaction with Sexual Assault Prevention and Response (SAPR)<sup>8</sup> support services and the military accountability process as well as outcomes (e.g., retention intentions) that may be related to their experiences with unwanted sexual contact, access to support services, and engagement in the military accountability process. The longitudinal nature of the study also extends upon prior efforts by exploring how survivors' experiences may change

---

<sup>6</sup> DoD Directive (DoDD) 6495.01 defines sexual assault as any "intentional sexual contact characterized by use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent" (Department of Defense, 2021). Under this definition, sexual assault includes rape, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these acts. The UCMJ lists criminal offenses under military law. The term "unwanted sexual contact" used throughout this report refers to a range of activities prohibited by the UCMJ, including uninvited and unwelcome completed or attempted sexual intercourse, sodomy (oral or anal sex), penetration by an object, and the unwanted touching of genitalia and other sexually related areas of the body.

<sup>7</sup> Previously administered surveys include the Survivor Experience Survey (SES) and the Military Investigation and Justice Experience Survey (MIJES).

<sup>8</sup> References to response personnel and resources should also be understood to include the Army's Service-level Sexual Harassment and Assault Response and Prevention (SHARP) program.

throughout the military justice process, and long term, may highlight how changes to policies and procedures impact Service members' outcomes.

Anyone who is currently serving in the U.S. Military—Active or Selected Reserve<sup>9</sup>—and has experienced unwanted sexual contact while serving is eligible to enter the study, regardless of whether they reported the experience to military authorities. Members from the Army, Navy, Marine Corps, Air Force, Space Force, National Guard, and Coast Guard are eligible to join the study; however, this report focuses solely on members serving in the DoD. The SVSES opened on June 1, 2023, and fields continuously so that Service members may join at any time. After completing an initial survey when they join the study, Service members are re-contacted every 90 days with an invitation to complete a follow-up survey.

## History and Development of the Study

While the SVSES recently launched in 2023, two other surveys pre-existed the SVSES that had similar goals of gathering information regarding the experiences of sexual assault victims. The following sections provide a review of OPA's history in administering survivor experience surveys leading to the SVSES and its development.

### History of OPA's Survivor Experience Surveys

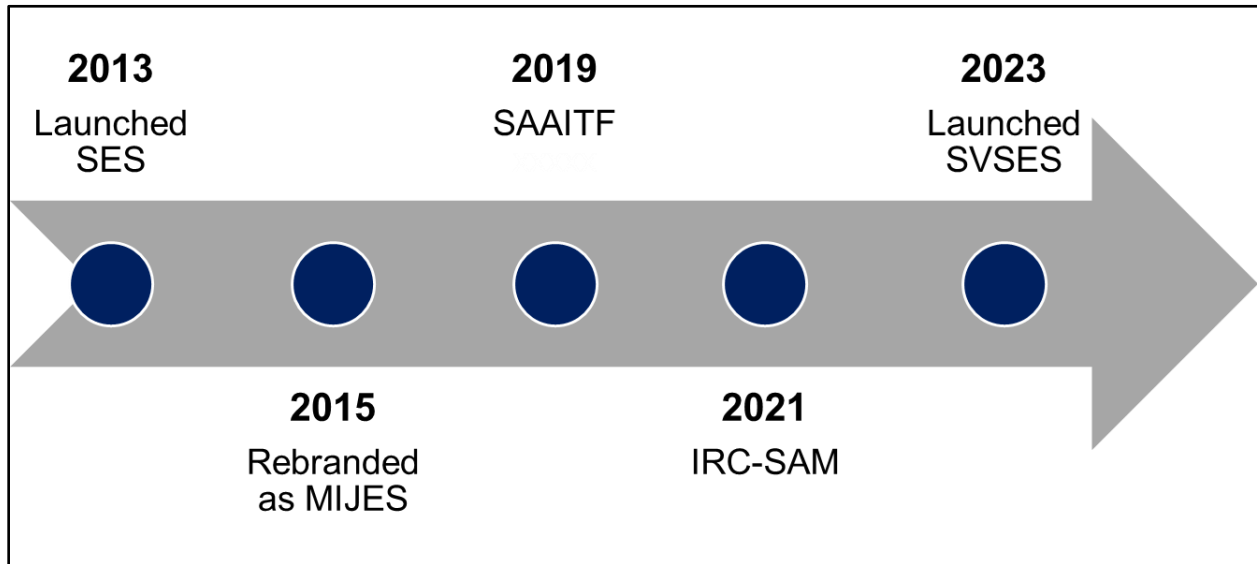
Figure 1 depicts the timeline of the history of the SVSES. In 2013, the DoD launched the Survivor Experience Survey (SES). The SES was developed as an ongoing survey to gather information regarding sexual assault services and resources including experiences with the reporting process, awareness of SAPR resources, satisfaction with response personnel, SAPR-related health services, and experiences with leadership. OPA administered the survey at the latter end of FY2014 to 151 Service members who made a Restricted or Unrestricted Report for any form of unwanted sexual contact experienced in the past 30 days.<sup>10</sup> The first of its kind, the SES provided a preliminary understanding of victims' experiences with and awareness of SAPR resources, satisfaction with medical care and legal assistance, experiences with the reporting process, and their perceived experiences of retaliation.

---

<sup>9</sup> The Reserve component specifically includes members in the Selected Reserve in Reserve units, Active Guard/Reserve (AGR/FTS/AR Title 10 and 32), or Individual Mobilization Augmentee (IMA) programs.

<sup>10</sup> The SES allowed potential participants to opt in to the study by generating a ticket number. This approach was designed to protect the anonymity of study participants. During the *FY2014 SES* fielding, 782 tickets were requested resulting in 151 completed surveys.

**Figure 1.**  
*History of OPA Survivor Experience Surveys*



In 2015, OPA rebranded the SES as the *Military Investigation and Justice Experience Survey* (MIJES). This survey was similarly designed to understand the investigative and legal process experiences of Service members who had experienced unwanted sexual contact and who made a formal report; however, this survey did not gather information related to the details of the incident itself. Beginning with FY2015, MIJES was administered annually over three years to Service members who made a formal report of unwanted sexual contact and reported their case was closed. Over the course of these MIJES administrations, more than 900 survivors participated in this study. Similar to the SES, MIJES provided invaluable data on survivors’ experiences with SAPR resource use and satisfaction, perceived retaliation experienced, and their experiences with and outcomes following participation in the military criminal justice process.

The need for the SVSES grew out of activities beginning in 2019, with the development of the Sexual Assault Accountability and Investigation Task Force (SAAITF) and in 2021, when the Secretary of Defense directed actions from the DoD Independent Review Commission on Sexual Assault in the Military (IRC-SAM). The SAAITF recommended actions to improve accountability in the military justice process for victims and in doing so, specifically called for a “standardized survey of victim experiences, attitudes, and satisfaction after going through the system” (SAAITF, 2019). They further noted the importance of support from response professionals to increase awareness of, and participation in, future survivor experiences surveys. In 2021, the Secretary of Defense directed actions to improve accountability in the military justice process, and specifically recommended “policy changes and propose actions to improve prevention and response efforts on sexual assault, harassment, and other readiness-detracting behaviors” (IRC-SAM, 2021). The DoD Sexual Assault Prevention and Response Office (SAPRO) requested that OPA develop SVSES to better standardize the DoD’s survivor experience survey, to address the entire range of experiences that victims have going through the response and military justice processes as well as those Service members who chose not to

report, and to better assess the impact of these policy changes and IRC-SAM actions in improving victim care. Accordingly, in 2023, the new SVSES was launched and continues to field.

## **Development of the SVSES**

To assist with the development of SVSES materials (e.g., survey questions and communications to potential participants), a thorough literature review and multiple rounds of interviews with stakeholders and Service members were conducted. The results of these interviews are detailed below.

### ***Survey Development***

Content included in the SVSES instrument was chosen to examine three critical areas of the experiences of survivors through the reporting and military justice systems: satisfaction with support resources, impacts of the military justice system on survivors' health and well-being, and impacts of the military justice system on survivors' military career progression. Inquiries into these areas were balanced with the need to respect the sensitivity of the topic and avoid re-traumatization of victims while needing to respect respondent survey burden and survey length, particularly for a survey which respondents would see several times over the course of their participation in the study.

Survey content was designed with specific attention to the temporal aspects of these processes and to account for survivors that may be at different stages of their unique experience navigating the justice process. Blocks of specific content had skip logic applied to prevent survivors who may not have reached specific milestones from seeing questions not applicable to them and to reduce the number of times potentially sensitive questions were asked of respondents.

In order to identify items to measure these key areas of interest, a literature review was conducted using the following search terms: sexual assault victim support, military sexual assault victim support, sexual assault justice system process, military sexual assault justice system process, experience with sexual assault justice system, experience with military sexual assault justice system, military sexual assault victim experience, and sexual assault victim experience. This literature review informed critical areas of inquiry regarding survivor well-being and health and identified a number of psychological scales for addition into the instrument. Other OPA survey efforts were also examined to identify potential items for consideration related to satisfaction with resources and retention intentions. Particular attention was given to items that appeared on the SES and MIJES (i.e., predecessors to SVSES).

Once preliminary items were identified, subject matter experts and policy stakeholders reviewed and made recommendations to streamline the instrument. This resulted in the trimming of some large batteries intended to measure some psychological constructs for shorter, more general questions that measured health and well-being. The resulting instrument provided a streamlined look into experiences during key stages of the response and justice processes, while allowing for repeated measure of satisfaction with resources survivors continued to interact with throughout the process and health and well-being metrics, career outcomes, and retention over time.

## **Stakeholder Feedback**

A series of semi-structured interviews were conducted with stakeholders, including Sexual Assault Response Coordinators (SARCs), SAPR Victim Advocates (VAs), Special Victim's Council professionals, one chaplain, and one mental health provider, to make the results of the SVSES useful and relevant to the experiences of potential participants. Participants included at least one representative from the Army, Navy, Marine Corps, and Air Force, a mix of representatives from Active Duty and Reserve components, and representatives with experience at installations both inside and outside of the continental United States (CONUS and OCONUS, respectively). These interviews were structured to explore four topic areas: (1) when to administer the survey in the military justice process; (2) how to identify participants; (3) methods for notifying and inviting participants to the study; and (4) best practices when communicating and conducting outreach with victims. A summary of stakeholder feedback for each of these four topic areas is described below.

***Administering the Survey.*** Stakeholders provided insight into when it might be both beneficial and disadvantageous to administer the survey to Service members who had experienced unwanted sexual contact. SARCs and VAs identified multiple times in the reporting and military justice process when study contact and administration may be inadvisable either due to low likelihood of response or due to the sensitive nature of cases and the risk of re-traumatization. Outreach when victims begin the process or when their cases are at trial were both seen as presenting risks of nonresponse and creating a negative impact on participants' well-being. Further, stakeholders expressed concerns about using a system that targets only those at the beginning of the process, as this would bias the sample towards those with only a limited amount of experience with the process. Contacting potential respondents at specific milestones throughout the process, such as after adjudication is complete, was seen as an avenue that may be more fruitful both in terms of getting participants involved in the study and in getting a range of responses that reflect a broader range of experiences with the SAPR and military justice systems. Contacting participants early in the process (between five days and three months after their first contact with the military justice system) to use as a baseline against which to compare over time was also mentioned by multiple stakeholders as a potentially effective research strategy.

***Identifying Participants.*** Stakeholder feedback informed potential avenues to identify and recruit participants. SARCs and VAs were identified as strong potential sources of recruitment due to the volume of interactions they have with victims and their visibility in the military justice and support and recovery processes for victims. According to stakeholders, their specialized skill set and training would allow them to effectively build rapport and identify individuals who may be receptive to participating in surveys about their experience with the military justice process. Stakeholders consistently indicated that SARCs and VAs should serve as a primary channel for participant recruitment.

Another potential avenue for recruitment was to include an invitation to the study in the packet that victims receive as part of SAPR services, which includes helpful resources and details on coordination of services. The use of a QR code as part of advertising the study in this manner was also mentioned as an important part of getting potential participants to seek out the survey. Stakeholders also suggested QR codes could potentially be placed in SAPR offices for SARCs and VAs to direct potential participants to use if they are interested. However, stakeholders also

expressed concerns that SARCs and VAs may not be well positioned or comfortable advocating for the study without being provided explicit training or information about the study.

Lastly, the Defense Sexual Assault Incident Database (DSAID) was identified by stakeholders as a third potential avenue for recruitment. DSAID is a centralized database that collects information regarding sexual assaults that involve Service members. DSAID could be used for recruitment by either adding an opt-in check box or by pulling contact information currently in the database and reaching out to potential participants using that information. While the opt-in check avoids the risk of inadvertent disclosure of a victim's status and the potential for re-traumatization, it also limits the study to those who are at the beginning of their process and may not have a full range of experiences with the military justice and response service system this study is intended to examine. In addition to the privacy and well-being concerns, stakeholders also raised problems with the information available in DSAID. Although stakeholders differed in their perceptions of DSAID's accuracy, with some rating it quite highly, several raised concerns that the information in DSAID may not be accurate and that necessary information may be missing entirely. Further, stakeholders indicated that some important information, such as demographics and names, is not available through DSAID<sup>11</sup> and may make it difficult to contact participants or recruit a diverse sample.

***Methods for Notifying and Inviting Participants.*** In addition to the use of QR code invitations in initial packets or visible in SAPR program offices, stakeholders mentioned the use of email and phone communication as other potential options for notifying and inviting participants that may be preferable to paper communications (e.g., flyers). However, due to the sensitive nature of the study topic, stakeholders also felt that emails and phone communications should ideally be vague and the study name itself would need to be carefully considered to ensure it did not give away victims' status. Use of encryption, not leaving voicemail messages, and including a warning of incoming communications that allows victims to opt out of being contacted were all mentioned as potential avenues for preventing accidental disclosure or other harm to potential survey participants.

***Communicating with Victims and Conducting Outreach.*** Several suggestions were raised to improve the messaging, presentation, and contents of the survey. Focusing on the agency of potential participants, or ways to offer them more control in the process, was one consistent theme among stakeholders. Offering opt-outs for being contacted regarding the study, as mentioned above, was one example of this approach. Allowing victims to make their own determination on how often and by what means they wish to be contacted was another way to grant greater agency to potential participants and improve participant buy-in for the study. Another recommendation was to frame participation in the survey as a chance to impact and potentially change the military justice system, improving it for future Service members who experience unwanted sexual contact.

Stakeholders also indicated that Service members who experienced unwanted sexual contact will want to know about the purpose behind the study, how the data will be used, and whether they will see the outcomes of the research. While informed consent is always a part of ethical data

---

<sup>11</sup> These data are not collected in the cases of Restricted Reports.

collections, SARC and VAs in these interviews indicated that it is especially important in this work as victims of sexual violence are likely to be cautious with their personal information and interested in a study's potential impacts. These results again point to the importance of framing the study in terms of victim agency during the outreach process.

One unresolved topic in this area from the interviews was how to refer to those who have experienced sexual violence. "Victim" and "survivor" are both commonly used, but stakeholders indicated that no clear preference can be established on which term to use. Another term, "client," was raised as a potential term for those who are receiving SAPR services; however, some stakeholders objected to this language as well, feeling it is too informal or lacks respect for an individual's traumatizing experience. Though consensus was not observed among interviewees, for the purposes of the study the research team has opted to use the word "victim" to refer to those who have experienced sexual violence.

**Summary.** The results from these stakeholder interviews provided numerous actionable suggestions in development of the survey and the communication process regarding study outreach. SARC and VAs were identified as those in the best position to assist with recruitment of participants; however, because these individuals often already face numerous demands, any approach utilizing these professionals should consider their available time and potential buy-in for this work. The use of scannable QR codes as a recruitment method may be effective, but also may only reach those participants who are at the very beginning of the process, as this may be the only point at which victims visit SAPR offices in person. Methods to widen the sample beyond those who are at the beginning of their interaction with available services for victims were deemed necessary based on these interviews. Further, the findings from these interviews were used to inform cognitive interviews that were conducted after the development of survey content and outreach material.

### ***Instrument and Study Outreach Refinement***

As part of the survey development process for SVSES, cognitive interviews were used to test recruitment materials, survey questions, and the survey process prior to fielding. An interview protocol was developed to improve recruitment and survey materials. During these interviews, participants reviewed the recruitment material and walked through pre-selected sections of the internet-based survey while discussing their observations with the interviewer. Interviewers asked probing and clarifying questions regarding the participants' experiences with the recruitment and survey materials.

**Methods.** Response professionals from the stakeholder interviews (described above) were recruited for these interviews, and ultimately four SARC and one VA participated in cognitive interviews. These five participants identified four additional SARC to include as participants in the cognitive interview process. They also assisted in the recruitment of nine Service members with prior unwanted sexual contact experiences. These 18 participants (nine response personnel and nine Service members) each completed a cognitive interview as described above.

Trained moderators conducted these interviews. An additional team member was present to take notes during interviews with response professionals. Due to the sensitive nature of the topic, no notetaker was present for interviews with victims. All interviews were recorded so that the

statements of participants could be reviewed and more accurately captured in the process of developing the findings from these interviews. These recordings were transcribed, and the transcripts were content coded by multiple coders who compared results and came to consensus on themes that emerged from this analysis.

**Results.** Similar themes emerged in the cognitive interviews as in the stakeholder interviews. Specifically, the use of unambiguous language was found to be an important part of recruitment processes and the framing of questions, though consensus was not reached on what language to use. When used in recruitment materials, the terms “sexual violence” and “sexual assault” both received mixed responses from interviewees, with interview participants split on their preference. However, regardless of their preference, participants agreed that the meaning of the term should be defined in the recruitment materials so it is clear what behaviors and experiences fall under the umbrella of the study. “Unwanted sexual contact” emerged as a third option for language to describe the experiences that this study is intended to document. In an effort to not deter survivors from participating, interviewees also noted that the language used to communicate the study should be appropriate, empowering, and comforting. Interviewees also provided feedback on the login processes and email recruitment language that was incorporated into the final design of these products.

When tasked with reviewing the survey itself, participants provided several suggestions to include additional options for survey responses and update the wording of survey questions. Participants noted that answers to some questions require Service-specific options and recommended developing different surveys for each Service. Some survey questions ask that respondents recall specific dates or months that incidents occurred or that reports were filed, but some interview participants indicated that respondents may not be able to remember specific dates and that these should allow a wider range of responses or be optional. Lastly, results from these cognitive interviews revealed that relevant civilian response options, dubbed a critical element by respondents for potential National Guard respondents, were missing from the survey items about resources and alleged offenders, and that the use of comparable language in the recruitment process was seen as a crucial part of the potential success or failure of the survey.

**Summary.** Based on these responses, three central insights were noted that influenced the survey itself and recruitment materials. First, response options needed to cover cases where civilians are responsible for managing sexual assault investigations (such as for National Guard members) or where civilians were the alleged perpetrators of unwanted sexual contact. Second, language used to communicate with potential participants needed to be appropriate, empowering, and comforting. Finally, different Services use terminology and processes that differ from one another as well. Ensuring that survey responses and language in recruitment materials reflect these differences and cover all of the Service branches was important to the survey’s broader success. The information gathered from these cognitive interviews informed the refinement of survey items as well as recruitment materials, particularly in language that made items applicable to Active and Reserve component members and spoke to the range of experiences with unwanted sexual contact and interactions with the reporting and military criminal justice process.

## Overview of the Report

The purpose of this report is to describe findings from the SVSES, both by examining associations between variables of interest and, when possible, how time plays a role in the outcomes of Service members who have experienced unwanted sexual contact. Specifically, the goal was to describe the sexual assault response system experiences and health, well-being, and career outcomes over time for SVSES respondents who participated between June 1, 2023, and September 30, 2024 (FY23–FY24).<sup>12</sup>

Cross-sectional and longitudinal regression modeling was used to examine respondents' experiences and outcomes when they entered the SVSES and across time (up to four follow-up timepoints) in FY23–FY24. Outcomes included interaction with sexual assault response system resources, satisfaction with the reporting and military justice process, health and well-being, and career outcomes, which included retaliation experiences and retention intentions. Predictors included reporting category, interaction and satisfaction with sexual assault response system resources, satisfaction with charges against the alleged offender, and satisfaction with the reporting and military justice process. This report is organized according to respondents' outcomes in the following manner:

- **Chapter 2: Methodology.** Provides an overview of the study design (e.g., descriptions of the initial and follow-up surveys) and an overview of the analyses.
- **Chapter 3: Sexual Assault Response System Resources.** Describes findings related to interaction with sexual assault response system resources.
- **Chapter 4: Reporting and Military Justice Process.** Describes findings related to the reporting and military justice process.
- **Chapter 5: Health, Well-Being, and Career Outcomes.** Describes findings related to respondents' health (general, physical, and psychological), retaliation, and retention.
- **Chapter 6: Discussion and Conclusion.** Key insights are discussed according to three actionable topic areas: victim care and support, addressing retaliation, and satisfaction and military justice. Limitations of the survey and analyses are also noted.

---

<sup>12</sup> The SVSES opened on June 1, 2023. The data reflected in this report were collected June 1, 2023, through September 30, 2024. Although the data do not cover October 1, 2022, through May 31, 2023, of FY23 due to the date the study opened, we refer to the time period covered as FY23–FY24 for brevity.



## Chapter 2: Methodology

---

In this chapter, we describe the design of the Sexual Violence Support and Experiences Study (SVSES) and the analytic approach used to examine data from initial and follow-up surveys collected in FY23–FY24.

### Survey Methodology

This section provides information regarding the SVSES design, recruitment, reporting categories, and survey content.

#### Study Design

The SVSES is a confidential and voluntary survey. Although confidential, the study does not use scientific sampling and weighting because the full population of Service members who have experienced sexual assault in the military is unknown. Therefore, the SVSES results presented may not be generalizable to all Service members who have experienced sexual assault in the military.

In prior efforts, the Office of People Analytics (OPA) has collected feedback from Service members at a single point in time regarding their experiences with the military justice process. However, a longitudinal approach is critical given that the sexual assault response, military justice, and recovery processes take time. Thus, the SVSES takes a longitudinal approach to capture individuals' perceptions and experiences throughout the course of those processes. Service members who join the study first complete an initial survey. The initial survey captures respondents' experiences with the sexual assault response system and/or military investigation process at any point prior to completing the initial survey. Participants are then invited to take a shorter follow-up survey every 90 days following completion of the initial survey.<sup>13</sup> Follow-up survey invitations continue every 90 days even if the respondent does not complete any scheduled follow-up survey. For example, if a respondent completes their first follow-up survey after 90 days but does not complete their second follow-up survey 90 days later, they will still receive a third follow-up survey invitation after another 90 days. The follow-up surveys thus capture respondents' experiences since the previous survey. These follow-up survey invitations continue until a respondent explicitly opts out of communications. Participants may withdraw from the study at any time.

#### Recruitment

Recruitment into the initial study sample for the SVSES was carried out in a number of ways. Service members were recruited via web posts, flyers, and word-of-mouth; invitation emails were sent to Service members who previously made a sexual assault report to military

---

<sup>13</sup> Unless a respondent's reporting category has changed based on their experiences since the prior survey, the follow-up survey content is the same regardless of the number of follow-up surveys the respondent has taken or has been invited to take (e.g., the content on the first, second, and third follow-ups are the all the same).

authorities; and invitation emails are sent to Service members who indicated interest in the study on OPA's *Workplace Experiences Survey of Military Members* (WESM).<sup>14</sup>

## Reporting Categories

Overall, the goal of the study is to learn more about respondents' interactions with the sexual assault response system and/or military justice process. Given this goal, results of the SVSES are presented by the respondent's reporting status and assumed potential exposure to available sexual assault resources and the military justice process. Here we describe how respondents are categorized in both the initial survey and follow-up surveys.

### *Initial Survey Reporting Category*

Respondents are grouped into one of four hierarchical, mutually exclusive categories based on their survey responses. On the initial survey, respondents are asked if they reported their most recent unwanted sexual contact incident, or, if they indicate having experienced more than one incident, any of their unwanted sexual contact incidents. Based on their responses to these initial survey items, respondents were hierarchically assigned to one of four reporting categories: Unrestricted Report, Investigated, Restricted Report, and No Report.<sup>15</sup> These categories were created to reflect the official reporting options (i.e., Unrestricted Report and Restricted Report) within the sexual assault response system and to align with respondents' expected level of exposure to the sexual assault response system and the military justice process. For example, we assume that a respondent who has never reported an unwanted sexual contact incident would have lower exposure to the systems and processes related to reporting, whereas a respondent who has made an Unrestricted Report would have the highest potential exposure to these systems and processes.

As noted, respondents were assigned to these categories in a hierarchical fashion, such that if any of their incidents could be assigned to a category higher in the hierarchy (e.g., Unrestricted Report), they were not considered for the subsequent categories (e.g., Investigated, Restricted Report, or No Report). For example, if a respondent had multiple unwanted sexual contact incidents and had indicated that they had made a Restricted Report with respect to their *most recent* incident but had made an Unrestricted Report with respect to a *prior* incident, they would be grouped into the Unrestricted Report category despite their recent experience falling into the Restricted Report category. This respondent would then be prompted to respond to any relevant subsequent survey items based on their experiences with respect to the incident for which they made an Unrestricted Report. Respondents with a single unwanted sexual contact incident were assigned to the category that reflected that experience and were prompted to respond to the subsequent survey items with respect to that incident.

---

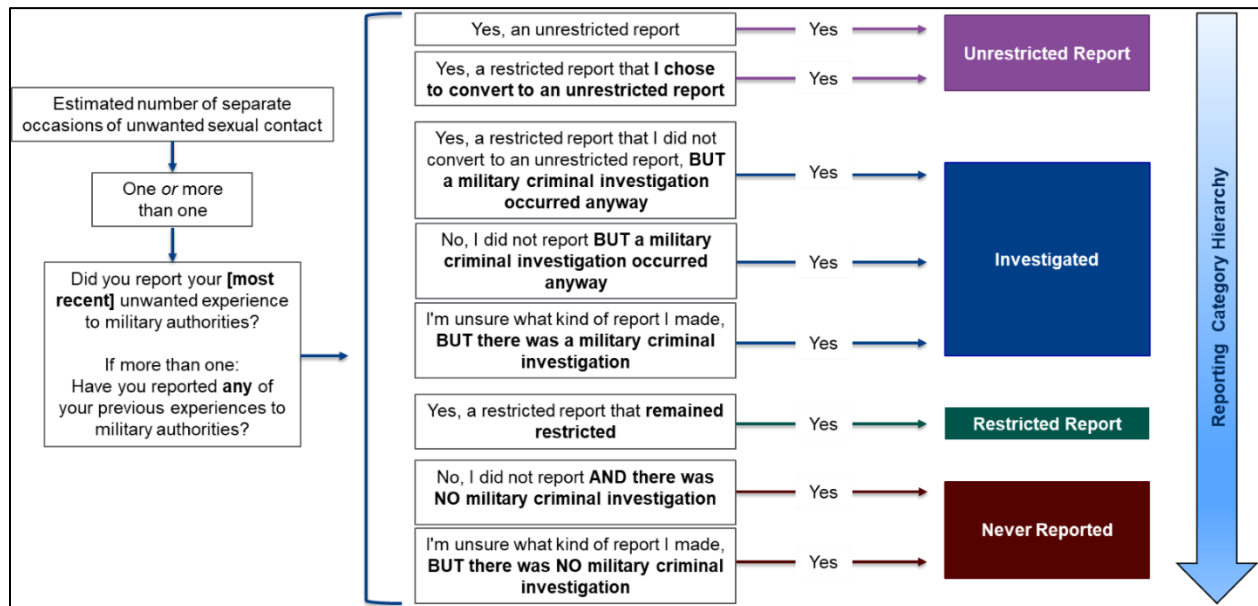
<sup>14</sup> Prior to 2025, the survey was known as the Workplace and Gender Relations Survey of Military Members (WGR).

<sup>15</sup> Respondents who did not respond to the items regarding whether they reported their unwanted sexual contact incident(s) (i.e., were missing on these items) were not assigned to a category and are not reflected in the results presented in this report. Future reports that include more in-depth analyses may include these respondents.

Figure 2 depicts the hierarchical flow described above based on the possible responses to the initial survey items regarding whether respondents reported their incident(s). The definitions of each reporting category are as follows:

- **Unrestricted Report:** Respondents who experienced one or more unwanted sexual contact incidents and made an Unrestricted Report for at least one incident. This category includes respondents who initially filed a Restricted Report but subsequently converted their report to an Unrestricted Report.
- **Investigated:** Respondents who experienced one or more unwanted sexual contact incidents and have never made an Unrestricted Report, but at least one of their incidents was investigated. These respondents may have made a Restricted Report or may have not reported the incident at all.
- **Restricted Report:** Respondents who experienced one or more unwanted sexual contact incidents and have never made an Unrestricted Report and have never had an incident investigated, but have made a Restricted Report (that remained restricted) for at least one incident.
- **No Report:** Respondents who experienced one or more unwanted sexual contact incidents, but have never had an incident investigated and have either never reported an incident or are unsure of what type of report they made.

**Figure 2.**  
*Hierarchy of Respondent Reporting Category Assignment*



*Note.* Response options have been re-ordered from their presentation in the survey instrument for the purposes of this figure. Respondents who indicate more than one unwanted experience see the piped-in text “most recent” in brackets asking they reference their most recent unwanted experience. These respondents are also asked whether they reported any of their prior experiences. Their responses to both questions are used to place them in the appropriate reporting category based on the hierarchy.

### ***Follow-Up Survey Reporting Category***

The follow-up survey also asks two questions to determine if a respondent should be categorized into a new reporting category higher than their previous reporting category. Specifically, respondents not already included in the Unrestricted Report or Investigated categories are asked if they reported their most recent or a new unwanted sexual contact incident. Respondents in the Restricted Report category are also asked if their reporting status changed (i.e., they converted to an Unrestricted Report or did not convert their Restricted Report, but an investigation occurred anyway). These respondents' reporting categories are updated following the same logic used to categorize respondents on the initial survey. That is, their reporting categories are changed in a hierarchical fashion, such that regardless of whether it was the most recent experience, respondents are re-assigned to the highest category they have experienced. For example, if a respondent was categorized as No Report based on the initial survey, then indicate that they made an Unrestricted Report on the follow-up survey, they are re-assigned to the Unrestricted Report category. Respondents in the Investigated and Unrestricted Report categories are not asked about any changes to their reporting status on the follow-up survey and therefore remain in these reporting categories as assigned on the initial survey. Thus, it is only possible for respondents to remain in the same reporting category or move to a reporting category higher in the hierarchy. No respondents move down the reporting category hierarchy based on a follow-up survey.

The surveys are programmed to prompt respondents who indicate more than one unwanted sexual contact incident to respond to items with respect to the incident aligning with their reporting category. For example, for a respondent who indicates they have not reported their most recent experience but indicates they did make an Unrestricted Report for an earlier experience, additional text is piped into the relevant survey questions asking them to focus on their “most recent sexual assault incident about which you made an Unrestricted Report to military authorities.”

As noted, we expect respondents to have varying levels of exposure to the sexual assault response system and the military justice process. Thus, not all questions on the surveys will apply to every respondent and the surveys are programmed to skip questions that do not apply to a respondent based on the reporting category they fall into, where possible. With respect to the initial survey, respondents in the Investigated and Unrestricted Report categories receive questions regarding the characteristics of their unwanted sexual contact experience and their experience with the military justice system. All respondents, no matter their reporting category, receive questions regarding their experience with the sexual assault response system, their health and well-being, their career outcomes, and their demographics, as well as an open-ended journaling item. In addition, respondents in the No Report category and respondents in the Investigated category who did not make a report, but an investigation occurred anyway receive questions regarding barriers to reporting.

With respect to the follow-up survey, respondents who were in the No Report or Restricted Report category on the initial survey first receive questions regarding their reporting status of their most recent or a new unwanted sexual contact experience. Based on their responses to those items, they are newly assigned to the Investigated or Unrestricted Report category, or they remain in their original No Report or Restricted Report category. Respondents who are newly

assigned to the Investigated or Unrestricted Report category receive questions regarding the characteristics of their unwanted sexual contact experience. They do not continue to receive these questions in subsequent follow-up surveys, similar to respondents who are assigned to the Investigated or Unrestricted Report category on the initial survey. On the follow-up survey, all respondents in the Investigated or Unrestricted Report category, whether they had been assigned to those categories previously or were newly assigned on the follow-up survey, receive questions regarding their experience with the military justice system. All respondents, no matter their reporting category, receive questions regarding their experience with the sexual assault response system, their health and well-being, and their career outcomes, as well as an open-ended journaling item.

## Sample Characteristics

All models included eligible Department of Defense (DoD)<sup>16</sup> respondents who provided initial survey data in FY23–FY24 ( $N = 990$ ). Depending on when they completed their initial survey, respondents included in these analyses completed anywhere from zero<sup>17</sup> to four follow-up surveys within FY23–FY24, with 521 respondents having completed at least one follow-up survey in this timeframe. Table 1 presents the number of respondents who completed at least one follow-up survey in FY23–FY24.

**Table 1.**  
*SVSES FY23–FY24: Number of Respondents by Number of Completed Follow-Ups*

	Respondents
<b>Did not complete a follow-up survey in FY23–FY24<sup>a</sup></b>	<b>469</b>
<b>Completed one or more follow-up surveys in FY23–FY24<sup>b</sup></b>	<b>521</b>
One follow-up survey	279
Two follow-up surveys	117
Three follow-up surveys	89
Four follow-up surveys	36

*Note.* Counts represent the respondents who completed the corresponding number of follow-up surveys and completed an initial survey. Only responses that met completion criteria have been included in tabulations in this report.

<sup>a</sup>Includes respondents who completed their initial survey within the final 90 days of FY24 and were therefore ineligible for a follow-up survey in FY23–FY24 or were eligible for at least one follow-up survey but did not complete any in FY23–FY24.

<sup>b</sup>For the analytic sample, one individual who completed at least one follow-up was removed from longitudinal analyses due to an error in the order of their follow-up survey returns, resulting in 520 respondents who completed one or more follow-up surveys and were included in the longitudinal analyses. This individual's initial survey data was retained for analyses.

Characteristics of respondents and the unwanted sexual contact incident(s) they experienced are described below using initial survey data. In order to better understand the characteristics of the sample, the following sections describe associations between reporting category, respondent characteristics, and unwanted sexual contact incidents.

<sup>16</sup> Coast Guard respondents were excluded from these analyses.

<sup>17</sup> Respondents who completed zero follow-up surveys in FY23–FY24 had either completed their initial survey within the final 90 days of FY24 and were therefore ineligible for a follow-up survey in this timeframe or were eligible for at least one follow-up survey but did not complete any in FY23–FY24.

## Characteristics of Respondents

Table 2 presents a breakdown of the reporting categories of respondents included in this report.

**Table 2.**  
*SVSES FY23–FY24: Characteristics of SVSES Respondents*

	Unrestricted Report	Investigated	Restricted Report	No Report
<b>Total DoD</b>	<b>59%</b>	<b>8%</b>	<b>7%</b>	<b>16%</b>
<b>Active Component</b>	<b>63%</b>	<b>9%</b>	<b>6%</b>	<b>14%</b>
Army	63%	10%	7%	11%
Navy	62%	9%	2%	17%
Marine Corps	57%	7%	13%	14%
Air Force/Space Force	65%	8%	7%	13%
<b>Reserve Component</b>	<b>43%</b>	<b>8%</b>	<b>10%</b>	<b>28%</b>
National Guard	40%	6%	14%	33%
ARNG	36%	4%	16%	36%
ANG	44%	7%	12%	29%
Reserve	46%	9%	7%	24%
USAR	46%	10%	8%	27%
USNR	46%	12%	12%	12%
USMCR	1%	0%	0%	0%
USAFR	37%	5%	0%	37%

*Note.* Percent of initial survey respondents within each demographic sub-group. Reporting category percentages may not add to 100% due to item nonresponse and/or rounding. Table represents initial survey data collected from June 1, 2023, through September 30, 2024. DoD = Department of Defense. ARNG = Army National Guard. ANG = Air National Guard. USAR = U.S. Army Reserve. USNR = U.S. Navy Reserve. USMCR = U.S. Marine Corps Reserve. USAFR = U.S. Air Force Reserve.

In the SVSES, respondents are asked if they experienced any unwanted sexual contact since joining the military. Table 3 presents a breakdown of the type(s) of sexual assault incident(s) since the respondent joined the military. Statistical comparisons represent between reporting category differences. In this type of comparison, the responses for one group are compared to the weighted average of the responses of all reporting categories. We use a threshold of 99% ( $p < .01$ ) for these comparisons. Respondents in the Restricted Report category were significantly more likely to have experienced penetrative unwanted sexual contact (83%) compared to all other reporting categories. Respondents in No Report category were significantly more likely to have experienced some other unwanted contact (6%) compared to all other reporting categories, whereas respondents in the Unrestricted Report (1%) and Restricted Report (<1%) categories were significantly less likely to have experienced some other unwanted contact compared to all other reporting categories.

**Table 3.**  
**SVSES FY23–FY24: Characteristics of Unwanted Sexual Contact Incidents**

<i>Between Reporting Category Differences</i> † Higher Response ‡ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
<b>Type of Unwanted Sexual Contact Incident</b>				
Penetrative	69%	66%	83%†	61%
Attempted penetrative	17%	19%	9%	18%
Non-penetrative touching	13%	13%	9%	16%
Some other unwanted contact	1%‡	1%	<1%‡	6%†

*Note.* Percent of initial survey respondents within each sub-group. Reporting category percentages may not add to 100% due to item nonresponse and/or rounding. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

### Characteristics of Reported Unwanted Sexual Contact Incidents

In the SVSES, respondents are asked whether they reported any unwanted sexual contact incident(s). If they reported, they were asked a series of follow-up questions about the specific experiences they had during the experience they made a report about. Table 4 presents the characteristics of the unwanted sexual contact incident associated with respondents' most recent reporting experiences as well as characteristics of the alleged offender. These questions were seen only by respondents in the Unrestricted Report and Investigated Report categories. Proportions reflected in Tables 3 and 4 for the Unrestricted and Investigated reporting categories rely on two separate measures and, thus, do not match. Proportions in Table 4 represent characteristics of respondents' most recent USC experience, which may be different from the experience that made participants eligible for the SVSES.

**Table 4.**  
**SVSES FY23–FY24: Characteristics of the Reported Unwanted Sexual Contact Experience**

	Unrestricted Report	Investigated
<b>Type of unwanted sexual contact associated with most recent reporting experience</b>		
Penetrative	54%	51%
Attempted penetrative	19%	21%
Non-penetrative touching	21%	21%
Some other unwanted contact	5%	5%
<b>Number of alleged offenders</b>		
One person	82%	73%
More than one person	17%	24%
<b>Alleged offender(s) was/were a military member</b>	93%	95%
<b>Rank of alleged offender<sup>a</sup></b>		
Someone in your chain of command	16%	20%
Someone in your unit	76%	78%
Same rank or higher	63%	70%
<b>Relationship of alleged offender</b>		
Intimate partner alleged offender	7%	9%

*Note.* Percent of initial survey respondents within each demographic sub-group. Results presented in this table should be interpreted as percentages across responses for the given reporting category. Data for respondents who did not endorse an item were not included in this table. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

<sup>a</sup>Respondents were able to endorse multiple values for Rank.

To examine whether the type of unwanted sexual contact was associated with reporting category, six logistic regressions were conducted using initial survey data. Each model used reporting category as the outcome (1 = Unrestricted Report, 0 = Investigated) and examined a predictor comparing two types of unwanted sexual contact to one another in a pairwise fashion. These models controlled for component, Service, race/ethnicity, and sex. No differences in reporting category by unwanted sexual contact type were observed.

## Analysis Methodology

This section provides information regarding the analytic approach used to examine SVSES data from initial and follow-up surveys collected in FY23–FY24. Generally, we took a regression-based approach to examine how select variables were associated with one another. In the following sections, we describe those variables and the set-up of the regression models.

### Variables

Variables were selected to serve as predictors representing respondents’ experiences with the sexual assault response process, outcomes representing respondents’ health, wellbeing, and career progression, or covariates used to control for respondents’ characteristics and isolate the relationship between a given predictor and outcome. In some cases, a variable served as a predictor in one model and an outcome in another. For all predictor variables and covariates, respondents’ values from their initial surveys (i.e., “Time 1”) were used. For all outcome variables, respondents’ values from Time 1 and from up to four follow-up survey returns were used, resulting in up to five assessments of a given outcome for each respondent. Table 5 describes all predictors and outcomes examined in our analyses.

**Table 5.**  
*Predictor and Outcome Variable Definitions*

Variable	Response Options	Analytic Recodes	Variable Use
Reporting category (all categories) <sup>a</sup>	1 = Unrestricted Report 2 = Investigated 3 = Restricted Report 4 = No report . = Not enough information	Recoded into 3 dummy codes:  Unrestricted Report vs. No Report Investigation vs. No Report Restricted Report vs. No Report	Time 1 Predictor
Reporting category (two categories) <sup>b</sup>	1 = Unrestricted Report 2 = Investigated 3 = Restricted Report 4 = No Report . = Not enough information	Recoded into 1 dummy code:  Unrestricted Report vs. Investigation	Time 1 Predictor
Satisfaction with charges brought against the alleged offender	1 = Very dissatisfied 2 = Dissatisfied 3 = Neither satisfied nor dissatisfied 4 = Satisfied 5 = Very satisfied	None	Time 1 Predictor

Variable	Response Options	Analytic Recodes	Variable Use
Satisfaction with a behavioral health provider (for example, a therapist or social worker) <sup>c</sup>	1 = Very dissatisfied 2 = Dissatisfied 3 = Neither satisfied nor dissatisfied 4 = Satisfied 5 = Very satisfied	None	Time 1 Predictor
Time since initial survey (weeks) <sup>d</sup>	Number of weeks between each follow-up survey and initial survey	None	Longitudinal Predictor
Interaction with unit's commanding officer/director	0 = No, did not interact with 1 = Yes, interacted with	None	Outcome
Interaction with your senior enlisted advisor	0 = No, did not interact with 1 = Yes, interacted with	None	Outcome
Interaction with immediate military supervisor	0 = No, did not interact with 1 = Yes, interacted with	None	Outcome
Interaction with a Uniformed Victim Advocate (UVA) or Victim Advocate (VA)	0 = No, did not interact with 1 = Yes, interacted with	None	Outcome
Interaction with a medical provider from a military medical treatment facility	0 = No, did not interact with 1 = Yes, interacted with	None	Outcome
Average retaliation <sup>e,f</sup>	1 = Not at all 2 = Very small extent 3 = Small extent 4 = Moderate extent 5 = Large extent 6 = Very large extent	Average of 2 items representing retaliation from people in positions of leadership/authority and social retaliation	Outcome
General health	1 = Poor 2 = Fair 3 = Good 4 = Very good 5 = Excellent	None	Outcome
Poor physical health	Number of days in the past 30 days	None	Outcome
Poor psychological health	Number of days in the past 30 days	None	Outcome
Retention intentions	1 = Very unlikely 2 = Unlikely 3 = Neither likely nor unlikely 4 = Likely 5 = Very likely	None	Outcome
Number of sexual assault response system resources used	0 = No, did not interact with 1 = Yes, interacted with	Sum of number of resources interacted with, ranging from 0 to 12 <sup>g</sup>	Time 1 Predictor Outcome
Interaction with a sexual assault response coordinator (SARC)	0 = No, did not interact with 1 = Yes, interacted with	None	Time 1 Predictor Outcome
Interaction with a behavioral health provider (for example, a therapist or social worker) <sup>c</sup>	0 = No, did not interact with 1 = Yes, interacted with	None	Time 1 Predictor Outcome

Variable	Response Options	Analytic Recodes	Variable Use
Average satisfaction with the reporting and military justice process <sup>f</sup>	1 = Very dissatisfied 2 = Dissatisfied 3 = Neither satisfied nor dissatisfied 4 = Satisfied 5 = Very satisfied . = Does not apply	Average of responses across 10 items <sup>h</sup>	Time 1 Predictor Outcome

<sup>a</sup>Dummy codes for variables seen by all reporting categories.

<sup>b</sup>Dummy code for variables seen only by Unrestricted Report and Investigated reporting categories.

<sup>c</sup>Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

<sup>d</sup>Used only in longitudinal models.

<sup>e</sup>Respondents were not asked whether they experienced retaliation in a way that met behavioral or legal criteria for retaliation, to include professional reprisal, ostracism, or maltreatment. Their responses should be interpreted as the respondent’s perception of their own experiences, rather than ones that meet definitions of retaliatory behaviors.

<sup>f</sup>Prior to creating composite scores, scale properties were examined by confirming appropriate fit (e.g., Cronbach’s alpha, item-composite score correlations).

<sup>g</sup>Includes unit’s commanding officer/director; senior enlisted advisor (SEA); immediate military supervisor; a Sexual Assault Response Coordinator (SARC); a Uniformed Victim Advocate (UVA) or Victim Advocate (VA); DoD Safe Helpline (877-995-5247); a medical provider from a military medical treatment facility; a medical provider from a civilian treatment facility; a behavioral health provider; Special Victims’ Counsel (SVC), Victims’ Legal Counsel (VLC), or Victims’ Counsel (VC); a chaplain; and Family Advocacy Program (FAP) counselor.

<sup>h</sup>Includes access to a SARC or SAPR VA as your point of contact for coordinating your care; ability to have immediate and comprehensive medical and/or psychological treatment; ability to request a temporary or permanent expedited transfer; access to legal representation (SVC/VLC); the expedited transfer process itself; notification regarding your rights; ability to request a military protective order; ability to request a civilian restraining order; protection from retaliation and/or reprisal; updates on the progress of the investigation, to include notification about hearings or court proceedings. Items were averaged to represent average levels of satisfaction with the reporting and military justice process.

In all models possible and appropriate, covariates representing a respondent’s component, Service, race/ethnicity, sex, time since their most recent unwanted sexual contact incident, and/or their outcome value at Time 1 were included. Deviations from this approach are discussed in the next section. These covariates are described in Table 6.

**Table 6.**  
*Covariate Definitions*

Variable Description	Response Options	Analytic Recodes
Component	1 = National Guard 2 = Reserve 3 = Active Duty . = No admin data	None
Service	1 = Army 2 = Navy 3 = Marine Corps 4 = Air Force 5 = Space Force 6 = Coast Guard 7 = National Guard/Reserve . = No admin data	None
Race/Ethnicity	0 = Non-Hispanic White 1 = Racial/Ethnic Minority	None
Sex	0 = Male 1 = Female	None
Time since unwanted sexual contact (months)	Number of months since unwanted sexual contact	None

Time 1 value of outcome	Value of outcome at Time 1	Variables without a meaningful zero were first grand-mean centered to facilitate coefficient interpretation
-------------------------	----------------------------	---

Note. Component and Service were provided via an administrative data frame, which was appended to the SVSES analytic dataset. Race/ethnicity and sex were both self-reported and if missing, were imputed from the admin data frame.

## Analysis Overview

In order to examine differences in respondents' experiences when they first entered the SVSES (i.e., at Time 1) and how their experiences changed over time, we took a two-step approach to analyze the relationship between each combination of predictor and outcome of interest. First, we ran cross-sectional regression models using only Time 1 data. We refer to this model as the Time 1 analysis. If the relationship between the predictor and outcome was statistically significant at Time 1, we then leveraged follow-up survey data to examine how the outcome changed across (including up to five) timepoints in FY23–FY24 and whether that change differed depending on the predictor as assessed at Time 1. Unless otherwise described in the results chapters, the same approach was taken, and the models were structured similarly for every combination of predictor and outcome of interest. Statistical significance was determined using a threshold of  $p < .01$  for all models.

### Step 1: Cross-Sectional Models

Cross-sectional models were conducted using initial survey data, where the outcome of interest at Time 1 was estimated from the predictor and covariates at Time 1. For covariates, these models included component, Service, race/ethnicity, sex, and time since most recent unwanted sexual contact incident (months). Continuous outcomes were analyzed using linear regressions, which can be interpreted as a correlational association between the outcome and predictor at Time 1 after accounting for covariates. Unstandardized  $b$  coefficients are presented for significant associations observed in linear regressions. Dichotomous outcomes were analyzed using logistic regression. Odds ratios are presented for significant associations observed in logistic regressions, which can be interpreted as how much the likelihood of the outcome changes as a function of changes in the predictor. Listwise deletion (i.e., removing cases missing on a variable) was used to address missingness, therefore each model may have included a different number of respondents based on response characteristics.

### Step 2: Longitudinal Multilevel Models

If a statistically significant ( $p < .01$ ) relationship was observed at Time 1, a two-level hierarchical regression model was examined how the outcome changed over time and how that change differed depending on the level of the predictor at Time 1. The same covariates used in the Time 1 models could not be used in the longitudinal models due to patterns of missingness, especially across the five timepoints, that resulted in the models not converging. Therefore, longitudinal models only included the Time 1 value of the outcome<sup>18</sup> and sex as covariates.

<sup>18</sup> Time 1 value of the outcome was included as a covariate in order to control for respondents' values at the start of the survey and increase precision in estimates of change across time.

Outcomes across time were predicted from time-varying predictors (“Level 1” variables; number of months since initial survey) and person-specific predictors (“Level 2” variables; predictor at Time 1, outcome value at Time 1, and sex).<sup>19</sup> Cross-level interaction terms were added to allow for moderation between the time variable (number of months since initial survey) and the predictor of interest. These models allow for an understanding of not only the shape of change in the dependent variable but also how key indicators at Time 1 may explain or moderate this shape of change across time.

Models were built via three steps. First, an intercept-only model was fit to calculate the intraclass correlation (ICC) to describe variance in the outcome, with ICCs ranging from 10% (more variance attributed to within-person differences) to 78% (more variance attributed to between-person differences) across outcomes. Then, main effects of predictors were added to the model (time since initial survey, predictor of interest, and covariates); presented as “Model 1: Main Effects” in tables. A significant effect of time in this main effects model indicated the average change in the outcome across time, controlling for the predictor of interest at Time 1. Finally, interaction terms between the predictor of interest and time were added to the model; presented as “Model 2: Interaction Terms Added” in tables. A significant interaction term indicated that the trajectory of change in the outcome significantly differed depending on the level of the predictor at Time 1. While there were random terms in the model (i.e., time-specific residuals and random intercepts), fixed effects for predictors were interpreted to determine a statistically significant association. The following set of equations in Figure 3 provides an example of the hierarchical Model 2 used.

---

<sup>19</sup> Prior to analysis, predictors without a meaningful zero were first grand-mean centered to facilitate coefficient interpretation.

**Figure 3.**  
***Hierarchical Model Equations***

$$Y_{ti} = \beta_{0i} + \beta_{1i}(Time_{ti}) + e_{ti}$$

$$\beta_{0i} = \gamma_{00} + \gamma_{01}(Predictor\ at\ Time\ 1_i) + \gamma_{02}(Outcome\ at\ Time\ 1_i) + \gamma_{03}(Sex_i) + \mu_{0i}$$

$$\beta_{1i} = \gamma_{10} + \gamma_{11}(Predictor\ at\ Time\ 1_i)$$

Where:

- $Y_{ti}$  is individual  $i$ 's outcome (Y) at Time  $t$
- $\beta_{0i}$  is a person-specific intercept, which was modeled as:
  - $\gamma_{00}$ , the samples' mean intercept
  - $\gamma_{01}$ , the average effect of the predictor at Time 1 on the intercept
  - $\gamma_{02}$  and  $\gamma_{03}$ , the effects of the covariates on the intercept
  - $\mu_{0i}$ , deviation from sample mean (unrelated to time-specific residuals)
- $\beta_{1i}$  is a person-specific rate of linear change across time, which was modeled as:
  - $\gamma_{10}$ , the sample's mean slope for effect of time
  - $\gamma_{11}$ , the cross-level interaction term between the predictor at Time 1 and time
- $e_{ti}$  is time-specific residuals
- $\mu_{0i}$  is deviation from sample mean (unrelated to time-specific residuals)

For continuous outcomes, hierarchical linear models were analyzed. For dichotomous outcomes, hierarchical logistic models were analyzed. For certain dichotomous outcomes, results indicated limitations in model specification (e.g., could not converge, overfitting of the model, or small cell sizes). Listwise deletion (i.e., removing cases missing on a variable) was used to address missingness, therefore each model may have included a different number of respondents based on response characteristics. Models were analyzed using the *lme4* package in R statistical software (Bates et al., 2015).

## Presentation of Results

Appendix B presents averages (for continuous variables) or frequencies (for categorical variables) for all analytic variables with statistical comparisons by reporting category (i.e., Unrestricted Report, Investigated, Restricted Report, No Report) at Time 1. Significant findings from each regression model are presented in text in Chapters 3 through 5. For the longitudinal models, if the main effects (Model 1) were significant but interaction terms (Model 2) were not significant, only results from the main effects model are presented. Summary tables for all cross-sectional models are presented in Appendix A; tables for longitudinal models are presented within their respective chapters. Because the SVSES cannot employ weighting, results should not be assumed to be generalizable to the full DoD military population.



## Chapter 3: Sexual Assault Response System Resources

This chapter presents results from regression analyses conducted to better understand victim interactions with sexual assault response system resources. The outcomes we examined specifically included interaction with commanding officers, senior enlisted advisors (SEA), immediate supervisors, Sexual Assault Response Coordinators (SARC), Uniformed Victim Advocates (UVA) or Victim Advocates (VA), medical providers from military medical treatment facilities, and behavioral health providers.<sup>20</sup> We also examined the total number of interactions with sexual assault response system resources. Reporting category served as the predictor in all models. Three dummy codes represented comparisons between No Report (reference category) and the three other reporting categories: Unrestricted Report, Investigated, and Restricted Report.

Averages or frequencies for all analytic variables with statistical comparisons by reporting category at Time 1 are available in Appendix B. As described in Chapter 2, regression models for each combination of predictor and outcome were examined in a stepwise approach. First, a cross-sectional model examining the association between the predictor and outcome at Time 1 was executed.<sup>21</sup> If a statistically significant association was not observed at Time 1, additional models with that combination of predictor and outcome were not conducted. If a statistically significant relationship was observed at Time 1, a longitudinal model was executed that examined how and to what extent the outcome changed, on average, across (including up to five) timepoints in FY23–FY24 included in these analyses when controlling for the predictor at Time 1. Additionally, a longitudinal model was executed that examined whether this change across time differed depending on the predictor of interest at Time 1 by adding an interaction term between time and the predictor. Results from all Time 1 models are presented in Appendix A. Results from longitudinal models are presented in this chapter.<sup>22</sup> Results are organized by outcome.

### Number of Sexual Assault Response System Resources Used

Respondents on both the initial and follow-up surveys were asked whether they had used or interacted with 12 different sexual assault response system resources regarding the unwanted sexual contact experienced (1 = Interacted with, 0 = Did not interact with).<sup>23</sup> These items were summed to reflect a respondent's number of sexual assault response system resources used

<sup>20</sup> Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

<sup>21</sup> Statistical significance was determined using a threshold of  $p < .01$ .

<sup>22</sup> For cases where the main effects (Model 1) were significant but interaction terms (Model 2) were not significant, only results from the main effects model are presented.

<sup>23</sup> Includes unit's commanding officer/director; senior enlisted advisor (SEA); immediate military supervisor; a Sexual Assault Response Coordinator (SARC); a Uniformed Victim Advocate (UVA) or Victim Advocate (VA); DoD Safe Helpline (877-995-5247); a medical provider from a military medical treatment facility; a medical provider from a civilian treatment facility; a behavioral health provider; Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or Victims' Counsel (VC); a chaplain; and Family Advocacy Program (FAP) counselor.

(range 0 to 12). Linear regression was used to examine relationships between the number of resources used and reporting category.

### **Comparisons by Reporting Category**

Compared to respondents in the No Report category, respondents in the Unrestricted Report ( $b = 4.01, p < .01$ ), Investigated ( $b = 2.43, p < .01$ ), and Restricted Report ( $b = 1.89, p < .01$ ) categories each interacted with significantly more sexual assault response system resources at Time 1. On average, respondents across all reporting categories tended to have a decrease in the number of sexual assault response system resources interacted with across (including up to five) timepoints in FY23–FY24 ( $b = -0.27, p < .01$ ). This change differed by reporting category. Compared to respondents in the No Report category, the rate of decrease in the number of sexual assault response system resources interacted with was greater for respondents in the Unrestricted Report category ( $b = -0.29, p < .01$ ) and in the Investigated category ( $b = -0.14, p < .01$ ) across this timeframe. We did not observe a difference in this change in the number of sexual assault response system resources interacted with for respondents in the Restricted Report category compared to those in the No Report category. Longitudinal results are presented in Table 7.

**Table 7.*****Associations Between Reporting Category at Time 1 and Number of Sexual Assault Response System Resources Used Across Time – Linear Regression***

Independent Variables	Dependent Variable: Number of Sexual Assault Response System Resources	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Reporting Category</i>		
No Report	Ref.	
Unrestricted Report	0.12	.483
Investigated	0.05	.834
Restricted Report	0.23	.346
<i>Time</i>	<b>-0.27</b>	< .001
<i>Time 1 Number of Sexual Assault Response System Resources</i>	<b>0.60</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.06	.703
<b>Model 2: Interaction Terms Added</b>		
<i>Reporting Category</i>		
No Report	Ref.	
Unrestricted Report	1.12	.470
Investigated	0.51	.888
Restricted Report	0.65	.289
<i>Time</i>	<b>-0.05</b>	< .001
<i>Time * Unrestricted Report</i>	<b>-0.29</b>	< .001
<i>Time * Investigated</i>	<b>-0.14</b>	.002
<i>Time * Restricted</i>	-0.12	.013
<i>Time 1 Number of Sexual Assault Response System Resources</i>	<b>0.60</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.03	.864

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

## Interaction With Sexual Assault Response System Resources

Respondents on both the initial and follow-up surveys indicated whether they used or interacted with a variety of sexual assault response system resources regarding the unwanted sexual contact experienced (1 = Interacted with, 0 = Did not interact with). In this section, we describe findings from logistic regressions that were used to examine relationships between interactions with each specified sexual assault response system resource and reporting category.

### Interaction with Sexual Assault Response Coordinators by Reporting Category

Compared to respondents in the No Report category, respondents in the Unrestricted Report ( $OR = 59.35, p < .01$ ), Investigated ( $OR = 19.48, p < .01$ ), and Restricted Report ( $OR = 52.01, p < .01$ ) categories were significantly more likely to interact with a SARC at Time 1. On average, respondents across all reporting categories tended to have a decrease in the likelihood of interacting with a SARC across (including up to five) timepoints in FY23–FY24 ( $OR = 0.71, p < .01$ ). Longitudinal results are presented in Table 8. Results indicated limitations in model specification for ‘Model 2: Interaction Terms Added’ and were thus not interpreted.

**Table 8.**  
*Associations Between Reporting Category at Time 1 and Interaction with a Sexual Assault Response Coordinators (SARC) Across Time – Logistic Regression*

Independent Variables	Dependent Variable: Interaction With a SARC	
	OR	p-value
<b>Model 1: Main Effects</b>		
<i>Reporting Category<sup>a</sup></i>		
No Report	Ref.	
Unrestricted Report	1.03	.933
Investigated	1.04	.929
Restricted Report	1.01	.975
<i>Time</i>	<b>0.71</b>	< .001
<i>Time 1 Interaction with a SARC</i>	<b>86.71</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	1.03	.895

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present odds ratios (OR) and p-values. ‘Model 2: Interaction Terms Added’ not presented due to limitations in model specification. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

<sup>a</sup>Models included three dummy codes representing the four reporting categories where No Report was the reference category.

### Interactions with Victim Advocates by Reporting Category

Compared to respondents in the No Report category, respondents in the Unrestricted Report ( $OR = 37.38, p < .01$ ), Investigated ( $OR = 9.78, p < .01$ ), and Restricted Report ( $OR = 7.45, p < .01$ ) categories were significantly more likely to interact with a UVA or VA at Time 1. Results indicated limitations in model specification for longitudinal analysis and are thus not presented.

### Interactions with Military Medical Providers by Reporting Category

Compared to respondents in the No Report category, respondents in the Unrestricted Report ( $OR = 6.49, p < .01$ ) and Restricted Report ( $OR = 3.35, p < .01$ ) categories were significantly more likely to interact with a military medical provider from a medical treatment facility at Time 1. On average, respondents across all reporting categories tended to have a decrease in the likelihood of interacting with a military medical provider from a medical treatment facility across (including up to five) timepoints in FY23–FY24 ( $OR = 0.88, p < .01$ ). Longitudinal

results are presented in Table 9. Results indicated limitations in model specification for ‘Model 2: Interaction Terms Added’ and were thus not interpreted.

**Table 9.**  
*Associations Between Reporting Category at Time 1 and Interaction with a Military Medical Provider Across Time – Logistic Regression*

Independent Variables	Dependent Variable: Interaction With a Military Medical Provider	
	OR	p-value
<b>Model 1: Main Effects</b>		
<i>Reporting Category</i> <sup>a</sup>		
No Report	Ref.	
Unrestricted Report	1.26	.412
Investigated	0.77	.538
Restricted Report	1.58	.250
<i>Time</i>	<b>0.88</b>	< .001
<i>Time 1 Interaction with a Military Medical Provider</i>	<b>50.96</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	1.28	.293

Note. Ref. = Reference group. Full model results for fixed effects presented. Cells present odds ratios (OR) and p-values. ‘Model 2: Interaction Terms Added’ not presented due to limitations in model specification. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

<sup>a</sup>Models included three dummy codes representing the four reporting categories where No Report was the reference category.

## Interactions with Behavioral Health Providers by Reporting Category

Respondents indicated whether they interacted with a behavioral health provider, which may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities. Compared to respondents in the No Report category, respondents in the Unrestricted Report category ( $OR = 5.74, p < .01$ ) were significantly more likely to interact with a behavioral health provider at Time 1. On average, respondents across all reporting categories tended to have a decrease in the likelihood of interacting with a behavioral health provider across (including up to five) timepoints in FY23–FY24 ( $OR = 0.86, p < .01$ ). Longitudinal results are presented in Table 10. Results indicated limitations in model specification for ‘Model 2: Interaction Terms Added’ and were thus not interpreted.

**Table 10.**  
*Associations Between Reporting Category at Time 1 and Interaction with a Behavioral Health Provider Across Time – Logistic Regression*

Independent Variables	Dependent Variable: Interaction With a Behavioral Health Provider <sup>a</sup>	
	OR	p-value
<b>Model 1: Main Effects</b>		
<i>Reporting Category</i> <sup>b</sup>		
No Report	Ref.	
Unrestricted Report	1.47	.136
Investigated	1.71	.185
Restricted Report	2.39	.026
<i>Time</i>	<b>0.86</b>	< .001
<i>Time 1 Interaction with a Behavioral Health Provider</i>	<b>102.74</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	1.05	.854

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present odds ratios (OR) and p-values. ‘Model 2: Interaction Terms Added’ not presented due to limitations in model specification. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

<sup>a</sup>Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

<sup>b</sup>Models included three dummy codes representing the four reporting categories where No Report was the reference category.

### Interactions with Unit’s Commanding Officer by Reporting Category

Compared to respondents in the No Report category, respondents in the Unrestricted Report ( $OR = 16.31, p < .01$ ) and Investigated ( $OR = 10.60, p < .01$ ) categories were significantly more likely to interact with unit’s commanding officer regarding the unwanted sexual contact incident at Time 1. On average, respondents across all reporting categories tended to have a decrease in the likelihood of interacting with their unit’s commanding officer regarding the unwanted sexual contact incident across (including up to five) timepoints in FY23–FY24 ( $OR = 0.72, p < .01$ ). Longitudinal results are presented in Table 11. Results indicated limitations in model specification for ‘Model 2: Interaction Terms Added’ and were thus not interpreted.

**Table 11.*****Associations Between Reporting Category at Time 1 and Interaction with Unit's Commanding Officer Across Time – Logistic Regression***

Independent Variables	Dependent Variable: Interaction With Unit's Commanding Officer	
	OR	p-value
<b>Model 1: Main Effects</b>		
<i>Reporting Category<sup>a</sup></i>		
No Report	Ref.	
Unrestricted Report	2.34	.014
Investigated	2.19	.087
Restricted Report	2.27	.098
<i>Time</i>	<b>0.72</b>	< .001
<i>Time 1 Interaction with Unit's Commanding Officer</i>	<b>78.83</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.81	.382

Note. Ref. = Reference group. Full model results for fixed effects presented. Cells present odds ratios (OR) and p-values. 'Model 2: Interaction Terms Added' not presented due to limitations in model specification. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

<sup>a</sup>Models included three dummy codes representing the four reporting categories where No Report was the reference category.

### **Interactions with Senior Enlisted Advisors by Reporting Category**

Compared to respondents in the No Report category, respondents in the Unrestricted Report ( $OR = 9.71, p < .01$ ) and Investigated ( $OR = 5.10, p < .01$ ) categories were significantly more likely to interact with a senior SEA regarding the unwanted sexual contact incident they experienced at Time 1. Results indicated limitations in model specification for longitudinal analysis and are thus not presented.

### **Interactions with Immediate Military Supervisors by Reporting Category**

Compared to respondents in the No Report category, respondents in the Unrestricted Report ( $OR = 5.48, p < .01$ ) and Investigated ( $OR = 3.95, p < .01$ ) categories were significantly more likely to interact with their immediate military supervisor regarding the unwanted sexual contact incident they experienced at Time 1. Results indicated limitations in model specification for longitudinal analysis and are thus not presented.

## **Conclusion**

In summary, these analyses demonstrated how respondents' reporting categories were associated with interaction with sexual assault response system support resources. Generally, victim interactions with sexual assault response resources differed by reporting category at Time 1. Specifically, compared to respondents in the No Report category, respondents in the Unrestricted Report category were more likely to interact with a SARC, UVA or VA, military medical provider, behavioral health provider, their unit's commanding officer, their SEA, and their immediate military supervisors at Time 1. Compared to respondents in the No Report category,

respondents in the Investigated category were more likely to interact with a SARC, UVA or VA, their unit's commanding officer, their SEA, and their immediate military supervisors at Time 1. Compared to respondents in the No Report Category, respondents in the Restricted Report category were more likely to interact with a SARC, UVA or VA, and military medical provider. Respondents in the Unrestricted Report, Investigated, and Restricted Report reporting categories used a significantly higher number of resources than respondents in the No Report category.

Additionally, on average, respondents tended to interact with fewer sexual assault response system resources over time (up to five timepoints) in FY23–24. This decline was more pronounced for respondents in the Unrestricted Report and Investigated categories when compared to the No Report category.

## Chapter 4: Reporting and Military Justice Process

This chapter presents results from analyses conducted to better understand how satisfaction with the reporting and military justice process was associated with satisfaction with the charges brought against the alleged offender. We explore satisfaction with charges as a predictor of overall satisfaction to better understand how participants' perceptions of accountability (represented by satisfaction with charges against the alleged offender) are linked to their perception of the military justice process more broadly. This model helps us to better understand the ways that certain outcomes related to victims' cases and their perceptions of the appropriateness of those outcomes are linked to broad measures of satisfaction. The outcome examined was satisfaction with up to 10 aspects of the reporting and military justice process, such as access to specific sexual assault support personnel, protections (e.g., expedited transfer, protective or restraining order), access to immediate health care, and notifications regarding their rights and the progression of their investigation.<sup>24</sup> A single predictor of satisfaction with charges brought against the alleged offender was examined.

Averages or frequencies for all analytic variables with statistical comparisons by reporting category at Time 1 are available in Appendix B. Only one combination of predictor and outcome is presented in this chapter. This combination was examined using the same regression stepwise approach as presented in Chapter 2. First, a cross-sectional model examining the association between the predictor and outcome at Time 1 was executed.<sup>25</sup> If a statistically significant association was not observed at Time 1, additional models with that combination of predictor and outcome were not conducted. If a statistically significant relationship was observed at Time 1, a longitudinal model was executed that examined how and to what extent the outcome changed, on average, across (including up to five) timepoints in FY23–FY24 when controlling for the predictor at Time 1. Additionally, a longitudinal model was executed that examined whether this change across time differed depending on the predictor of interest at Time 1 by adding an interaction term between time and the predictor. Results from the Time 1 model are presented in Appendix A. Results from the longitudinal model are presented in this chapter.

### Satisfaction With the Reporting and Military Justice Process

Respondents on both the initial and follow-up surveys rated their satisfaction with up to ten aspects of the reporting and military justice process using the scale 1 'Very Dissatisfied' to 5 'Very Satisfied' across up to 10 items. Linear regression was used to examine the relationship

<sup>24</sup> All items 10 included access to a SARC or SAPR VA as your point of contact for coordinating your care; ability to have immediate and comprehensive medical and/or psychological treatment; ability to request a temporary or permanent expedited transfer; access to legal representation (SVC/VLC); the expedited transfer process itself; notification regarding your rights; ability to request a military protective order; ability to request a civilian restraining order; protection from retaliation and/or reprisal; updates on the progress of the investigation, to include notification about hearings or court proceedings. Items were averaged to represent average levels of satisfaction with the reporting and military justice process.

<sup>25</sup> Statistical significance was determined using a threshold of  $p < .01$ .

between respondents’ satisfaction with the reporting and military justice process and their satisfaction with charges brought against the alleged offender.

### Comparisons by Satisfaction With Charges Brought Against the Alleged Offender

Respondents rated their satisfaction with charges brought against the alleged offender using the scale 1 ‘*Very Dissatisfied*’ to 5 ‘*Very Satisfied*.’<sup>26</sup> Respondents in the Unrestricted Report and Investigated categories with higher satisfaction with the charges brought against the alleged offender also had significantly higher satisfaction with the reporting and military justice process in general, on average, at Time 1 ( $b = 0.22, p < .01$ ). On average, respondents in the Unrestricted Report and Investigated categories across all levels of satisfaction with charges brought against the alleged offender at Time 1 tended to have a decrease in satisfaction with the reporting and military justice process across (including up to five) timepoints in FY23–FY24 ( $b = -0.01, p < .01$ ). We did not observe a difference in this change in satisfaction with the reporting and military justice process as a function of satisfaction with charges brought against the alleged offender at Time 1. Longitudinal results are presented in Table 12.

**Table 12.**  
*Associations Between Satisfaction With Charges Brought Against the Alleged Offender at Time 1 and Satisfaction With the Reporting and Military Justice Process Across Time – Linear Regression*

Independent Variables	Dependent Variable: Satisfaction with the Reporting and Military Justice Process	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Satisfaction with Charges Brought against the Alleged Offender</i>	0.02	.302
<i>Time</i>	<b>-0.01</b>	< .001
<i>Time 1 Satisfaction with the Reporting and Military Justice Process</i>	<b>0.87</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.02	.670

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

### Conclusion

In summary, this analysis demonstrated how certain aspects of the reporting and military justice process are related to sexual assault victims’ satisfaction with the charges brought against the alleged offender. Generally, satisfaction with the charges brought against the alleged offender was associated with satisfaction with the reporting and military justice process at Time 1. While

<sup>26</sup> This item was only shown to respondents who had indicated that 1) court martial proceedings were initiated or currently underway, 2) non-judicial punishment proceedings were initiated or underway, or 3) the military criminal investigation was complete and the case was closed.

satisfaction with the reporting and military justice process decreased on average over time, we did not find evidence that this change was associated with the charges brought against the alleged offender as reported at Time 1.



## Chapter 5: Health, Well-Being, and Career Outcomes

This chapter presents results from analyses conducted to better understand how sexual assault survivor's health, well-being, and career outcomes were related to certain experiences with the sexual assault response system. The outcomes examined specifically included general health, poor physical health days in the past 30 days, poor psychological health days in the past 30 days, retaliation, and retention intentions. A selection of predictors was examined, including reporting category, the number of sexual assault response system resources used, interaction with a Sexual Assault Response Coordinator (SARC), interaction with a behavioral health provider<sup>27</sup>, satisfaction with a behavioral health provider, satisfaction with the military reporting and justice process, and satisfaction with charges brought against the alleged offender. Not all predictors were examined with respect to each outcome—models were selected based on relevance to the sexual assault response system.

Averages or frequencies for all analytic variables with statistical comparisons by reporting category at Time 1 are available in Appendix B. As described in Chapter 2, regression models for each combination of predictor and outcome were examined in a stepwise approach. First, a cross-sectional model examining the association between the predictor and outcome at Time 1 was executed.<sup>28</sup> If a statistically significant association was not observed at Time 1, additional models with that combination of predictor and outcome were not conducted. If a statistically significant relationship was observed at Time 1, a longitudinal model examining how and to what extent the outcome changed, on average, across (including up to five) timepoints in FY23–FY24 when controlling for the predictor at Time 1. Additionally, a longitudinal model was executed that examined whether this change across time differed depending on the predictor of interest at Time 1 by adding an interaction term between time and the predictor. Results from all Time 1 models are presented in Appendix A. Results from longitudinal models are presented in this chapter.<sup>29</sup> Results are organized by outcome.

### General Health

Respondents on both the initial and follow-up surveys rated their general health using the scale 1 'Poor' to 5 'Excellent.' A series of linear regressions were used to examine relationships between respondents' general health and 1) their interaction with a behavioral health provider, 2) satisfaction with a behavioral health provider, and 3) satisfaction with the reporting and military justice process.

<sup>27</sup> Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

<sup>28</sup> Statistical significance was determined using a threshold of  $p < .01$ .

<sup>29</sup> For cases where the main effects (Model 1) were significant but interaction terms (Model 2) were not significant, only results from the main effects model are presented.

### Comparisons by Interaction with a Behavioral Health Provider

Respondents indicated whether they interacted with a behavioral health provider since their unwanted sexual contact, which could include providers from military and civilian treatment facilities. Compared to respondents who did not interact with a behavioral health provider, respondents who interacted with a behavioral health provider reported significantly worse general health on average ( $b = -0.31, p < .01$ ). On average, respondents across all levels of interaction with a behavioral health provider at Time 1 tended to have a decrease in general health across (including up to five) timepoints in FY23–FY24 ( $b = -0.02, p < .01$ ). We did not observe a difference in this change in general health between respondents who interacted with a behavioral health provider and those who did not at Time 1. Longitudinal results are presented in Table 13.

**Table 13.**  
*Associations Between Interaction With Behavioral Health Providers at Time 1 and General Health Across Time – Linear Regression*

Independent Variables	Dependent Variable: General Health	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Interaction with Behavioral Health Providers</i>	-0.01	.715
<i>Time</i>	<b>-0.02</b>	< .001
<i>Time 1 General Health</i>	<b>0.84</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.07	.087

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

### Comparisons by Satisfaction with Behavioral Health Provider Interactions

Respondents indicated whether they were satisfied with their interactions with a behavioral health provider using the scale 1 ‘*Very Dissatisfied*’ to 5 ‘*Very Satisfied*.’ Respondents who were more satisfied with their interaction with a behavioral health provider reported significantly higher general health at Time 1 ( $b = 0.10, p < .01$ ). On average, respondents across all levels of satisfaction with a behavioral health provider at Time 1 tended to have a decrease in general health across (including up to five) timepoints in FY23–FY24 ( $b = -0.02, p < .01$ ). We did not observe a difference in this change in general health as a function of satisfaction with a behavioral health provider at Time 1. Longitudinal results are presented in Table 14.

**Table 14.**  
*Associations Between Satisfaction With Behavioral Health Providers at Time 1 and General Health Across Time – Linear Regression*

Independent Variables	Dependent Variable: General Health	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Satisfaction with Behavioral Health Providers</i>	0.00	.784
<i>Time</i>	<b>-0.02</b>	< .001
<i>Time 1 General Health</i>	<b>0.83</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.04	.396

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

### Comparisons by Satisfaction with the Reporting and Military Justice Process

Respondents indicated whether they were satisfied with the reporting and military justice process using the scale 1 ‘*Very Dissatisfied*’ to 5 ‘*Very Satisfied*’ across up to 10 items.<sup>30</sup> Respondents who were more satisfied with the reporting and military justice process also reported significantly higher levels of general health at Time 1 ( $b = 0.13, p < .01$ ). On average, respondents across all levels of satisfaction with the reporting and military justice process at Time 1 tended to have a decrease in general health across (including up to five) timepoints in FY23–FY24 ( $b = -0.02, p < .01$ ). We did not observe a difference in this change in general health as a function of satisfaction with the reporting and military justice process at Time 1. Longitudinal results are presented in Table 15.

<sup>30</sup> Items included: access to a SARC or SAPR VA as your point of contact for coordinating your care; ability to have immediate and comprehensive medical and/or psychological treatment; ability to request a temporary or permanent expedited transfer; access to legal representation (SVC/VLC); the expedited transfer process itself; notification regarding your rights; ability to request a military protective order; ability to request a civilian restraining order; protection from retaliation and/or reprisal; updates on the progress of the investigation, to include notification about hearings or court proceedings. Items were averaged to represent average levels of satisfaction with the reporting and military justice process.

**Table 15.**  
*Associations Between Satisfaction With the Reporting and Military Justice Process at Time 1 and General Health Across Time – Linear Regression*

Independent Variables	Dependent Variable: General Health	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Satisfaction with the Reporting and Military Justice Process</i>	0.01	.564
<i>Time</i>	<b>-0.02</b>	< .001
<i>Time 1 General Health</i>	<b>0.84</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.12	.025

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

### Poor Physical Health Days in the Past 30 Days

Respondents on both the initial and follow-up surveys reported the number of days they had experienced poor physical health in the past 30 days. A linear regression was used to examine the relationship between respondents’ poor physical health and their satisfaction with the reporting and military justice process.

### Comparisons by Satisfaction with the Reporting and Military Justice Process

Respondents in the Unrestricted and Investigated reporting categories who were more satisfied with the reporting and military justice process also experienced significantly fewer poor physical health days in the past month on average ( $b = -1.25, p < .01$ ). On average, respondents in the Unrestricted and Investigated reporting categories across all levels of satisfaction with the reporting and military justice process at Time 1 tended to have an increase in poor physical health days in the past month across (including up to five) timepoints in FY23–FY24 ( $b = 0.18, p < .01$ ). We did not observe a difference in this change in poor physical health days in the past month as a function of satisfaction with the reporting and military justice process at Time 1. Longitudinal results are presented in Table 16.

**Table 16.*****Associations Between Satisfaction With the Reporting and Military Justice Process at Time 1 and Poor Physical Health Days Across Time – Linear Regression***

Independent Variables	Dependent Variable: Poor Physical Health Days	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Satisfaction with the Reporting and Military Justice Process</i>	-0.27	.185
<i>Time</i>	<b>0.18</b>	< .001
<i>Time 1 Poor Physical Health Days</i>	<b>0.79</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-1.09	.071

Note. Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

## Poor Psychological Health Days in the Past 30 Days

Respondents on both the initial and follow-up surveys reported the number of days they had experienced poor psychological health in the past 30 days. A linear regression was used to examine the relationship between respondents’ poor psychological health and their satisfaction with the reporting and military justice process.

### Comparisons by Satisfaction with the Reporting and Military Justice Process

Respondents in the Unrestricted and Investigated reporting categories who were more satisfied with the reporting and military justice process also experienced significantly fewer poor psychological health days in the past month on average ( $b = -1.65, p < .01$ ). We did not observe a change in the number of poor psychological health days in the past month, on average, across (including up to five) timepoints in FY23–FY24 among respondents in the Unrestricted and Investigated reporting categories across all levels of satisfaction with the reporting and military justice process at Time 1. Further, we did not observe a change in poor psychological health days in the past month across this timeframe as a function of respondents’ satisfaction with the reporting and military justice process at Time 1. Longitudinal results are presented in Table 17.

**Table 17.**  
**Associations Between Satisfaction with the Reporting and Military Justice Process at Time 1 and Poor Psychological Health Days Across Time – Linear Regression**

Independent Variables	Dependent Variable: Poor Psychological Health Days	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Satisfaction with the Reporting and Military Justice Process</i>	-0.22	.269
<i>Time</i>	0.08	.057
<i>Time 1 Poor Psychological Health Days</i>	<b>0.82</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	<b>-2.19</b>	< .001

Note. Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

## Retaliation

Respondents on both the initial and follow-up surveys who were in the Unrestricted Report and Investigated categories were asked if they experienced social retaliation or retaliation from people in positions of leadership or authority on a scale of 1 ‘*Not at all*’ to 6 ‘*Very Large Extent*’, which were averaged to create a composite of retaliation experienced.<sup>31</sup> A series of linear regressions were used to examine the relationship between respondents’ experience of retaliation and 1) their reporting category, 2) number of sexual assault response system resources used, 3) satisfaction with charges brought against the alleged offender, and 4) satisfaction with the reporting and military justice process.

### Comparisons by Reporting Category

Since retaliation items were only asked of respondents in the Unrestricted and Investigated reporting categories, models included one dummy code representing the two reporting categories where Investigated was the reference category. Compared to respondents in the Investigated category, respondents in the Unrestricted Report category experienced significantly more retaliation at Time 1 (*b* = 0.64, *p* < .01). On average, respondents across the Unrestricted Report and Investigated categories tended to have an increase in experiences of retaliation across (including up to five) timepoints (*b* = 0.03, *p* < .01). This change differed by reporting category. Whereas respondents in the Investigated category tended to experience *more* retaliation across this timeframe (*b* = 0.08, *p* < .01), those in the Unrestricted Report category tended to experience *less* retaliation across this timeframe (*b* = -0.05, *p* < .01). Longitudinal results are presented in Table 18.

<sup>31</sup> Respondents were not asked whether they experienced retaliation in a way that met behavioral or legal criteria for retaliation, to include professional reprisal, ostracism, or maltreatment. Their responses should be interpreted as the respondent’s perception of their own experiences, rather than ones that meet definitions of retaliatory behaviors.

**Table 18.**  
*Associations Between Reporting Category at Time 1 and Retaliation Across Time – Linear Regression*

Independent Variables	Dependent Variable: Retaliation	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Reporting Category</i> <sup>a</sup>		
Investigated	Ref.	
Unrestricted Report	-0.12	.203
<i>Time</i>	<b>0.03</b>	< .001
<i>Time 1 Retaliation</i>	<b>0.91</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.07	.428
<b>Model 2: Interaction Terms Added</b>		
<i>Reporting Category</i> <sup>a</sup>		
Investigated	Ref.	
Unrestricted Report	0.03	.198
<i>Time</i>	<b>0.08</b>	< .001
<i>Time * Unrestricted Report</i>	<b>-0.05</b>	< .001
<i>Time 1 Retaliation</i>	<b>0.91</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.07	.423

Note. Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

<sup>a</sup>Retaliation items are only asked of respondents in the Unrestricted and Investigated reporting categories. Models included one dummy code representing the two reporting categories where Investigated was the reference category.

## Comparisons by Number of Sexual Assault Response System Resources Used

Respondents were asked whether they had used or interacted with 12 different sexual assault response system resources regarding the unwanted sexual contact experienced (1 = Interacted with, 0 = Did not interact with).<sup>32</sup> These items were summed to reflect a respondent's number of sexual assault response system resources used (range 0 to 12). Respondents in the Unrestricted and Investigated report categories who interacted with more sexual assault response system resources also reported significantly higher levels of retaliation at Time 1 ( $b = 0.08$ ,  $p < .01$ ). On average, respondents across all numbers of sexual assault response system resources interacted with at Time 1 tended to have an increase in experiences of retaliation across (including up to five) timepoints in FY23–FY24 ( $b = 0.03$ ,  $p < .01$ ). We did not observe a difference in this

<sup>32</sup> Includes unit's commanding officer/director; senior enlisted advisor (SEA); immediate military supervisor; a Sexual Assault Response Coordinator (SARC); a Uniformed Victim Advocate (UVA) or Victim Advocate (VA); DoD Safe Helpline (877-995-5247); a medical provider from a military medical treatment facility; a medical provider from a civilian treatment facility; a behavioral health provider; Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or Victims' Counsel (VC); a chaplain; and Family Advocacy Program (FAP) counselor.

change in retaliation as a function of the number of sexual assault response system resources interacted with at Time 1. Longitudinal results are presented in Table 19.

**Table 19.**  
*Associations Between Number of Sexual Assault Response System Resources Used at Time 1 and Retaliation Across Time – Linear Regression*

Independent Variables	Dependent Variable: Retaliation	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Number of Sexual Assault Response System Resources</i>	0.01	.410
<i>Time</i>	<b>0.03</b>	< .001
<i>Time 1 Retaliation</i>	<b>0.91</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.07	.397

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

### Comparisons by Satisfaction with Charges Brought against the Alleged Offender

Respondents rated their satisfaction with charges brought against the alleged offender using the scale 1 ‘*Very Dissatisfied*’ to 5 ‘*Very Satisfied*.’<sup>33</sup> Respondents in the Unrestricted and Investigated report categories who were more satisfied with the charges brought against the alleged offender also had significantly lower levels of retaliation at Time 1 ( $b = -0.31, p < .01$ ). On average, respondents across all levels of satisfaction with charges brought against the alleged offender at Time 1 tended to have an increase in experiences of retaliation across (including up to five) timepoints in FY23–FY24 ( $b = 0.03, p < .01$ ). We did not observe a difference in this change in retaliation as a function of satisfaction with the charges brought against the alleged offender at Time 1. Longitudinal results are presented in Table 20.

<sup>33</sup> This item was only shown to respondents who had indicated that 1) court martial proceedings were initiated or currently underway, 2) non-judicial punishment proceedings were initiated or underway, or 3) the military criminal investigation was complete and the case was closed.

**Table 20.**  
***Associations Between Satisfaction With Charges Brought against the Alleged Offender at Time 1 and Retaliation Across Time – Linear Regression***

Independent Variables	Dependent Variable: Retaliation	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Satisfaction with Charges Brought against the Alleged Offender</i>	-0.05	.054
<i>Time</i>	<b>0.03</b>	< .001
<i>Time 1 Retaliation</i>	<b>0.92</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	0.08	.411

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

### Comparisons by Satisfaction with the Reporting and Military Justice Process

Respondents who were more satisfied with the reporting and military justice process also reported lower levels of retaliation at Time 1 ( $b = -0.72, p < .01$ ). On average, respondents across all levels of satisfaction with the reporting and military justice process at Time 1 tended to have an increase in experiences of retaliation across (including up to five) timepoints in FY23–FY24 ( $b = 0.03, p < .01$ ). This change differed by satisfaction with the reporting and military justice process ( $b = 0.01, p < .01$ ). Respondents who had above average satisfaction with the reporting and military justice process at Time 1 had significantly more pronounced increases in retaliation across (including up to five) timepoints in FY23–FY24, relative to those who reported below average satisfaction with the military justice system.<sup>34</sup> Longitudinal results are presented in Table 21.

<sup>34</sup> Results for interaction term with continuous predictor (satisfaction with military justice process) determined via simple slope analysis at one standard deviation above and below the mean. <sup>35</sup> Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

**Table 21.**  
*Associations Between Satisfaction With the Reporting and Military Justice Process at Time 1 and Retaliation Across Time – Linear Regression*

Independent Variables	Dependent Variable: Retaliation	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Satisfaction with the Reporting and Military Justice Process</i>	-0.04	.245
<i>Time</i>	<b>0.03</b>	< .001
<i>Time 1 Retaliation</i>	<b>0.90</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.02	.775
<b>Model 2: Interaction Terms Added</b>		
<i>Satisfaction with the Reporting and Military Justice Process</i>	-0.08	.243
<i>Time</i>	<b>0.03</b>	< .001
<i>Time * Satisfaction with the Reporting and Military Justice Process</i>	<b>0.01</b>	< .001
<i>Time 1 Retaliation</i>	<b>0.90</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.03	.733

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

## Retention Intentions

Respondents on both the initial and follow-up surveys indicated their retention intentions on a scale of 1 ‘*Very unlikely to stay in the military*’ to 5 ‘*Very likely to stay in the military*.’ A series of linear regressions were used to examine the relationship between respondents’ retention intentions and 1) the number of sexual assault response system resources used, 2) interaction with a SARC, and 3) interaction with a behavioral health provider.

## Comparisons by Number of Sexual Assault Response System Resources Used

Respondents who interacted with more sexual assault response system resources also reported significantly lower levels of retention intentions at Time 1 (*b* = -0.05, *p* < .01). On average, respondents across all numbers of sexual assault response system resources interacted with at Time 1 tended to have a decrease in retention intentions across (including up to five) timepoints in FY23–FY24 (*b* = -0.02, *p* < .01). We did not observe a difference in this change in retention intentions as a function of the number of sexual assault response system resources interacted with at Time 1. Longitudinal results are presented in Table 22.

**Table 22.*****Associations Between Number of Sexual Assault Response System Resources Used at Time 1 and Retention Intentions Across Time – Linear Regression***

Independent Variables	Dependent Variable: Retention Intentions	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Number of Sexual Assault Response System</i>	-0.01	.216
<i>Time</i>	<b>-0.02</b>	< .001
<i>Time 1 Retention Intentions</i>	<b>0.89</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.11	.056

Note. Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

**Comparisons by Interaction with a Sexual Assault Response Coordinator**

Respondents indicated whether they had interacted with a Sexual Assault Response Coordinator (SARC) since their unwanted sexual contact experience. Compared to respondents who did not interact with a SARC, respondents who interacted with a SARC reported significantly lower levels of retention intentions on average ( $b = -0.34, p < .01$ ). On average, respondents across all levels of interaction with a SARC at Time 1 tended to have a decrease in retention intentions across (including up to five) timepoints in FY23–FY24 ( $b = -0.03, p < .01$ ). We did not observe a difference in this change in retention intentions between respondents who interacted with a SARC and those who did not at Time 1. Longitudinal results are presented in Table 23.

**Table 23.*****Associations Between Interaction with a Sexual Assault Response Coordinator (SARC) at Time 1 and Retention Intentions Across Time – Linear Regression***

Independent Variables	Dependent Variable: Retention Intentions	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Interaction with a SARC</i>	-0.03	.628
<i>Time</i>	<b>-0.03</b>	< .001
<i>Time 1 Retention Intentions</i>	<b>0.90</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.11	.066

Note. Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

## Comparisons by Interaction with a Behavioral Health Provider

Compared to respondents who did not interact with a behavioral health provider, respondents who interacted with a behavioral health provider reported significantly lower levels of retention intentions on average ( $b = -0.54, p < .01$ ). On average, respondents across all levels of interaction with a behavioral health provider at Time 1 tended to have a decrease in retention intentions across (including up to five) timepoints in FY23–FY24 ( $b = -0.02, p < .01$ ). We did not observe a difference in this change in retention intentions between respondents who interacted with a behavioral health provider and those who did not at Time 1. Longitudinal results are presented in Table 24.

**Table 24.**  
*Associations Between Interaction with Behavioral Health Providers at Time 1 and Retention Intentions Across Time – Linear Regression*

Independent Variables	Dependent Variable: Retention Intentions	
	<i>b</i>	<i>p</i> -value
<b>Model 1: Main Effects</b>		
<i>Interaction with Behavioral Health Providers</i>	-0.07	.145
<i>Time</i>	<b>-0.02</b>	< .001
<i>Time 1 Retention Intentions</i>	<b>0.89</b>	< .001
<i>Sex</i>		
Male	Ref.	
Female	-0.10	.093

*Note.* Ref. = Reference group. Full model results for fixed effects presented. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . ‘Model 2: Interaction Terms Added’ not presented because interaction terms were not significant. Table represents initial survey data collected from June 1, 2023, through September 30, 2024, and follow-up survey data collected from August 31, 2023, through September 30, 2024.

## Conclusion

In summary, these analyses demonstrated how certain aspects of the sexual assault response system are related to sexual assault victims’ health, well-being, and career outcomes. Significant findings are summarized below by predictor.

- Interaction with Sexual Assault Response System Resources.** Generally, interaction with sexual assault response system resources was associated with general health, experiences of retaliation, and retention intentions. Specifically, interacting with a behavioral health provider was associated with worse general health at Time 1. However, respondents who were more satisfied with their interaction with a behavioral health provider reported better general health at Time 1. Interacting with more sexual assault response system personnel was associated with higher levels of retaliation experiences and lower retention intentions at Time 1. When compared to those who did not use the resource, respondents who interacted

with a SARC or a behavioral health provider also reported lower retention intentions at Time 1.

- **Satisfaction with the Reporting and Military Justice Process.** Generally, satisfaction with the reporting and military justice process and charges brought against the alleged offender was associated with indicators of health and experiences of retaliation. Satisfaction with the reporting and military justice process was associated with better general health, and fewer days with poor physical or psychological health in the past month, at Time 1. Satisfaction with the reporting and military justice process and satisfaction with the charges brought against the alleged offender was also associated with lower levels of retaliation at Time 1. Over time and on average, respondents tended to report more experiences of retaliation, and this increase in retaliation was more pronounced for those higher-than-average on satisfaction with the reporting and military justice process at Time 1.
- **Reporting Category Comparison.** Generally, reporting category was associated with retaliation. Specifically, respondents in the Unrestricted Report category reported more experiences of retaliation than those in the Investigated category at Time 1. Over time and on average, respondents tended to report more experiences of retaliation, and this increase in retaliation was more pronounced for those in the Investigated reporting category (compared to those in the Unrestricted Report category).



## Chapter 6: Discussion and Conclusion

---

Results suggest that the Sexual Violence Support and Experiences Study (SVSES) provides key insights into how experiences with various aspects of the sexual assault response system shape important outcomes for Service members who have experienced unwanted sexual contact. In this chapter, we outline key takeaways, organized across the areas of victim care and support, the importance of addressing retaliation, and the impact of being satisfied with the reporting and military justice process.

### Victim Care and Support

Both predictors and outcomes associated with respondents' interactions with sexual assault response system resources, retention intentions, and self-reported health and well-being represent elements of victim care and support essential to recovery from sexual assault. First, respondents' reporting categories were associated with the likelihood of interacting with specific sexual assault response system resources. At Time 1, all reporting categories (Unrestricted Report, Investigated, Restricted Report) interacted with more sexual assault response system resources than those in the No Report category. Over time, though, respondents tended to interact with fewer sexual assault response system resources overall. When compared to those in the No Report category, this decline in interactions with sexual assault response system resources was steeper and more pronounced for both the Unrestricted Report and Investigated categories. This finding may be a result of fewer interactions with sexual assault response system resources by those respondents in the No Report category at Time 1, which can restrict the potential range of decrease for those respondents. While it is unsurprising that respondents interacted with more resources more immediately following an unwanted sexual contact event compared to later in the process, it is clear that these interactions vary by reporting category. Given that those respondents in the No Report category interacted with fewer resources at Time 1 compared to all other groups, it is crucial that any touchpoint with a sexual assault response system resource is of high quality. More research is needed to identify why those who do not make a report interact with fewer resources, but it is likely that requirements around reporting and the responsibility of sexual assault response personnel to support reporting requirements and investigation is tied to respondents' interaction with those resources.

Second, the results showed that interaction with sexual assault response system resources was associated with retention intentions. At Time 1, those who interacted with more sexual assault response system resources, particularly Sexual Assault Response Coordinators (SARCs) and behavioral health providers<sup>35</sup>, also reported that they had lower intentions to remain in the military. Over time, while retention intentions decreased overall, there was no evidence that this change differed by interactions with sexual assault response system resources. To better understand this set of findings, more research is needed to identify the potential bidirectional associations between retention intentions and interactions with support resources available to

---

<sup>35</sup> Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

victims. For example, it is possible that individuals seek interactions with SARCs or behavioral health providers because they are already considering leaving the military. These intentions to separate from service may also be driven by difficulties in the recovery process, which may also contribute to increased contact with health providers and support resources. Additionally, since retention intentions were generally associated with using more sexual assault response system resources, resource providers may be able to leverage their interactions with Service members to support retention efforts.

Third, findings demonstrated that there is an association between satisfaction with the reporting and military justice process and the respondent's reported health. At Time 1, respondents who reported higher satisfaction with their military health providers and the reporting and military justice process also reported better general health. Additionally, respondents who were more satisfied with the reporting and military justice process also experienced significantly fewer poor physical and psychological health days in the previous month at Time 1. Over time and on average, respondents reported that their general health and physical health significantly decreased. Where we did not observe evidence that changes in health differed by satisfaction over time (up to five timepoints), findings suggest that satisfaction may be an important factor when considering victim outcomes. More research, however, is needed to understand additional factors contributing to declining self-reports of general and physical health as victims navigate the reporting and military justice process. It is possible that there are more meaningful predictors of declining health that are not captured in the SVSES survey instrument, whether related to the sexual assault response system or not.

## Addressing Retaliation

Retaliation against victims of sexual assault poses a serious threat to the continued reporting of crimes or misconduct as well as the ability of victims to seek needed assistance. Additionally, preventing and addressing retaliation is important to uphold command climate. Retaliation was associated with both the type of report made and interactions with sexual assault response system resources. At Time 1, respondents in the Unrestricted Report category experienced more retaliation compared to those in the Investigated category. Those who reported higher levels of retaliation also indicated that they interacted with more sexual assault response system resources at Time 1. Over time and on average, respondents tended to report more experiences of retaliation. While there was no evidence that retaliation differed by number of sexual assault response system resources a respondent interacted with over time, there was evidence that the change in retaliation differed by reporting category. Specifically, respondents in the Investigated category reported more retaliation, while respondents in the Unrestricted Report category reported significantly less retaliation across time compared to those in the No Report category.

These findings have implications for ensuring effective victim assistance and preserving command climate such that there are potential unintended gaps in protecting victims who have participated in an investigation (but not made an Unrestricted Report). In this instance, retaliation may lead to a lack of trust and confidence in the reporting process. These experiences may also contribute to further negative career outcomes for respondents over time. Resource providers could leverage their interactions with victims to discuss retaliation from other Service members and to provide information about how to report acts of retaliation and to receive

support. Additionally, providers might consider whether additional protections are needed for persons depending upon if and how they report a sexual assault.

## Satisfaction and Military Justice

The extent to which charges or sanctions against alleged offenders align with victims' contentment with the reporting and military justice system's processes may also have an association with victims' experiences. Findings revealed that respondent satisfaction with the charges brought against the alleged offender was associated with both their satisfaction with the reporting and military justice process and with experiences of retaliation. More specifically, at Time 1, those who were more satisfied with charges brought against the alleged offender were also more likely to be satisfied with the reporting and military justice process and to report lower levels of retaliation. Over time, however, those who reported higher-than-average satisfaction with the reporting and military justice process at Time 1 reported more retaliation relative to those below average on satisfaction with the reporting and military justice process. Findings suggest that satisfaction with charges brought against the alleged offender *and* with the reporting and military justice processes are linked. However, this satisfaction might also be associated with more experiences of retaliation for the reporter, as evidenced by the findings longitudinally.

More research is needed to better understand the mechanisms through which satisfaction with charges brought against the alleged offender and/or satisfaction with the reporting and military justice process may also lead to increases in experiences of retaliation among those in the Unrestricted Report and Investigated categories. It is possible that satisfaction with the reporting and military justice process is tied to consequences for alleged offenders that victims find more appropriate, despite these outcomes leading to recognizable changes in the victim's environment which may ultimately result in an increase in perceived retaliation from other unit members or unit leadership.

## Limitations and Future Directions

Several limitations should be considered in the interpretation of these analyses and data. First, the sample represents Service members whose most recent unwanted sexual contact experience occurred on average 3 years (and potentially up to 6.5 years) prior to entering the SVSES. Thus, data collected at the initial survey (Time 1) may be confounded by time since the experience and could explain why some analyses may be counterintuitive or not meeting thresholds for statistical significance. Additionally, survey questions did not interrogate the quality of services or interactions. The findings presented here do not indicate that program resources are inadequate or unsuccessful. Instead, these findings indicate that these program resources played a role in the recovery process.

Second, the findings of these analyses should be evaluated within the context of the study and model limitations. The SVSES was intentionally designed to be aligned with major milestones as markers for when a survivor would be able to begin providing valuable information about the reporting and military justice processes. Likewise, the SVSES was designed to avoid asking potentially harmful and invasive questions of individuals that have indicated they are not willing to engage with the reporting and military justice system. While caution was taken to reduce the number of times sensitive questions were asked to avoid secondary trauma, survey burden, and

prevent attrition from the study, this study design precludes examination of certain outcomes across time.

Third, reporting categories were assigned in a hierarchical and mutually exclusive manner. This classification, while aligned with official report categories, may include some measurement error, especially for those who were unsure of the type of report made. This may conceal some differences by reporting category. Furthermore, respondents who did not respond to the items regarding whether they reported their unwanted sexual contact incident(s) (i.e., were missing on these items) were not assigned to a category and were not reflected in the results presented in this report. Future reports that include more in-depth analyses may include these respondents.

Fourth, the SVSES attempts to capture information about several complex processes that begin and end, if at all, very differently for survivors based on their unique circumstances and trajectories through the response process and military justice system. Modeling these dynamics can be challenging. For example, predictors in the longitudinal models were estimated at Time 1; due to power concerns, we did not examine the influence of predictors changing across time. Further, while models do not assume causality, associations may be bidirectional. Additionally, observed distributions of the variables (e.g., floor or ceiling effects) may impact the ability to examine trajectories of change across time. Future modeling should consider not only the impact of changes in the predictors across time, but also the potential for bidirectional associations.

Finally, sample composition may influence results. These analyses are an initial look at the data across time. Large heterogeneity in sample composition (e.g., large ranges for time since the unwanted sexual contact experience or reporting) may impact ability to detect associations. While attempting to include everyone in data collection, current data may not be reflective of experiences and interactions that are recent. Collecting data prospectively as individuals interact with the sexual assault reporting system may clarify some of these associations. Further, increasing sample size could provide larger cell sizes and increase power to detect between-group differences. For example, the reference category for reporting categories (No Report) was the smallest cell size and may have limited our ability to detect statistically significant effects. Attrition is often a problem in repeated-measure survey designs, as there may be factors associated with either staying in or leaving a study that could impact the relationships examined. For example, to what extent are differences between those with multiple survey returns and those with only one or two survey returns influencing trajectories of change in our outcomes? More work is needed to understand factors related to sample attrition in the SVSES.

## Conclusions

Findings suggest that there are meaningful aspects of the sexual assault support system that are tied to important outcomes for Service members. Specifically, the study showed that interactions with SARCs and medical providers as well as respondents' satisfaction with various elements of the reporting and military justice process impact respondents' health, career outcomes, and well-being. Future research should work to understand the potential causality and directionality of the associations identified throughout the study. As fielding continues, increased sample sizes over time across reporting categories may enable statistical analysis with enough power to explore these relationships more fully. Additionally, continued fielding may enable future SVSES analyses to address how respondents experience these resources and aspects of the process in real

time, allowing for a better understanding of how typical interactions and experiences are structured over time.



## References

- Aloba, O., Adefemi, S., and Aloba, T. (2018). Positive and negative suicide ideation (PANSI) inventory: Initial psychometric properties as a suicide risk screening tool among Nigerian university students. *Clinical Medicine Insights: Psychiatry*, 9, 1-9. <https://doi.org/10.1177/1179557317751910>
- Bates, D., Mächler, M., Bolker, B., & Walker, S. (2015). Fitting linear mixed-effects models using lme4. *Journal of Statistical Software*, 67(1). <https://doi.org/10.18637/jss.v067.i01>
- Campbell, R., Sprague, H. B., Cottrill, S., & Sullivan, C. M. (2011). Longitudinal research with sexual assault survivors: A methodological review. *Journal of Interpersonal Violence*, 26(3), 433-461. <https://doi.org/10.1177/0886260510363424>
- Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review*, 56, 65-81. <https://doi.org/10.1016/j.cpr.2017.06.002>
- Ghasemi, P., Shaghaghi, A., and Allahverdi-pour, H. (2015). Measurement scales of suicidal ideation and attitudes: A systematic review article. *Health Promotion Perspectives*, 5(3), 156-168. <https://doi.org/10.15171/hpp.2015.019>
- Harned, M. S., Ormerod, A. J., Palmieri, P. A., Collinsworth, L. L., & Reed, M. (2002). Sexual assault by workplace personnel and other types of sexual harassment: A comparison of antecedents and consequences. *Journal of Occupational Health Psychology*, 7(2), 174-188. <https://doi.org/10.1037//1076-8998.7.2.174>
- Hoyt, T., Klosterman Rielage, J., & Williams, L. F. (2011). Military sexual trauma in men: A review of reported rates. *Journal of Trauma & Dissociation*, 12(3), 244-260. <https://doi.org/10.1080/15299732.2011.542612>
- Independent Review Commission (IRC) on Sexual Assault in the Military. (2021). *Hard truths and the duty to change: Recommendations from the Independent Review Commission on Sexual Assault in the Military*. <https://media.defense.gov/2021/Jul/02/2002755437/-1/-1/0/IRC-FULL-REPORT-FINAL-1923-7-1-21.PDF/IRC-FULL-REPORT-FINAL-1923-7-1-21.PDF>
- Mengeling, M.A., Booth, B.M., Torner, J.C., and Sadler, A.G. (2014). Reporting sexual assault in the military: Who reports and why most servicewomen don't. *American Journal of Preventive Medicine*, 47(1), 17-25. <https://doi.org/10.1016/j.amepre.2014.03.001>
- Miller, A. K., Canales, E. J., Amacker, A. M., Backstrom, T. L., and Gidycz, C. A. (2011). Stigma-threat motivated nondisclosure of sexual assault and sexual revictimization: A prospective analysis. *Psychology of Women Quarterly*, 35(1), 119-128. <https://doi.org/10.1177/0361684310384104>

- Monteith, L. L., Bahraini, N. H., Matarazzo, B. B., Soberay, K. A., & Smith, C. P. (2016). Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma. *Journal of Clinical Psychology, 72*(7), 743-755. <https://doi.org/10.1002/jclp.22292>
- Monteith, L. L., Gerber, H. R., Brownstone, L. M., Soberay, K. A., & Bahraini, N. H. (2019). The phenomenology of military sexual trauma among male veterans. *Psychology of Men & Masculinities, 20*(1), 115–127. <https://doi.org/10.1037/men0000153>
- Office of People Analytics. (2024). *2023 Workplace and Gender Relations Survey of Military Members: Overview Report*. Office of People Analytics. <https://www.opa.mil/research-analysis/health-well-being/sexual-assault-prevention-and-response/2023-workplace-and-gender-relations-survey-of-military-members-c5211883-43a0-44b1-8ef4-7ec3984ed199/2023-workplace-and-gender-relations-survey-of-military-members-overview-report/>
- Rabelo, V. C., Holland, K. J., & Cortina, L. M. (2019). From distrust to distress: Associations among military sexual assault, organizational trust, and occupational health. *Psychology of Violence, 9*(1), 78-87. <https://doi.org/10.1037/vio0000166>
- Sadler, A. G., Lindsay, D. R., Hunter, S. T., & Day, D. V. (2018). The impact of leadership on sexual harassment and sexual assault in the military. *Military Psychology, 30*(3), 252–263. <https://doi.org/10.1080/08995605.2017.1422948>
- Sansone, R. A., & Sansone, L. A. (2010). Measuring self-harm behavior with the self-harm inventory. *Psychiatry (Edgemont), 7*(4), 16-20.
- Searle, A. K., Van Hooff, M., McFarlane, A. C., Davies, C. E., Tran, T., Hodson, S. E., Benassi, H. P., & Steele, N. M. (2017). Screening for depression and psychological distress in a currently serving military population: The diagnostic accuracy of the K10 and PHQ9. *Assessment, 26*(8), 1411-1426. <https://doi.org/10.1177/1073191117745124>
- Secretary of Defense. (2014, May 1). *Sexual Assault Prevention and Response* [Memorandum]. Washington, DC: Author.
- Sexual Assault Accountability and Investigation Task Force (SAAITF). (2019). [https://media.defense.gov/2019/May/02/2002127159/-1/-1/1/SAAITF\\_REPORT.PDF](https://media.defense.gov/2019/May/02/2002127159/-1/-1/1/SAAITF_REPORT.PDF)
- Sexual Assault Prevention and Response Office (SAPRO). (2020). *Department of Defense Sexual Assault Prevention and Response: Research Agenda FY21-25*. [https://www.sapr.mil/sites/default/files/public/docs/research/FY21-25\\_DoD\\_SAPR\\_Research\\_Agenda.pdf](https://www.sapr.mil/sites/default/files/public/docs/research/FY21-25_DoD_SAPR_Research_Agenda.pdf).
- Sexual Assault Prevention and Response Office (SAPRO). (2023). *Annual Report on Sexual Assault in the Military: Fiscal Year 2023*. [https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY23/FY23\\_Annual\\_Report.pdf](https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY23/FY23_Annual_Report.pdf)

- Smith, C. P. & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual trauma. *Journal of Traumatic Stress* 26(1), 119-124. <https://doi.org/10.1002/jts.21778>
- Smith, C. P. & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, 69(6), 575-587. <https://doi.org/10.1037/a0037564>
- Smith, C. P. & Freyd, J. J. (2017). Insult, then injury: Interpersonal and institutional betrayal linked to health and dissociation. *Journal of Aggression, Maltreatment & Trauma*, 26(10), 1117–1131. <https://doi.org/10.1080/10926771.2017.1322654>
- Smith, N. A., Brady, J. M., Hammer, L. B., Carlson, K. F., & Mohr, C. D. (2020). Military sexual trauma among women veterans: The buffering effect of coworker support. *Military Psychology*, 32(6), 441-449. <https://doi.org/10.1080/08995605.2020.1806635>
- Ullman, S. E. & Filipas, H. H. (2001). Correlates of formal and informal support seeking in sexual assault victims. *Journal of Interpersonal Violence*, 16(10), 1028-1047. <https://doi.org/10.1177/088626001016010004>
- Wilson, L. C. (2018). The prevalence of military sexual trauma: A meta-analysis. *Trauma Violence Abuse*, 19(5), 584-597. <https://doi.org/10.1177/1524838016683459>
- Wortmann, J. H., Jordan, A. H., Resick, P. A., Foa, E. B., Yarvis, J. S., Mintz, J., Weathers, F. W., Dondanville, K. A., Hall-Clark, B., Young-McCaughan, S., Hembree, E. A., & Peterson, A. L. (2016). Psychometric analysis of the PTSD Checklist (PCL-5) among treatment-seeking military service members. *Psychological Assessment*, 28(11), 1392-1403. <https://doi.org/10.1037/pas0000260>
- Zinzow, H. M., Britt, T. W., Pury, C. L., Jennings, K., Cheung, J. H., & Raymond, M. A. (2015). Barriers and facilitators of mental health treatment-seeking in U.S. active duty soldiers with sexual assault histories. *Journal of Traumatic Stress*, 28(4), 289–297. <https://doi.org/10.1002/jts.22026>



# Appendix A. Regression Tables

DATA  
DRIVEN  
SOLUTIONS  
FOR  
DECISION  
MAKERS



## Regression Tables

This appendix presents summary results for Time 1 analyses. Continuous outcomes were analyzed using linear regressions, which can be interpreted as a correlational association between the outcome and predictor at Time 1 after accounting for covariates. Unstandardized  $b$  coefficients are presented for significant associations observed in linear regressions.

Dichotomous outcomes were analyzed using logistic regression. Odds ratios are presented for significant associations observed in logistic regressions, which can be interpreted as how much the likelihood of the outcome changes as a function of changes in the predictor. Listwise deletion (i.e., removing cases missing on a variable) was used to address missingness, therefore each model may have included a different number of respondents based on response characteristics. While all models control for component, Service, race/ethnicity, sex, and time since most recent unwanted sexual contact incident (months), only the substantive predictor of interest is presented in each table.

### Appendix Table A-1.

#### *Summary of Time 1 Associations between Reporting Category and Number of Sexual Assault Response System Resources Used – Linear Regression Model*

Model	Dependent Variable	Independent Variables <sup>a</sup>					
		Unrestricted Report		Investigated		Restricted Report	
		$b$	$p$ -value	$b$	$p$ -value	$b$	$p$ -value
1	Number of Sexual Assault Response System Resources Used	<b>4.01</b>	< .001	<b>2.43</b>	< .001	<b>1.89</b>	< .001

*Note.* Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present  $b$  coefficients and  $p$ -values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

<sup>a</sup>Models included three dummy codes representing the four reporting categories where No Report was the reference category.

**Appendix Table A-2.**

**Summary of Time 1 Associations between Reporting Category and Interaction with Sexual Assault Response System Personnel – Logistic Regression Models**

Model	Dependent Variables: Interaction with Sexual Assault Personnel	Independent Variables <sup>a</sup>					
		Unrestricted Report		Investigated		Restricted Report	
		<i>b</i>	<i>p</i> -value	<i>b</i>	<i>p</i> -value	<i>b</i>	<i>p</i> -value
1	Sexual Assault Response Coordinator (SARC)	<b>59.34</b>	<.001	<b>19.48</b>	<.001	<b>52.01</b>	<.001
2	Uniformed Victim Advocate (UVA) or Victim Advocate (VA)	<b>37.38</b>	<.001	<b>9.78</b>	<.001	<b>7.45</b>	<.001
3	Military Medical Provider	<b>6.49</b>	<.001	2.51	.018	<b>3.35</b>	.001
4	Behavior Health Provider	<b>5.74</b>	<.001	1.48	.228	2.08	.031
5	Your Unit's Commanding Officer/Director	<b>16.31</b>	<.001	<b>10.60</b>	<.001	0.97	.953
6	Your Senior Enlisted Advisor	<b>9.71</b>	<.001	<b>5.10</b>	<.001	1.25	.611
7	Your Immediate Military Supervisor	<b>5.48</b>	<.001	<b>3.95</b>	<.001	0.77	.487

Note. Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present odds ratios (*OR*) and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

<sup>a</sup>Models included three dummy codes representing the four reporting categories where No Report was the reference category.

**Appendix Table A-3.**

**Summary of Time 1 Associations between Satisfaction with Charges Brought Against the Alleged Offender and Satisfaction with the Reporting and Military Justice Process – Linear Regression Model**

Model	Dependent Variable	Independent Variable: Satisfaction with Charges Brought Against the Alleged Offender	
		<i>b</i>	<i>p</i> -value
1	Satisfaction with the Reporting and Military Justice Process	<b>0.22</b>	< .001

Note. Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

**Appendix Table A-4.**

**Summary of Time 1 Associations between Interaction with Behavioral Health Providers and General Health – Linear Regression Model**

Model	Dependent Variable	Independent Variable: Interaction With Behavioral Health Providers	
		<i>b</i>	<i>p</i> -value
1	General Health	<b>-0.31</b>	.001

Note. Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024. Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

**Appendix Table A-5.*****Summary of Time 1 Associations between Satisfaction with Behavioral Health Providers and General Health – Linear Regression Model***

Model	Dependent Variable	Independent Variable: Satisfaction With Behavioral Health Providers	
		<i>b</i>	<i>p</i> -value
1	General Health	<b>0.10</b>	.007

*Note.* Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024. Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

**Appendix Table A-6.*****Summary of Time 1 Associations between Satisfaction with the Reporting and Military Justice Process and Indicators of Health – Linear Regression Model***

Model	Dependent Variables	Independent Variable: Satisfaction With Reporting and Military Justice Process	
		<i>b</i>	<i>p</i> -value
1	General Health	<b>0.13</b>	.002
2	Poor Physical Health	<b>-1.25</b>	.002
3	Poor Psychological Health	<b>-1.65</b>	<.001

*Note.* Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

**Appendix Table A-7.*****Summary of Time 1 Associations between Reporting Category and Retaliation – Linear Regression Model***

Model	Dependent Variable: Retaliation	Independent Variable: Unrestricted Report	
		<i>b</i>	<i>p</i> -value
1	Retaliation	<b>0.64</b>	0.006

*Note.* Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

\*Models included one dummy code representing the two reporting categories where Investigated was the reference category, as retaliation was only asked of respondents in the Unrestricted and Investigated reporting categories.

**Appendix Table A-8.*****Summary of Time 1 Associations between Number of Sexual Assault Response System Resources Used and Retaliation – Linear Regression Model***

Model	Dependent Variable	Independent Variable: Number of Sexual Assault Response System Resources Used	
		<i>b</i>	<i>p</i> -value
1	Retaliation	<b>0.08</b>	.008

*Note.* Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

**Appendix Table A-9.**

**Summary of Time 1 Associations between Satisfaction with the Reporting and Military Justice Process and Retaliation – Linear Regression Model**

Model	Dependent Variable	Independent Variable: Satisfaction With Reporting and Military Justice Process	
		<i>b</i>	<i>p</i> -value
1	Retaliation	<b>-0.72</b>	<.001

Note. Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

**Appendix Table A-10.**

**Summary of Time 1 Associations between Satisfaction with Charges Brought Against the Alleged Offender and Retaliation – Linear Regression Model**

Model	Dependent Variable	Independent Variable: Satisfaction With Charges Brought Against the Alleged Offender	
		<i>b</i>	<i>p</i> -value
1	Retaliation	<b>-0.31</b>	<.001

Note. Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

**Appendix Table A-11.**

**Summary of Time 1 Associations between Number of Sexual Assault Response System Resources Used and Retention Intentions – Linear Regression Model**

Model	Dependent Variable	Independent Variable: Number of Sexual Assault Response System Resources Used	
		<i>b</i>	<i>p</i> -value
1	Retention Intentions	<b>-0.05</b>	.002

Note. Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

**Appendix Table A-12.**

**Summary of Time 1 Associations between Sexual Assault Response Coordinators (SARCs) and Retention Intentions and Multiple Predictors – Linear Regression Model**

Model	Dependent Variable	Independent Variable: Interaction With SARCs	
		<i>b</i>	<i>p</i> -value
1	Retention Intentions	<b>-0.34</b>	.006

Note. Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at *p* < .01. Table represents initial survey data collected from June 1, 2023, through September 30, 2024.

**Appendix Table A-13.*****Summary of Time 1 Associations between Interaction with Behavioral Health Providers and Retention Intentions – Linear Regression Model***

Model	Dependent Variable	Independent Variable: Interaction With Behavioral Health Providers	
		<i>b</i>	<i>p</i> -value
1	Retention Intentions	<b>-0.54</b>	<.001

*Note.* Each row is a separate model. Each model controlled for number of months since most recent unwanted sexual contact, Service, component, race/ethnicity, and sex. Cells present unstandardized *b* coefficients and *p*-values. Bold estimates are significant at  $p < .01$ . Table represents initial survey data collected from June 1, 2023, through September 30, 2024. Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.



# Appendix B. Initial Survey Descriptive Results

DATA  
DRIVEN  
SOLUTIONS  
FOR  
DECISION  
MAKERS





## Initial Survey Descriptive Results

This appendix contains results from the Sexual Violence Support and Experiences Study (SVSES) initial surveys collected from Department of Defense (DoD) Service members<sup>36</sup> during FY23–FY24.<sup>37</sup> The SVSES surveys have been designed to provide information about Service members' experiences with the sexual assault response system and/or military justice process, as well as their health, well-being, and career progression based on self-reported responses. All uses and interpretations of the *FY23–FY24 SVSES* results should be made in consideration of the methodological information contained in Chapter 2. The use of results presented is limited to data that may inform policy and does not constitute actual knowledge of specific offenses by the DoD. Allegations of sexual assault must be reported and investigated through established channels before allegations are substantiated.

The SVSES is a confidential and voluntary survey. Anyone who is currently serving in the U.S. Military—Active or Selected Reserve<sup>38</sup>—and has experienced sexual assault while serving is eligible to enter the study, regardless of whether they reported the experience to military authorities. In FY23–FY24, 990 DoD Service members opted into the study and completed an initial survey. The SVSES does not use scientific sampling and weighting because the full population of Service members who have experienced sexual assault in the military is unknown. Therefore, the *FY23–FY24 SVSES* results presented may not be generalizable to all Service members who have experienced sexual assault in the military.

## Reporting Categories

SVSES respondents are grouped into one of four hierarchical, mutually exclusive categories based on their reporting status and assumed potential exposure to available sexual assault resources and the military justice process: Unrestricted Report, Investigated, Restricted Report, and No Report.<sup>39</sup> Results in this appendix are presented by these reporting categories. A full description of the approach to assigning respondents to each group can be found in Chapter 2. The definitions of each reporting category are as follows:

- **Unrestricted Report:** Respondents who experienced one or more unwanted sexual contact incidents and made an Unrestricted Report for at least one incident. This category includes respondents who initially filed a Restricted Report but subsequently converted their report to an Unrestricted Report.
- **Investigated:** Respondents who experienced one or more unwanted sexual contact incidents and have never made an Unrestricted Report, but at least one of their

---

<sup>37</sup> The SVSES opened on June 1, 2023. The data reflected in this report were collected June 1, 2023, through September 30, 2024. Although the data do not cover October 1, 2022, through May 31, 2023, of FY23 due to the date the study opened, we refer to the time period covered as FY23–FY24 for brevity.

<sup>38</sup> The Reserve component specifically includes members in the Selected Reserve in Reserve units, Active Guard/Reserve (AGR/FTS/AR Title 10 and 32), or Individual Mobilization Augmentee (IMA) programs.

<sup>39</sup> Respondents who did not respond to the items regarding whether they reported their unwanted sexual contact incident(s) (i.e., were missing on these items) were not assigned to a category and are not reflected in the results presented in this report. Future reports that include more in-depth analyses may include these respondents.

incidents was investigated. These respondents may have made a Restricted Report or may have not reported the incident at all.

- **Restricted Report:** Respondents who experienced one or more unwanted sexual contact incidents and have never made an Unrestricted Report and have never had an incident investigated but have made a Restricted Report (that remained restricted) for at least one incident.
- **No Report:** Respondents who experienced one or more unwanted sexual contact incidents but have never had an incident investigated and have either never reported an incident or are unsure of what type of report they made.

## How to Use the Tables

Unless otherwise specified, the tables presented in this appendix depict percentages of DoD Service members for SVSES initial surveys collected in FY23–FY24. The tables highlight statistically significant comparisons between reporting categories within this time period. For these comparisons, the responses for one reporting category are compared to the average of the responses of all other reporting categories. Because the SVSES cannot use scientific sampling and weighting, these comparisons should not be assumed to generalize to the full population of DoD Service members who have experienced sexual assault.

Only statistically significant comparisons are discussed in this appendix. The term “statistical significance” refers to our confidence that the differences we observed did not occur by chance and are “true” differences. Generally, comparisons shown in this appendix are made by reporting category using studentized independent samples t-tests. In this type of comparison, the responses for one group are compared to the weighted average of the responses of all reporting categories. We use a threshold of 99% ( $p < .01$ ) for these comparisons. In other words, when we state that a difference is statistically significant, we mean that we are 99% confident that the difference did not occur by chance and the numbers are truly different. Although two numbers in certain comparisons in this appendix may appear numerically different, we only refer to those numbers as different if their comparison meets this 99% ( $p < .01$ ) threshold.

The annotation “NR” for “Not Reportable” indicates that a specific result is not reportable due to low reliability. Results of low reliability are not presented based on criteria defined in terms of nominal number of respondents (less than 5). An “NR” presentation protects the Department and the reader from drawing incorrect conclusions or potentially presenting inaccurate findings due to instability of the result. Unstable results usually occur when only a small number of respondents contribute to the result. Caution should be taken when interpreting significant differences when a number is not reportable.

Generally, for each table, only reporting categories that could have been shown the item reflected in the table are included. Reporting categories that would not have been shown the item in the survey are not included in that item’s table. When a result is not applicable for a given reporting category that is otherwise included in a table (e.g., due to more specific skip logic scenarios), the cell will reflect “NA” for “Not Applicable.”

Some numbers in this report might be so small as to appear to approach a value of 0. In those cases, a result of less than 1 (e.g., “< 1”) is displayed.

## Table Elements

Appendix Figure B-1. shows an example of the type of table presented in this appendix. Details on how to read the tables are provided below:

**Table Title:** Describes the question/item presented in the table.

**Key:** Describes the statistical comparisons being made within the table. Generally, comparisons are made by reporting category; results are determined significant at an alpha ( $\alpha$ ) level of 0.01.

**Reporting Categories:** Denotes the reporting categories displayed in the table.

**Question/Item Text and Response Options:** This text identifies the survey question or item measured along with its associated labels for the response options. In most cases, these represent the percent of responses for each option on the survey for each reporting category or a collapsed version of the response options for ease of analysis (e.g., “likely” includes survey responses for members who indicated “very likely” and “likely”). Within a set of response options, percentages may not add to 100% due to rounding. When presenting a simple binomial response, such as “Yes” and “No,” only the “Yes” percentage is shown and the item text includes an indication of the “Yes” option presented in the table. In these instances, and in instances where respondents were able to select more than one response option, the percentage who marked each item does not sum to 100% across the set. Composite scores are presented as well (e.g., Social Support scale).

**Between Reporting Category Comparisons:** Statistically significant comparisons within the time period of interest are colorized in the table cells. Significance for analyses between groups are annotated using colors to denote which reporting category is significantly higher (purple) and lower (yellow). No color indicates the percent for that reporting category did not differ significantly from the average of all other reporting categories.

**Percent Responding:** As noted above, the *FY23-24 SVSES* cannot employ weighting and these results should not be assumed to be generalizable. All tables and figures should be interpreted in light of the population of respondents who were eligible to answer the question and responded, which is referred to as the percent responding. For example, when a table note indicates “percent of all respondents,” that means all respondents were eligible to answer the question. Similarly, when a table note indicates “Percent of respondents who had an Unrestricted Report or an investigation,” this means only respondents who indicated they made an Unrestricted Report or there was an investigation as the result of their unwanted sexual contact experience were eligible to respond to this question.

**Appendix Figure B-1.**  
*Example SVSES Table*

1 <b>FY23–FY24 SVSES Initial Survey: Interaction with Sexual Assault Response System Resources</b>						
2	KEY	Reporting Category				3
	<i>Between Reporting Category Differences</i> <span style="color: purple;">■</span> Higher Response <span style="color: yellow;">■</span> Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report	
4	Your unit’s commanding officer/director	69	57	12	12	5
	Your senior enlisted advisor	59	41	15	13	
	Your immediate military supervisor	65	54	22	23	
	A Sexual Assault Response Coordinator (SARC)	90	75	89	17	
	A Uniformed Victim Advocate (UVA) or Victim Advocate (VA)	80	52	48	12	
	DoD Safe Helpline (877-995-5247)	15	11	15	5	
	A medical provider from a military medical treatment facility	51	28	33	14	
	A medical provider from a civilian treatment facility	26	22	15	19	
	A behavioral health provider (e.g., a therapist or social worker)	84	61	71	52	
	Special Victims’ Counsel (SVC), Victims’ Legal Counsel (VLC), or Victims’ Counsel (VC)	85	56	27	8	
	A chaplain	41	37	28	23	
	Family Advocacy Program (FAP) counselor	14	14	7	5	
	Military law enforcement personnel	62	42	NA	NA	
	6	Percent of respondents who indicated using that sexual assault response system resource at least once				

## **FY23–FY24 SVSES Initial Survey**

Appendix Table B-1.	FY23–FY24 SVSES Initial Survey: Retention Intentions .....	77
Appendix Table B-2.	FY23–FY24 SVSES Initial Survey: Submitted to the Catch a Serial Offender (CATCH) Program.....	77
Appendix Table B-3.	FY23–FY24 SVSES Initial Survey: Participation in the Military Criminal Investigation.....	78
Appendix Table B-4.	FY23–FY24 SVSES Initial Survey: Participation in the Military Justice Process.....	78
Appendix Table B-5.	FY23–FY24 SVSES Initial Survey: Reasons for Not Participating in the Military Criminal Investigation .....	78
Appendix Table B-6.	FY23–FY24 SVSES Initial Survey: Satisfaction With Preferred Charges	79
Appendix Table B-7.	FY23–FY24 SVSES Initial Survey: Satisfaction with Aspects of the Reporting and Military Justice Process .....	79
Appendix Table B-8.	FY23–FY24 SVSES Initial Survey: Satisfaction with Aspects of the Reporting and Military Justice Process .....	81
Appendix Table B-9.	FY23–FY24 SVSES Initial Survey: Satisfaction with Actions Taken Against Offender .....	81
Appendix Table B-10.	FY23–FY24 SVSES Initial Survey: Experiences with Retaliation	81
Appendix Table B-11.	FY23–FY24 SVSES Initial Survey: Experiences with Retaliation	82
Appendix Table B-12.	FY23–FY24 SVSES Initial Survey: Interaction with Sexual Assault Response System Resources .....	82
Appendix Table B-13.	FY23–FY24 SVSES Initial Survey: Interaction with Sexual Assault Response System Resources .....	83
Appendix Table B-14.	FY23–FY24 SVSES Initial Survey: Satisfaction with Sexual Assault Response System Resources .....	83
Appendix Table B-15.	FY23–FY24 SVSES Initial Survey: Feelings of Betrayal .....	85
Appendix Table B-16.	FY23–FY24 SVSES Initial Survey: Health and Well-Being	85
Appendix Table B-17.	FY23–FY24 SVSES Initial Survey: Health and Well-Being	86
Appendix Table B-18.	FY23–FY24 SVSES Initial Survey: Health and Well-Being	86
Appendix Table B-19.	FY23–FY24 SVSES Initial Survey: Health and Well-Being	86

**Appendix Table B-20. FY23–FY24 SVSES Initial Survey: Decisions to Not Seek Treatment 86**

**Appendix Table B-21. FY23–FY24 SVSES Initial Survey: Concerns Related to Receiving Behavioral Health Counseling or Services.....87**

**Appendix Table B-22. FY23–FY24 SVSES Initial Survey: Separating or Retiring from the Military 87**

**Appendix Table B-23. FY23–FY24 SVSES Initial Survey: Being Separated from the Military Against Their Will.....87**

**Appendix Table B-24. FY23–FY24 SVSES Initial Survey: Experiences With General Officer or Flag Officer Reviews .....88**

**Appendix Table B-1.**  
**FY23–FY24 SVSES Initial Survey: *Retention Intentions***

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
Assuming you could stay, how likely is it you would choose to do so?	Very unlikely/Unlikely	37	22	34	28
	Neither likely nor unlikely	17	19	14	8
	Very likely/Likely	46	59	51	64

Percent of all respondents

**Appendix Table B-2.**  
**FY23–FY24 SVSES Initial Survey: *Submitted to the Catch a Serial Offender (CATCH) Program***

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
Submitted the name or other identifying characteristics of the offender(s) to the CATCH Program	Yes	27	24	39	2
	No	25	43	51	90
	I do not know	22	10	7	3
	Not applicable/not eligible, the suspect was already identified to military authorities	25	23	3	5

Percent of all respondents

**Appendix Table B-3.**  
**FY23–FY24 SVSES Initial Survey: *Participation in the Military Criminal Investigation***

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
<b>Constructed: Plans to participate or is currently participating in the military criminal investigation</b>		47	19	NA	NA

Percent of respondents who had an Unrestricted Report or investigation, did not indicate that their case was closed and indicated an investigation is currently underway, is complete and the case is now with a senior military officer to decide how to proceed, they do not know the status of their case, or none of these

**Appendix Table B-4.**  
**FY23–FY24 SVSES Initial Survey: *Participation in the Military Justice Process***

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
<b>Chose to participate in the military criminal investigation</b>	Yes	89	71	NA	NA
	No	7	28	NA	NA
	Does not apply	4	2	NA	NA
<b>Chose to participate in the military justice proceedings</b>	Yes	45	29	NA	NA
	No	30	59	NA	NA
	Does not apply	24	12	NA	NA

Percent of respondents who had an Unrestricted Report or investigation, did not indicate that their case was closed and indicated court martial or non-judicial punishment proceedings have been initiated or are currently underway, that their investigation is complete and the case is closed, or they do not know what is next

**Appendix Table B-5.**  
**FY23–FY24 SVSES Initial Survey: *Reasons for Not Participating in the Military Criminal Investigation***

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
<b>The investigation was/would have been too emotionally difficult.</b>		39	47	NA	NA
<b>The investigation took too much time.</b>		11	9	NA	NA
<b>I did not want to appear in court (e.g., being in the courtroom or testifying).</b>		30	42	NA	NA
<b>The court process took too much time.</b>		10	2	NA	NA
<b>I was not given the choice to file a restricted report (e.g., someone else reported the assault).</b>		10	44	NA	NA
<b>Other reason</b>		62	62	NA	NA

Percent of respondents who had an Unrestricted Report or investigation, did not indicate that their case was closed and did not or do not plan to participate in the military criminal investigation and/or military justice proceedings

**Appendix Table B-6.**  
**FY23–FY24 SVSES Initial Survey: Satisfaction With Preferred Charges**

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
How satisfied or dissatisfied are you with the charges that were preferred against the offender(s)?	Very dissatisfied/Dissatisfied	56	33	NA	NA
	Neither satisfied nor dissatisfied	23	42	NA	NA
	Very satisfied/Satisfied	21	25	NA	NA

Percent of respondents who had an Unrestricted Report or investigation, and investigation was not complete or punishment phase is underway

**Appendix Table B-7.**  
**FY23–FY24 SVSES Initial Survey: Satisfaction with Aspects of the Reporting and Military Justice Process**

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
Your access to a SARC or SAPR VA as your point of contact for coordinating your care	Very dissatisfied/Dissatisfied	20	37	NA	NA
	Neither satisfied nor dissatisfied	7	13	NA	NA
	Very satisfied/Satisfied	72	49	NA	NA
Your ability to have immediate and comprehensive medical and/or psychological treatment	Very dissatisfied/Dissatisfied	36	49	NA	NA
	Neither satisfied nor dissatisfied	13	13	NA	NA
	Very satisfied/Satisfied	51	38	NA	NA
Your ability to request a temporary or permanent expedited transfer	Very dissatisfied/Dissatisfied	21	34	NA	NA
	Neither satisfied nor dissatisfied	17	23	NA	NA
	Very satisfied/Satisfied	63	43	NA	NA
Your access to legal representation (SVC/VLC)	Very dissatisfied/Dissatisfied	19	25	NA	NA
	Neither satisfied nor dissatisfied	11	18	NA	NA
	Very satisfied/Satisfied	70	57	NA	NA

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<span style="color: purple;">■</span> Higher Response <span style="color: yellow;">■</span> Lower Response					
The expedited transfer process itself	Very dissatisfied/Dissatisfied	26	36	NA	NA
	Neither satisfied nor dissatisfied	22	23	NA	NA
	Very satisfied/Satisfied	52	41	NA	NA
Your notification regarding your rights	Very dissatisfied/Dissatisfied	21	33	NA	NA
	Neither satisfied nor dissatisfied	14	24	NA	NA
	Very satisfied/Satisfied	65	43	NA	NA
Your ability to request a military protective order	Very dissatisfied/Dissatisfied	32	36	NA	NA
	Neither satisfied nor dissatisfied	11	21	NA	NA
	Very satisfied/Satisfied	58	42	NA	NA
Your ability to request a civilian restraining order	Very dissatisfied/Dissatisfied	45	35	NA	NA
	Neither satisfied nor dissatisfied	20	38	NA	NA
	Very satisfied/Satisfied	35	27	NA	NA
Your protection from retaliation and/or reprisal	Very dissatisfied/Dissatisfied	50	50	NA	NA
	Neither satisfied nor dissatisfied	17	21	NA	NA
	Very satisfied/Satisfied	34	29	NA	NA
Your updates on the progress of the investigation, to include notification about hearings or court proceedings	Very dissatisfied/Dissatisfied	45	46	NA	NA
	Neither satisfied nor dissatisfied	16	18	NA	NA
	Very satisfied/Satisfied	39	35	NA	NA

Percent of respondents who had an Unrestricted Report or an investigation. SARC = Sexual Assault Response Coordinator. SAPR VA = Sexual Assault Prevention and Response Victim Advocate. SVC = Special Victims' Counsel. VLC = Victim's Legal Counsel.

**Appendix Table B-8.****FY23–FY24 SVSES Initial Survey: *Satisfaction with Aspects of the Reporting and Military Justice Process***

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
<b>Constructed: Average satisfaction with aspects of the reporting and military justice process<sup>a</sup></b>	3.2	3.2	NA	NA

Average of respondents who had an Unrestricted Report or an investigation. <sup>a</sup>Respondents answered up to 10 questions regarding their satisfaction with elements of the reporting and military justice process. Estimates represent the average level of satisfaction ranging from 1 (Very Dissatisfied) to 5 (Very Satisfied) across all 10 items. Longitudinal results include initial and all follow-up surveys taken by DoD Service members.

**Appendix Table B-9.****FY23–FY24 SVSES Initial Survey: *Satisfaction with Actions Taken Against Offender***

KEY	Reporting Category				
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report	
How satisfied or dissatisfied were you with the official action(s) taken against the offender	Very dissatisfied/Dissatisfied	66	43	NA	NA
	Neither satisfied nor dissatisfied	20	40	NA	NA
	Very satisfied/Satisfied	14	17	NA	NA

Percent of respondents who had an Unrestricted Report or investigation and indicated their case is closed

**Appendix Table B-10.****FY23–FY24 SVSES Initial Survey: *Experiences with Retaliation***

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
Experienced retaliation by a person in a position of leadership or authority	52	43	NA	NA
Experienced social retaliation	72	54	NA	NA

Percent of respondents who had an Unrestricted Report or an investigation

**Appendix Table B-11.**  
**FY23–FY24 SVSES Initial Survey: Experiences with Retaliation**

KEY	Reporting Category			
	Unrestricted Report	Investigated	Restricted Report	No Report
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response				
<b>Average extent of experience with any retaliation</b>	3.2	2.7	NA	NA

Average of respondents who had an Unrestricted Report or an investigation

**Appendix Table B-12.**  
**FY23–FY24 SVSES Initial Survey: Interaction with Sexual Assault Response System Resources**

KEY	Reporting Category			
	Unrestricted Report	Investigated	Restricted Report	No Report
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response				
<b>Your unit’s commanding officer/director</b>	69	57	12	12
<b>Your senior enlisted advisor (e.g., First or Master Sergeant, SGM/SgtMaj, CMDCM/SCPO)</b>	59	41	15	13
<b>Your immediate military supervisor</b>	65	54	22	23
<b>A Sexual Assault Response Coordinator (SARC)</b>	90	75	89	17
<b>A Uniformed Victim Advocate (UVA) or Victim Advocate (VA)</b>	80	52	48	12
<b>DoD Safe Helpline (877-995-5247)</b>	15	11	15	5
<b>A medical provider from a military medical treatment facility</b>	51	28	33	14
<b>A medical provider from a civilian treatment facility</b>	26	22	15	19
<b>A behavioral health provider (e.g., a therapist or social worker)<sup>a</sup></b>	84	61	71	52
<b>Special Victims’ Counsel (SVC), Victims’ Legal Counsel (VLC), or Victims’ Counsel (VC)</b>	85	56	27	8
<b>A chaplain</b>	41	37	28	23
<b>Family Advocacy Program (FAP) counselor</b>	14	14	7	5
<b>Military law enforcement personnel</b>	62	42	NA	NA

Percent of respondents who indicated using that sexual assault response system resource at least once. Percent of respondents who indicated using that sexual assault response system resource at least once. SGM/SgtMaj = Sergeant Major. CMDCM = Command Master Chief Petty Officer. SCPO = Senior Chief Petty Officer.

<sup>a</sup> Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

**Appendix Table B-13.**  
**FY23–FY24 SVSES Initial Survey: *Interaction with Sexual Assault Response System Resources***

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
<b>Constructed: Average number of sexual assault response system resources used (excludes military law enforcement)</b>		<b>6.4</b>	<b>4.6</b>	<b>3.6</b>	<b>1.9</b>

Average of respondents who indicated using sexual assault response system resources at least once

**Appendix Table B-14.**  
**FY23–FY24 SVSES Initial Survey: *Satisfaction with Sexual Assault Response System Resources***

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
Your unit's commanding officer/director	Very dissatisfied/Dissatisfied	36	36	38	53
	Neither satisfied nor dissatisfied	14	11	13	6
	Very satisfied/Satisfied	50	53	50	41
Your senior enlisted advisor (e.g., First or Master Sergeant, SGM/SgtMaj, CMDCM/ SCPO)	Very dissatisfied/Dissatisfied	32	31	60	53
	Neither satisfied nor dissatisfied	16	15	10	18
	Very satisfied/Satisfied	52	54	30	29
Your immediate supervisor	Very dissatisfied/Dissatisfied	29	23	33	39
	Neither satisfied nor dissatisfied	15	20	20	24
	Very satisfied/Satisfied	55	57	47	36
A Sexual Assault Response Coordinator (SARC)	Very dissatisfied/Dissatisfied	13	19	12	23
	Neither satisfied nor dissatisfied	13	25	10	27
	Very satisfied/Satisfied	74	56	78	50
A Uniformed Victim Advocate (UVA) or Victim Advocate (VA)	Very dissatisfied/Dissatisfied	13	18	28	25
	Neither satisfied nor dissatisfied	16	21	9	38
	Very satisfied/Satisfied	71	62	63	<b>38</b>

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<span style="color: purple;">■</span> Higher Response <span style="color: yellow;">■</span> Lower Response					
DoD Safe Helpline (877-995-5247)	Very dissatisfied/Dissatisfied	23	29	30	14
	Neither satisfied nor dissatisfied	12	14	10	43
	Very satisfied/Satisfied	65	57	60	43
A medical provider from a military medical treatment facility	Very dissatisfied/Dissatisfied	21	17	18	26
	Neither satisfied nor dissatisfied	19	44	14	21
	Very satisfied/Satisfied	61	39	68	53
A medical provider from a civilian treatment facility	Very dissatisfied/Dissatisfied	9	15	10	15
	Neither satisfied nor dissatisfied	18	23	20	23
	Very satisfied/Satisfied	74	62	70	62
A behavioral health provider (e.g., a therapist or social worker) <sup>a</sup>	Very dissatisfied/Dissatisfied	20	15	17	13
	Neither satisfied nor dissatisfied	14	10	10	21
	Very satisfied/Satisfied	66	76	73	66
Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or Victims' Counsel (VC)	Very dissatisfied/Dissatisfied	14	14	<1	20
	Neither satisfied nor dissatisfied	17	11	18	30
	Very satisfied/Satisfied	68	76	82	50
A chaplain	Very dissatisfied/Dissatisfied	17	20	11	16
	Neither satisfied nor dissatisfied	20	12	<1	31
	Very satisfied/Satisfied	63	68	89	53
Family Advocacy Program (FAP) counselor	Very dissatisfied/Dissatisfied	25	22	20	29
	Neither satisfied nor dissatisfied	25	11	<1	14
	Very satisfied/Satisfied	51	67	80	57
Military law enforcement personnel	Very dissatisfied/Dissatisfied	32	21	NA	NA

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
	Neither satisfied nor dissatisfied	26	36	NA	NA
	Very satisfied/Satisfied	42	43	NA	NA

Percent of respondents who indicated using that sexual assault response system resource at least once. SGM/SgtMaj = Sergeant Major. CMDCM = Command Master Chief Petty Officer. SCPO = Senior Chief Petty Officer.

<sup>a</sup> Behavioral health provider may include both providers (e.g., therapist or social worker) from military and civilian treatment facilities.

**Appendix Table B-15.**  
FY23–FY24 SVSES Initial Survey: *Feelings of Betrayal*

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
I feel betrayed by leaders who I once trusted.	Disagree	23	25	28	32
	Agree	77	75	72	68
I feel betrayed by fellow Service members who I once trusted.	Disagree	10	14	18	24
	Agree	90	86	82	76
I feel betrayed by others outside of the U.S. military who I once trusted.	Disagree	53	61	56	56
	Agree	47	39	44	44

Percent of all respondents

**Appendix Table B-16.**  
FY23–FY24 SVSES Initial Survey: *Health and Well-Being*

KEY		Reporting Category			
<i>Between Reporting Category Differences</i>		Unrestricted Report	Investigated	Restricted Report	No Report
<p>■ Higher Response</p> <p>■ Lower Response</p>					
In general, would you say your health is...	Poor	6	3	9	5
	Good/Fair	55	53	51	51
	Excellent/Very good	39	44	40	44

Percent of all respondents

**Appendix Table B-17.**  
**FY23–FY24 SVSES Initial Survey: *Health and Well-Being***

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
Average number of days in the past month physical health was not good	8.0	7.0	6.9	7.7

Average of all respondents

**Appendix Table B-18.**  
**FY23–FY24 SVSES Initial Survey: *Health and Well-Being***

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
Average number of days in the past month psychological health was not good	15.1	12.6	16.1	12.6

Average of all respondents

**Appendix Table B-19.**  
**FY23–FY24 SVSES Initial Survey: *Health and Well-Being***

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
Average number of days in the past month physical or psychological health kept from usual activities	10.3	8.5	9.4	8.2

Average of all respondents

**Appendix Table B-20.**  
**FY23–FY24 SVSES Initial Survey: *Decisions to Not Seek Treatment***

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
Thought they might need treatment for an emotional or behavioral health problem but chose not to seek treatment	56	63	70	57
Thought they might need treatment for use of alcohol or drugs but chose not to seek treatment	11	3	9	10

Percent of all respondents

**Appendix Table B-21.**  
**FY23–FY24 SVSES Initial Survey: Concerns Related to Receiving Behavioral Health Counseling or Services**

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
I don't trust mental health professionals.	29	32	29	24
I don't know where to get help.	9	23	12	14
I don't have reliable transportation.	3	3	2	6
It is difficult to schedule an appointment.	55	59	55	49
There would be difficulty getting time off of work for treatment.	38	36	38	42
Mental healthcare costs too much money.	16	17	15	22
I have to wait too long to see a provider.	58	48	53	53
It would harm my career.	46	51	35	43
Members of my unit might have less confidence in me.	41	48	27	39
My unit leadership might treat me differently.	47	49	39	44
My leaders would blame me for the problem.	34	35	29	30
Mental healthcare doesn't work.	14	17	14	11

Percent of all respondents

**Appendix Table B-22.**  
**FY23–FY24 SVSES Initial Survey: Separating or Retiring from the Military**

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
Reporting administrative or medical separation	10	3	5	7

Percent of all respondents

**Appendix Table B-23.**  
**FY23–FY24 SVSES Initial Survey: Being Separated from the Military Against Their Will**

KEY	Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response	Unrestricted Report	Investigated	Restricted Report	No Report
Reporting separation from the military against their will	22	NR	NR	40

Percent of all respondents

**Appendix Table B-24.**  
**FY23–FY24 SVSES Initial Survey: Experiences With General Officer or Flag Officer Reviews**

KEY		Reporting Category			
<i>Between Reporting Category Differences</i> ■ Higher Response ■ Lower Response		Unrestricted Report	Investigated	Restricted Report	No Report
Did you, or do you plan to, request a General Officer or Flag Officer review for your separation?	Yes, I requested a review	<1	NA	NA	NA
	Yes, I requested a review and the outcome did not change	<1	NA	NA	NA
	Yes, I plan to make a request for my involuntary separation to be reviewed	9	NA	NA	NA
	No, I did not request a review and I do not plan to	55	NA	NA	NA
	No, I was not aware of this option	36	NA	NA	NA

Percent of respondents with Unrestricted Report or an investigation and are in the process of being separated from the military against their will

This page is reserved for insertion of Standard Form 298, page 1 -- this is best accomplished by replacing this page after the document has been converted to PDF

This page is reserved for insertion of Standard Form 298, page 2 -- this is best accomplished by replacing this page after the document has been converted to PDF



