

# Sexual Assault Prevention and Response: Program Insights for Medical Personnel

**Nate Galbreath, Ph.D., M.F.S.**  
**Acting Director,**  
**DoD Sexual Assault Prevention and Response Office**  
**Alexandria, Va.**  
**1000-1100**  
**28 October 2021**



# Presenter



Nate Galbreath, Ph.D., M.F.S.  
Acting Director,  
DoD Sexual Assault Prevention and Response Office (SAPRO)  
Alexandria, Va.

# Nate Galbreath, Ph.D., M.F.S.



## Career

- Deputy Director (Current) and other roles in DoD SAPRO (2007-Present)
- Clinical Psychology, USAF (1999-2009)
- Special Agent and Forensic Science Consultant AF Office of Special Investigations (1989 – 1999)

## Education

- *MS and PhD – Clinical Psychology, Uniformed Services Univ. of Health Sciences*
- *Master of Forensic Science, George Washington University*
- *Licensed Clinical Psychologist, Maryland*

# Disclosures



- Dr. Galbreath has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the presenter and do not necessarily reflect the official policy or position of the Department of Defense, not the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency, J-7, Continuing Education Program Office (DHA, J-7, CEPO). DHA, J-7, CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA, J-7, CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

# Learning Objectives



At the conclusion of this activity, participants will be able to:

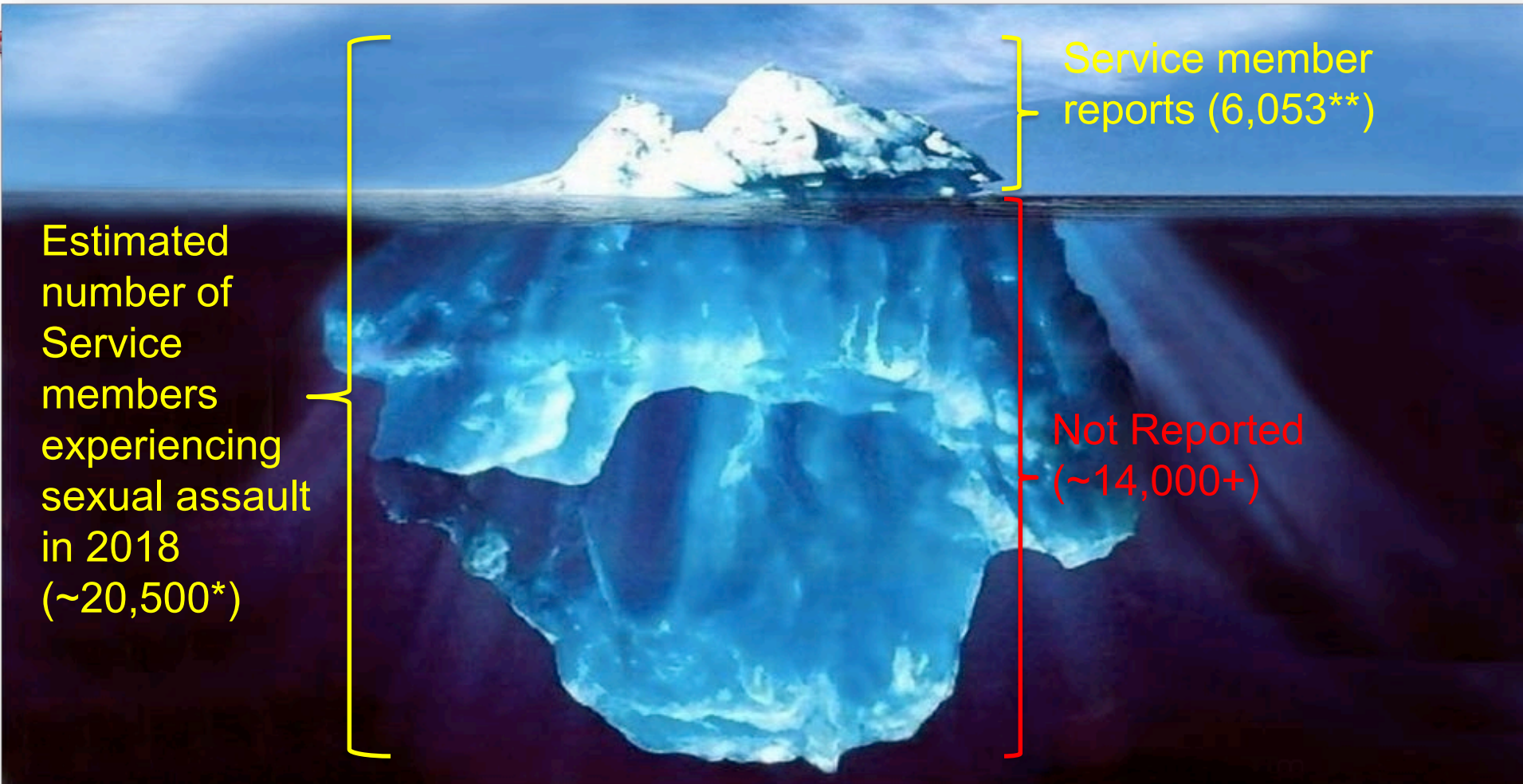
1. Explain the phenomenon of sexual assault in the military.
2. Describe the impact of sexual assault on military patients.
3. Identify key sexual assault response program components and implications for patient care.

# Sexual Assault in the Military



- Prevalence and Reporting

# Sexual Assault is Underreported



Estimated number of Service members experiencing sexual assault in 2018 (~20,500\*)

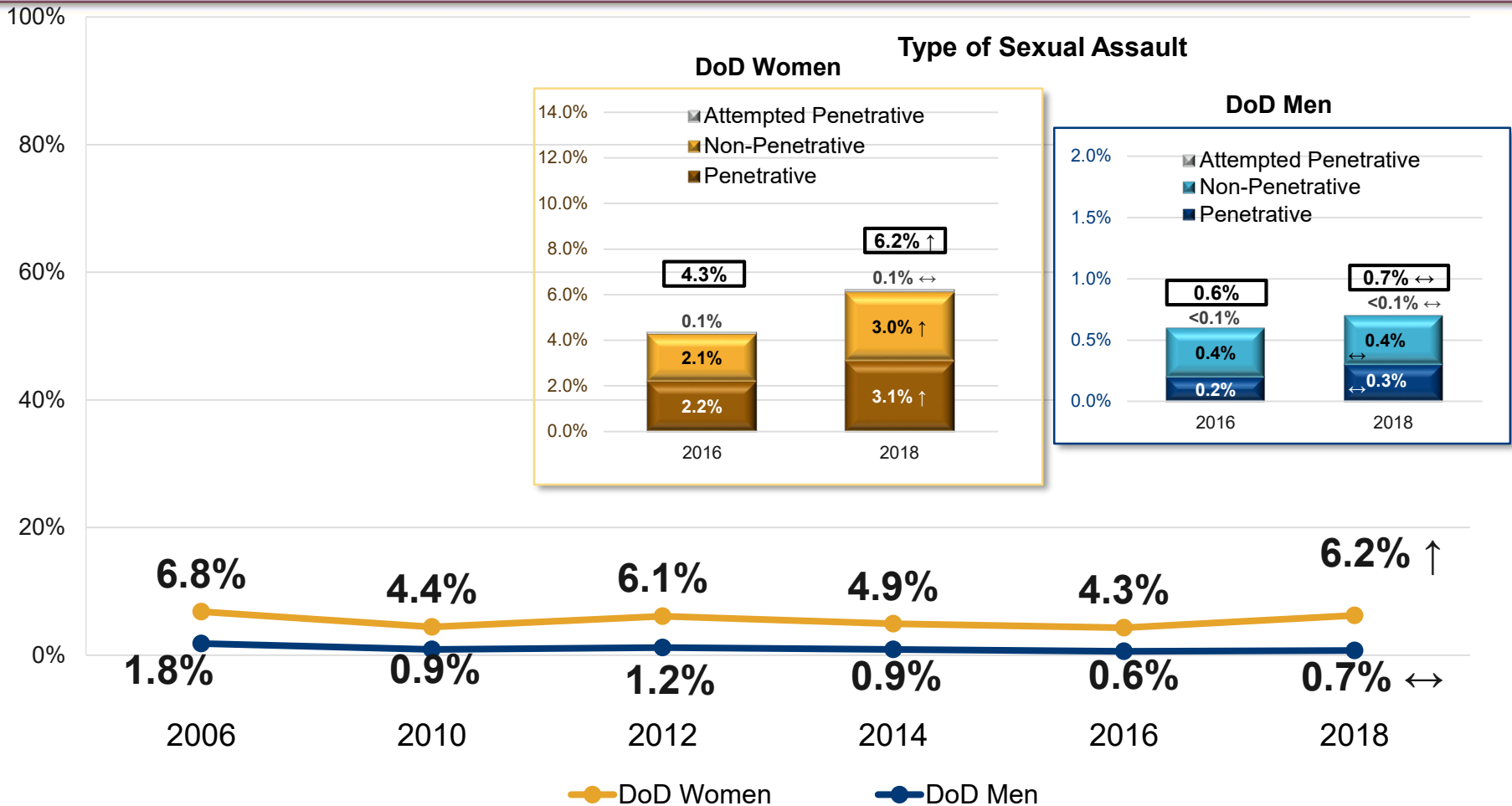
Service member reports (6,053\*\*)

Not Reported (~14,000+)

\*Estimated Service member prevalence statistics for 2018

\*\*Service member victims reporting sexual assault for 2018

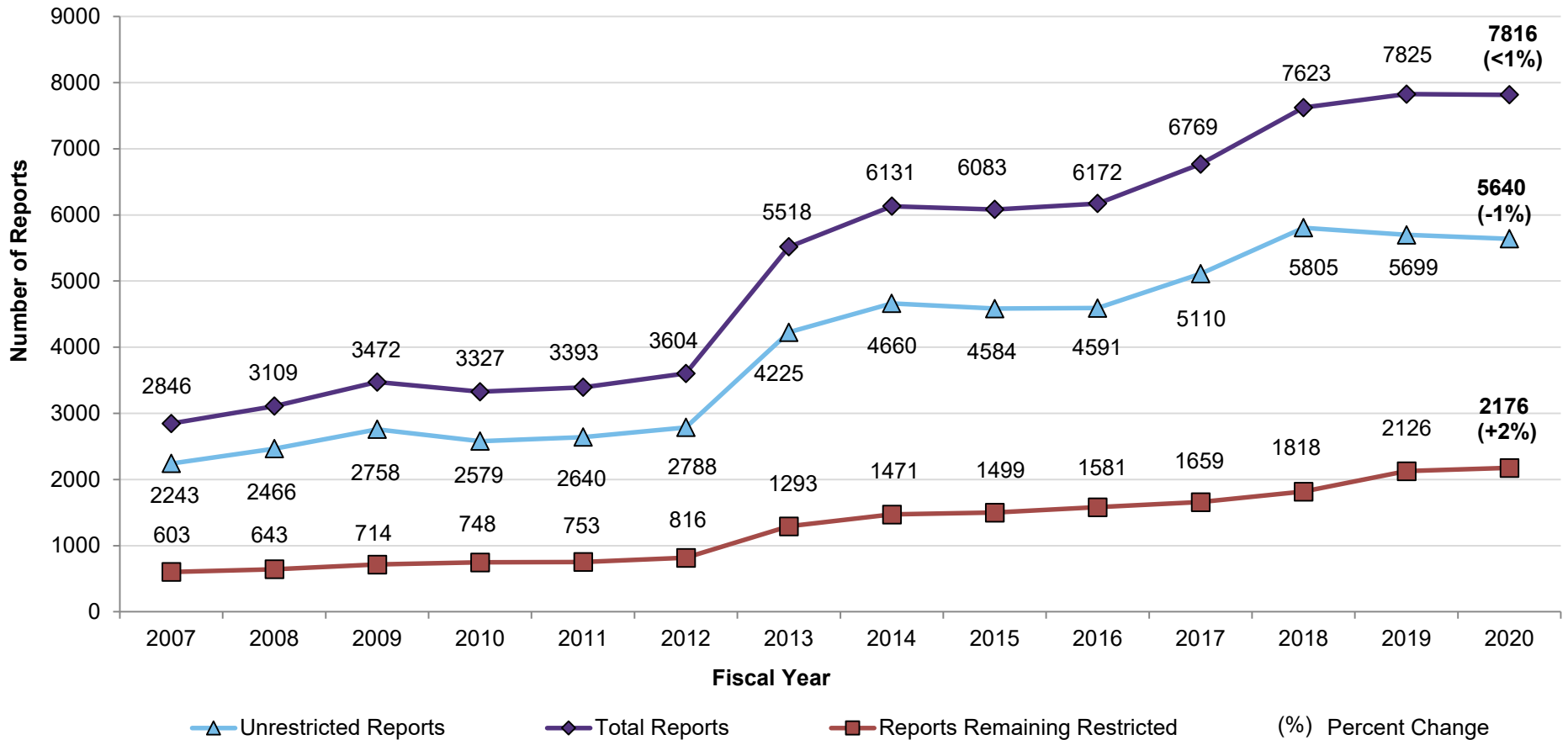
# Past-Year Prevalence\* of Sexual Assault in the Military



\*Past Year Prevalence: Scientifically estimated number of military members experiencing a sexual assault in the year prior to being surveyed.  
 Source: Workplace and Gender Relations Survey of the Active Duty (2018); Available: <https://www.sapr.mil/research>



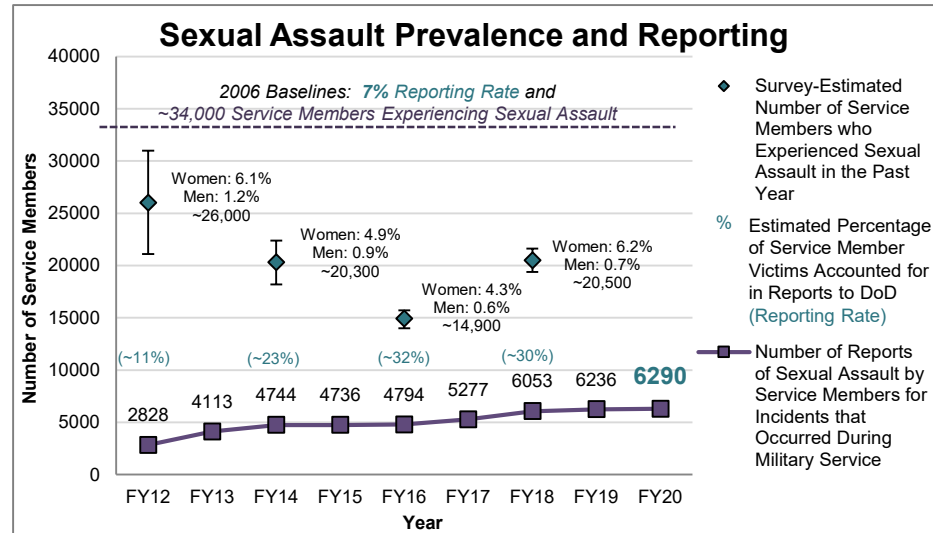
# Sexual Assault Reporting



# Reporting and Prevalence

## This Year's Data: Reporting

- DoD receives reports of sexual assault from Service members as victims and/or as alleged perpetrators
- ❑ Reports from Service members increased by 1 percent (6,290 reports in FY20, up from 6,236 in FY19)
- ❑ Decrease in reports from civilians and pre-Service incidents (see table lower right)



6,290 Service members who reported sexual assault that occurred during military service  
 + 614 Service members who reported a sexual assault that occurred prior to military service  
 + 912 Civilians and foreign nationals who alleged sexual assault against a Service member  
**7,816 Reports of sexual assault received by DoD in FY20**

Type of Report	FY19	FY20	+/- Δ
Service member reports for an incident <i>during</i> military service	6,236	6,290	+54
Service member report for an incident <i>before</i> military service	652	614	-38
Civilian and foreign national reports against Service members	937	912	-25
<b>Total</b>	<b>7,825</b>	<b>7,816</b>	<b>-9</b>

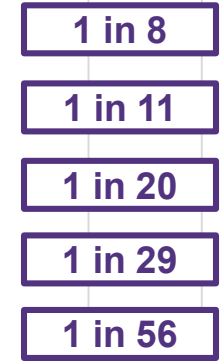
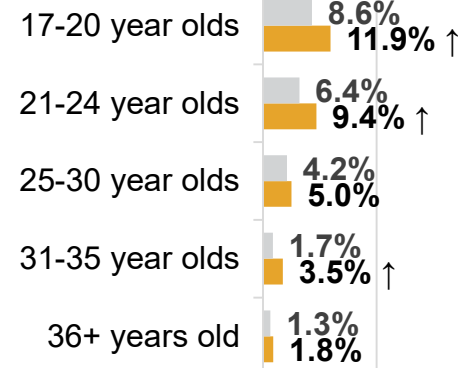
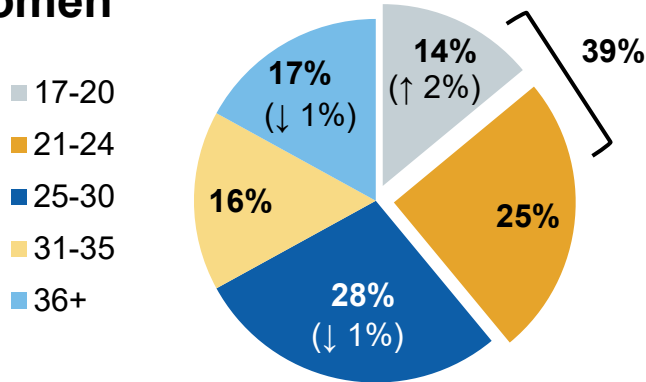
\* As of September 31, 2020  
 \*\* As of March 31, 2021

# Risk Patterns: Active Duty Women Age and Rank

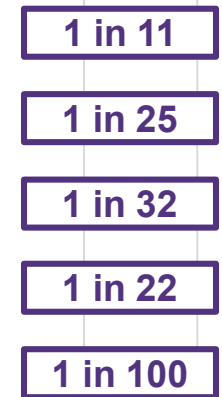
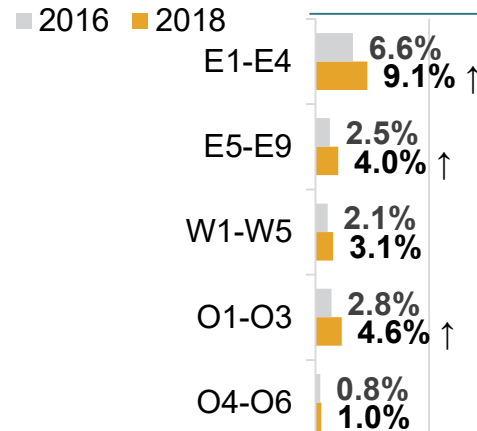
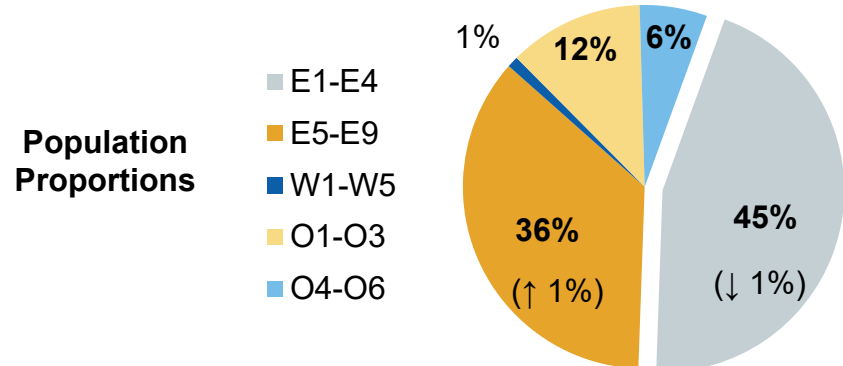
Reference: Average Odds of Experiencing Sexual Assault for Women: 1 in 17

Odds of Experiencing Sexual Assault

## Younger women



## Junior enlisted women



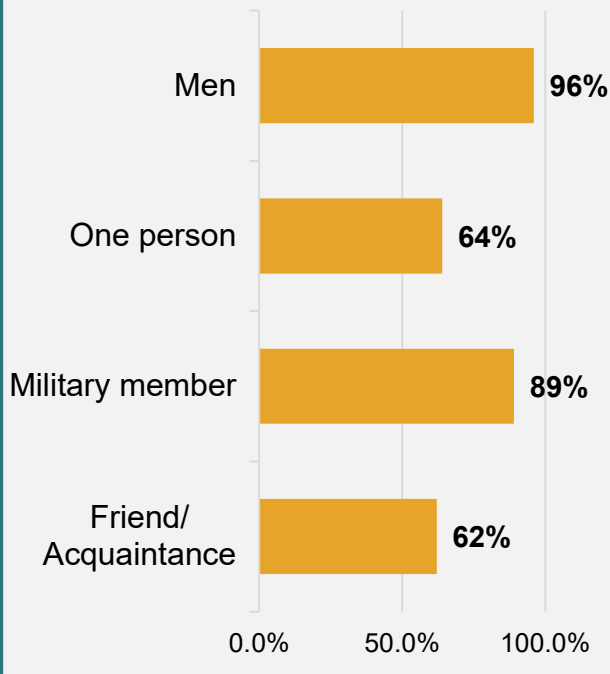
Source: Workplace and Gender Relations Survey of the Active Duty (2018)  
 Available: <https://www.sapr.mil/research>

(↑ %): Increase in population proportion compared to 2016  
 (↓ %): Decrease in population proportion compared to 2016

2018 Trend Comparisons:  
 ↑ Higher than 2016 ↓ Lower than 2016 ↔ No Change

# Relationship Between the Victim and Alleged Offender: DoD Women

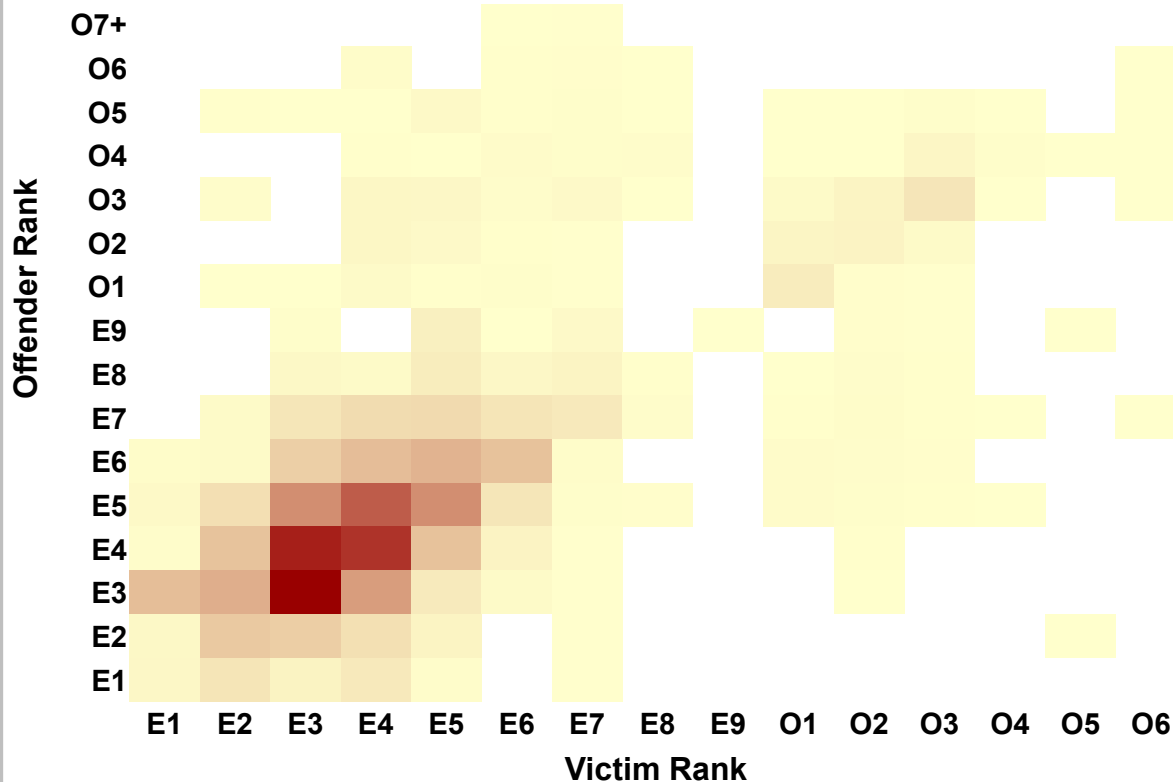
## Alleged offenders are most often...



62%

Of the most serious sexual assault situations involved **alcohol use** by the victim and/or alleged offender, as reported by the victim

## At the time of the event, what paygrade was/were the military member(s) who did this to you?



Number of Offender and Victim Rank Pairings

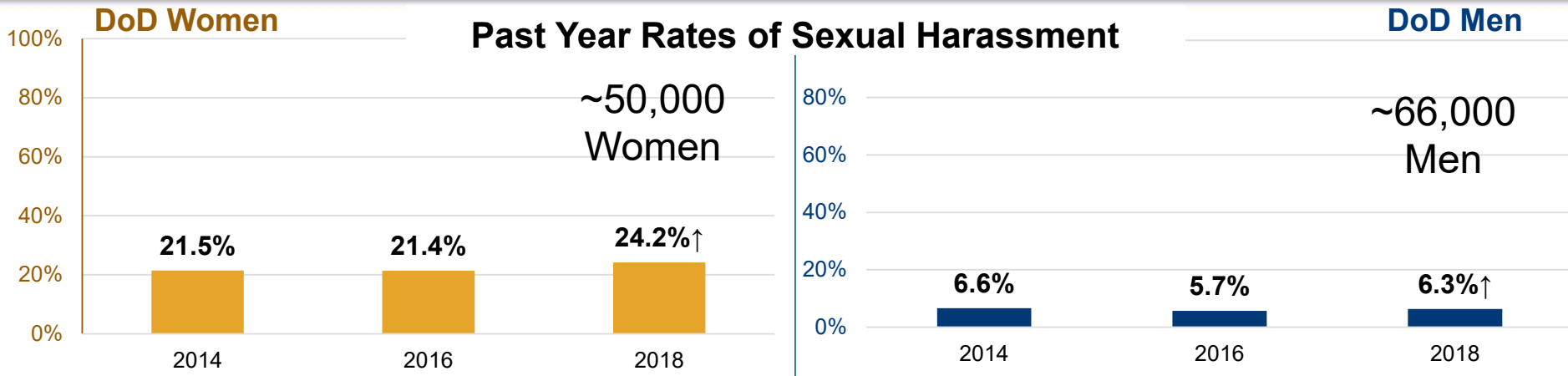
Less

A greater number of incidents are occurring between E3-E4 ranks, as compared to other ranks.

More

Note: Rank comparison for DoD women only

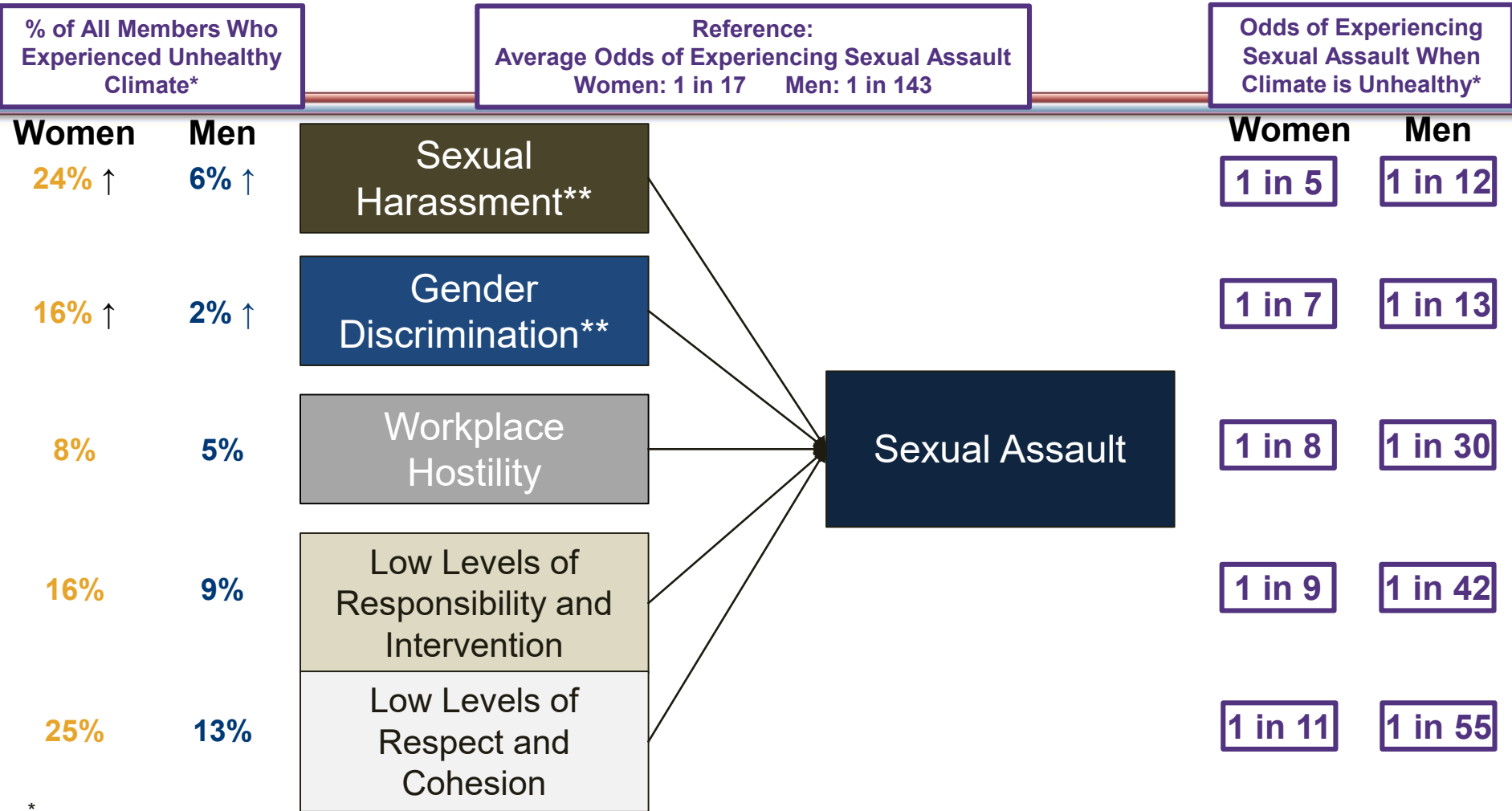
# Sexual Harassment Prevalence\*



- In FY18, an estimated **116,000** Service members indicated experiencing one of more of the following behaviors Associated with Sexual Harassment:
  - Repeated Sexual Jokes/Comments
  - Gender Non-conformity
  - Sexual Appearance/Body Comments
  - Unwanted Romantic/Sexual Advances
  - Intentional Sexual Touching
  
- Sexual Harassment can be used as “Progressive Boundary Crossing” by some offenders

\*Source: Estimated from Workplace and Gender Relations Survey of the Active Duty (2018); Available: <https://www.sapr.mil/research>

# Assessment and Impact of Climate on Sexual Assault: Leading Factors for DoD Members



\* Unhealthy climate for scales defined as follows: Workplace Hostility: mean score 3 or higher; Respect and Cohesion/Responsibility and Intervention: mean score less than 3.

\*\* Sexual harassment and gender discrimination are defined as experiences of the behaviors which met criteria for inclusion in the past year rate.

# Sexual Assault in the Military



- Impact on Military Patients

# “Sexual Assault” Defined



- In the DoD, sexual assault is an overarching term that encompasses a range of offenses between adults, prohibited by the Uniform Code of Military Justice
- Offenses are charged based on the act perpetrated, the level of force used, and the ability of the victim to consent
- Includes the UCMJ offenses of:
  - ❑ Rape (Art 120)
  - ❑ Sexual Assault (Art 120)
  - ❑ Aggravated Sexual Contact (Art 120)
  - ❑ Abusive Sexual Contact (Art 120)
  - ❑ Attempts (Art 80)

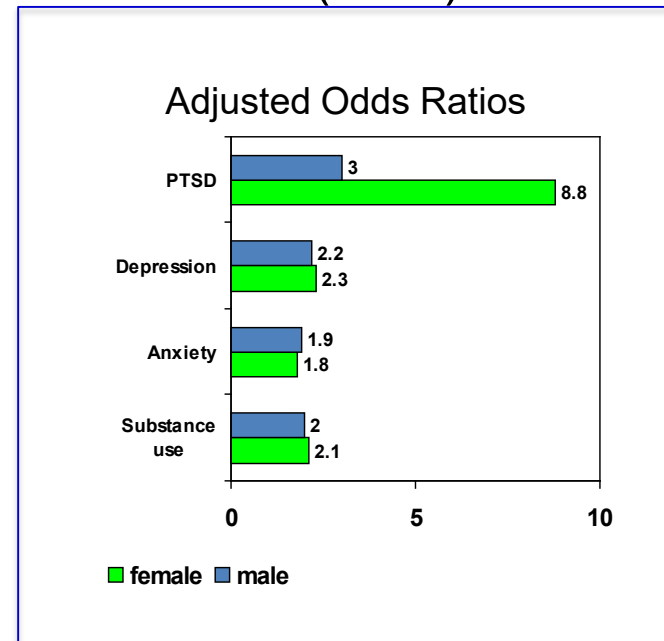
“Sexual assault” is not the same as “Military Sexual Trauma” (MST), a term used by Department of Veteran’s Affairs for documenting medical conditions and Service-connected disabilities, which includes experiencing **sexual harassment and/or sexual assault** at any point during one’s military career.



# Relationship with PTSD



- Well established relationship in civilian population:
  - About 1/3 of female rape victims develop PTSD at some point in their lifetimes<sup>1</sup>
- Veteran relative risk for disorders from military sexual trauma (MST)<sup>2</sup>
  - Female veterans who screen positive for MST are 9 times more likely to develop PTSD than those who report no MST
  - Male veterans who screen positive for MST are 3 times more likely to develop PTSD than those who report no MST



NOTE: In the VA, MST = Sexual Harassment AND Sexual Assault

1. (Kilpatrick, 1992)  
2. (Kimerling et al., 2007)

# Developing PTSD from Sexual Assault



- National Comorbidity Survey:<sup>1</sup>
  - ❑ Rape most strongly associated with PTSD in men and women
  - ❑ 65% of men and 46% of women who indicated rape was their most upsetting trauma developed PTSD

Most Upsetting Trauma →	Rape	Combat	Molestation	Physical Abuse
<b>Women</b>	<b>45.9%</b>	--	<b>26.5%</b>	<b>48.5%</b>
<b>Men</b>	<b>65.0%</b>	<b>38.8%</b>	<b>12.2%</b>	<b>22.3%</b>

<sup>1</sup>(Kessler et. al.,1995)

# Developing PTSD from Sexual Assault



- Gulf War Veterans
  - Probability of Developing PTSD
    - Veterans were more likely to develop PTSD from sexual assault than from high combat exposure<sup>1</sup>

Adjusted Odds Ratios:

	<b>Sexual Assault</b>	<b>Combat</b>
<b>Women</b>	<b>5.41</b>	<b>4.0</b>
<b>Men</b>	<b>6.21</b>	<b>4.45</b>

<sup>1</sup>(Kang, et al., 2005)

# Assault History, Combat, and PTSD



- Any prior assault (including sexual or violent physical assault) doubles the chance of developing post-deployment PTSD symptoms after combat exposure<sup>1</sup>
  - ❑ Women reporting new PTSD symptoms or diagnosis:  
22% (prior assault) vs. 10% (no prior assault)
  - ❑ Men reporting new PTSD symptoms or diagnosis  
12% (prior assault) vs. 6% (no prior assault)
- Of military women who deployed and experienced combat from 2004 to 2006<sup>2</sup>
  - ❑ About twice as likely to experience sexual harassment than non-deploying women
  - ❑ About 2.5 times as likely to experience sexual harassment and assault than non-deploying women
  - ❑ No increased risk for harassment or assault with deployment alone (i.e., no combat role)
  - ❑ Deployment and combat did not increase risk for sexual assault alone

<sup>1</sup> (Smith et al., 2008)

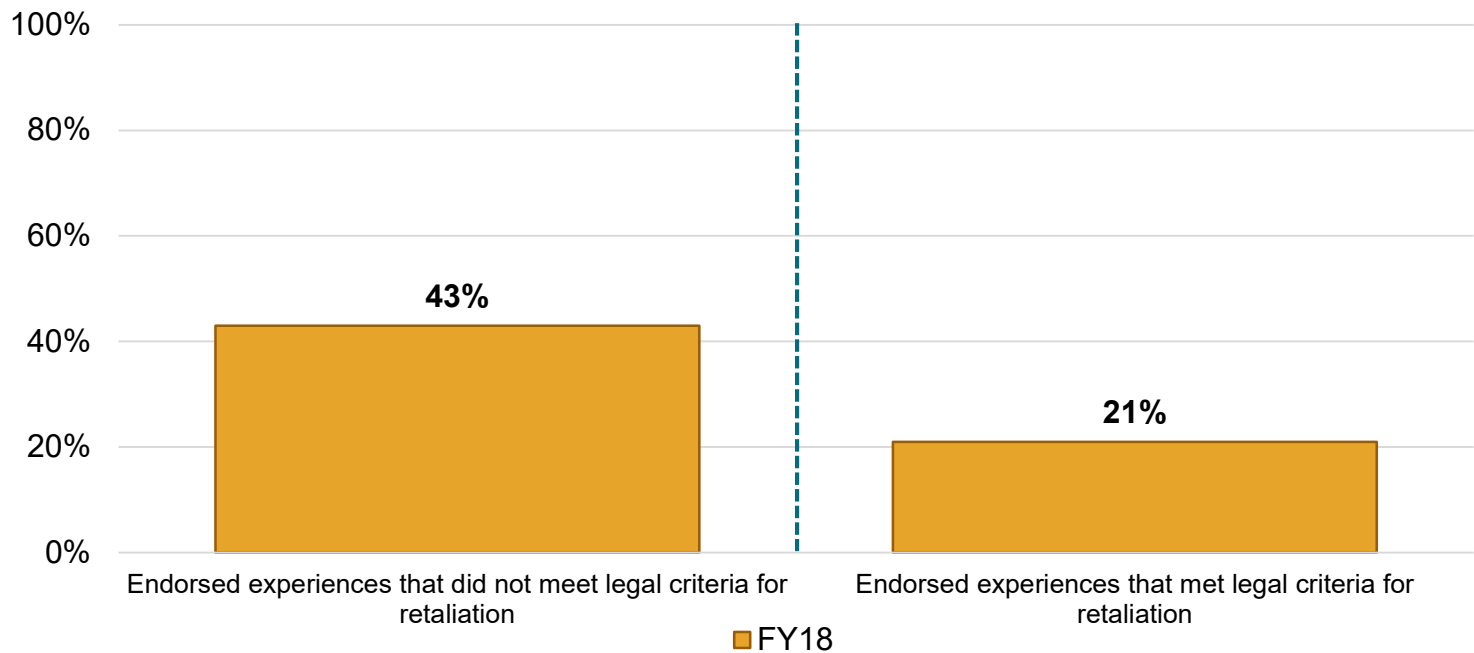
<sup>2</sup> (Leardmann et al., 2013)

# Perceived Retaliation and Sexual Assault Reporting



## 2018 WGRA Survey

Of women who ***experienced*** sexual assault in the past year and ***made a report*** to a DoD authority...



Key Consideration: “Institutional Betrayal”

# Impact on Service Members



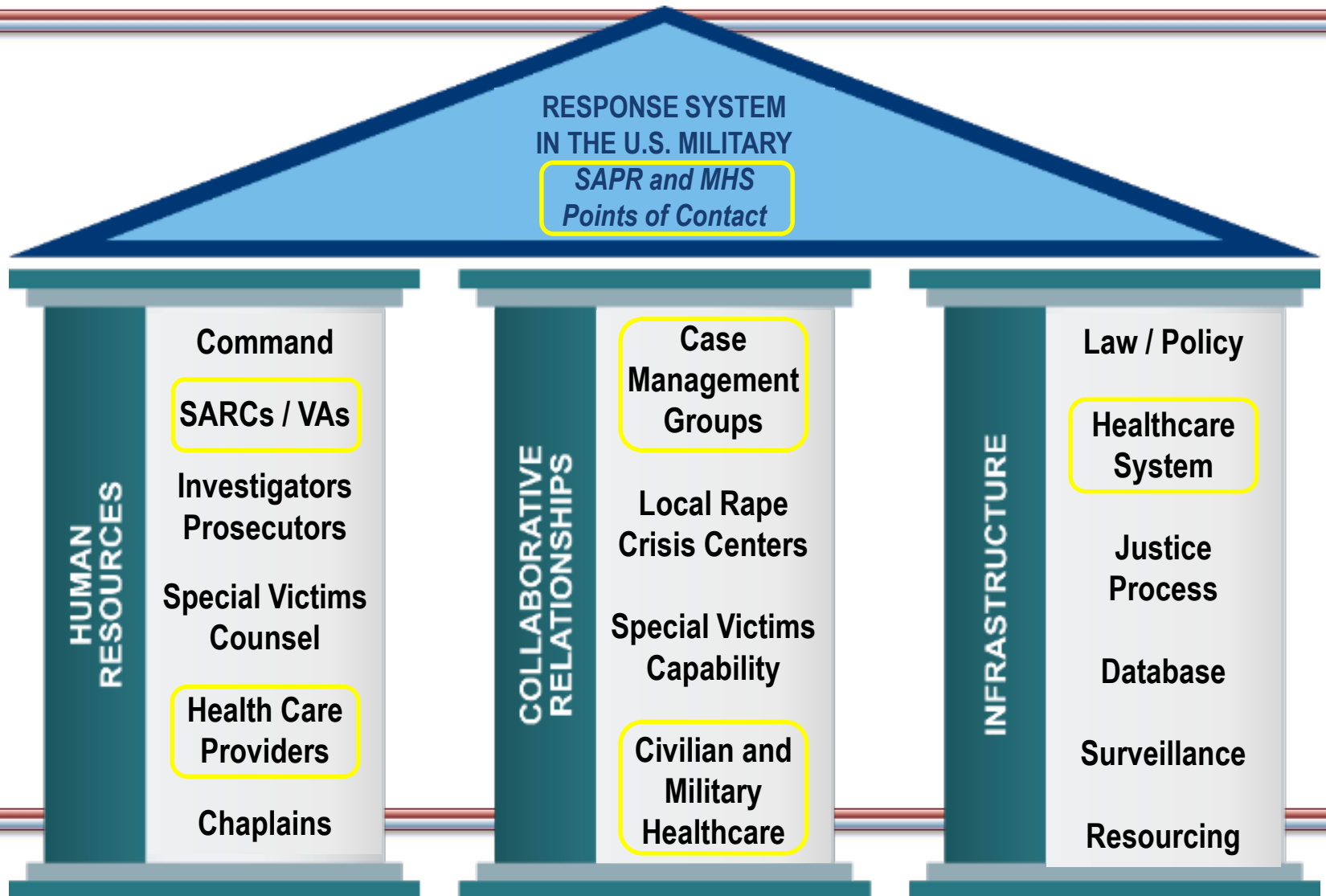
- Millennium Cohort Program Key Findings
  - Increased mental health problems:
    - PTSD, depression, anxiety
  - Physical health problems:
    - Bodily pain, insomnia, somatic symptoms, poor sexual health
  - Work consequences:
    - Military demotion, poor retention, post-service unemployment
  - Behavioral health outcomes
    - Problematic anger, substance misuse, and changes in physical activity levels

# Sexual Assault in the Military



- Key Response Program Components

# DoD Sexual Assault Response System





# Reporting Options



## Unrestricted Report

- Victim receives medical care, counseling, and advocacy services
- Commander is notified
- Report made to law enforcement to initiate the criminal investigation

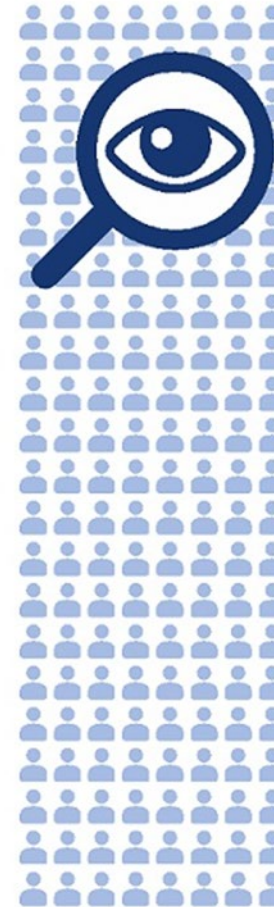
## Restricted Report

- Victim confidentially discloses to specific individuals
  - Sexual Assault Response Coordinator/Victim Advocate
  - Healthcare Personnel
- Command informed of assault (for safety reasons) but victim's name, name of offender (if known) or other identifying information NOT provided
- Victim receives treatment and services, but no investigation initiated
- *Catch A Serial Offender Program* eligible

# Catch A Serial Offender Program




- Option for victims making Restricted Reports
- Victim provides information about alleged offender via CATCH website
- MCIOs review information and:
  - Prior CATCH submissions
  - MCIO investigations
  - DoD and National crime databases
- If a “match” occurs, victims notified and given opportunity to convert from Restricted to Unrestricted and participate in military justice process
- 444 CATCH a Serial Offender entries and 11 victim matches in FY20\*
- Since program launch, 636 entries and 25 matches\*\*



## Catch a Serial Offender (CATCH) Program

**Sexual assault victims making a Restricted Report can help the Department of Defense identify repeat sex offenders by anonymously disclosing suspect information.**

 For more information, please visit [sapr.mil](http://sapr.mil) or contact your local Sexual Assault Response Coordinator or Victim Advocate

  
**DoD Safe Helpline**  
Sexual Assault Support for the DoD Community  
[safehelpline.org](http://safehelpline.org) | 877-995-5247



# Recovery Services



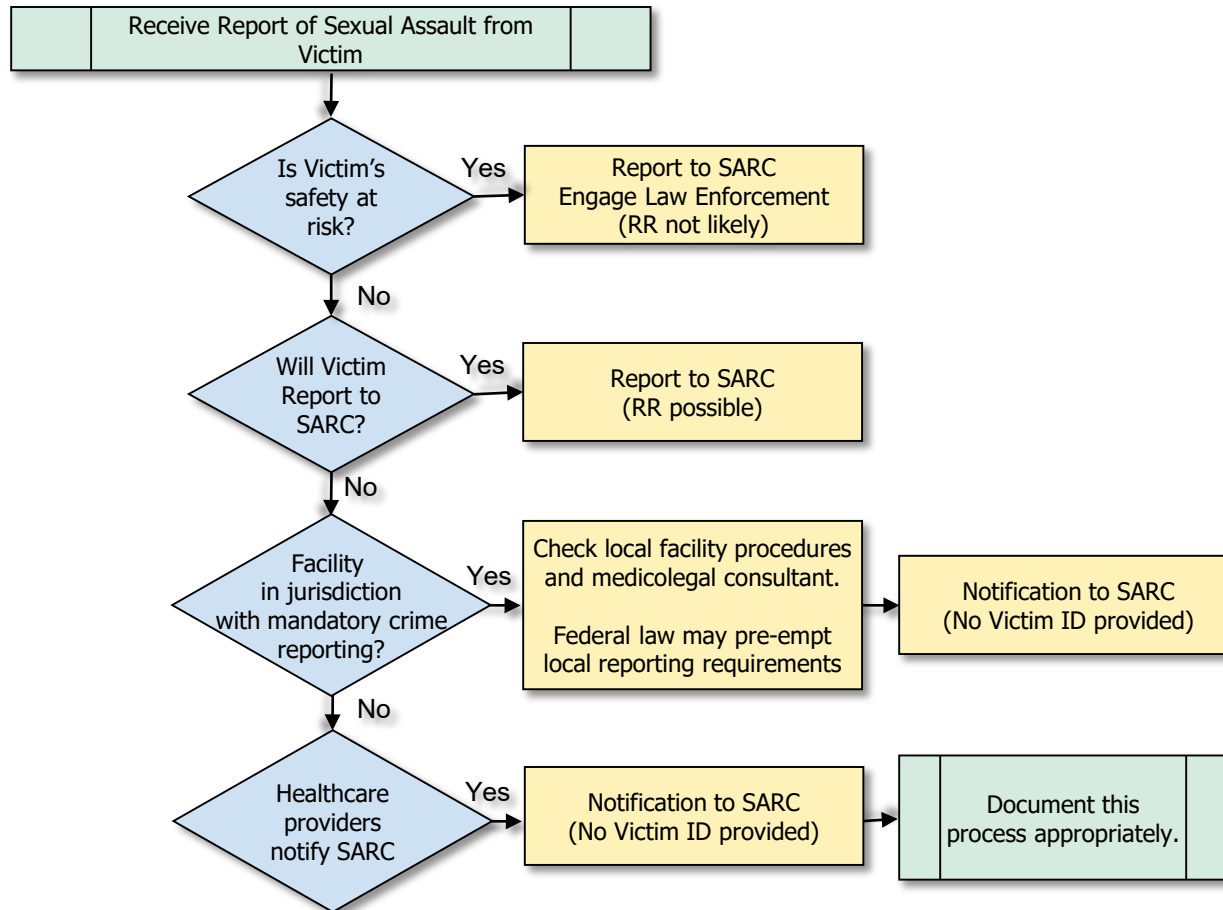
- Advocacy – Assistance by SARC and VA
- **Sexual Assault Forensic Examination**
  - Medical Care
  - STI Prophylaxis
  - Pregnancy Prophylaxis
- Counseling
  - Mental Health
  - Spiritual
- Legal Representation
- Expedited Transfer – from Unit or from Installation
- Safety assessment for each report
- Military or Civilian Protective Orders
- Victim/Witness Assistance Program

# Services and Functions



<b>SAPR Program</b>	<b>Military Health System</b>
<b>Sexual Assault Reporting (Restricted &amp; Unrestricted)</b>	<b>Sexual Assault Reporting (Restricted &amp; Unrestricted)</b>
<b>Victim Recovery (Advocacy)</b>	<b>Victim Recovery (Healthcare)</b>
<b>Safety Assessment</b>	<b>Safety Assessment</b>
<b>Report Documentation &amp; DD Fm 2910 – Report Election Form</b>	<b>Healthcare Record &amp; DD Fm 2911 - SAFE Report</b>
<b>Advocate Credentialing</b>	<b>Provider Licensing</b>
<b>Policy DoDD 6495.01, DoDI 6495.02, DoDI 6495.03</b>	<b>Policy DoDI 6310.09 DHA-PI 6310.aa (Draft)</b>

# Healthcare Provider Reporting Process\*



# Provider Considerations



- Informed Consent Documentation
  - How are victims informed of your responsibility to report sexual assault and to whom?
  - When will you report a sexual assault?  
(During or after encounter?)
  - Who decides if there is a safety issue that requires reporting?

# Provider Considerations



- Patient Record Documentation
  - ❑ Sexual assaults documented in patient record are generally protected from disclosure.
  - ❑ Courts may order patient records and separate mental health records be disclosed to the trier of fact.
  - ❑ Providers documenting sexual assault disclosures in medical records should consider how the record could be used.
    - Refrain from making conclusions or evaluations of victim statements.
    - Write so that others understand your meaning and intent.
    - Limit documentation to assessment and plan for care.

# Provider Considerations



- Patient Treatment

- Narrative therapies for PTSD produce accounts of sexual assault in writing or on tape.
- Patient sexual assault accounts entered into the medical record become government property and are potentially discoverable by courts.
- Ensure victims whose cases are ongoing in the justice system understand the risks and benefits of narrative therapy.



# Key Takeaways



- Sexual assault reports provide limited information about the problem. Scientific surveys estimate prevalence in the military population and have identified risk and protective factors.
- Sexual assault impacts Service member mental health, even more than combat exposure.
- Providers must understand reporting policies, and how medical documentation and treatment may be discoverable in the legal system.

# References



Adler, A. B., LeardMann, C. A., Roenfeldt, K. A., Jacobson, I. G., Forbes, D., & Millennium Cohort Study Team (2020). Magnitude of problematic anger and its predictors in the Millennium Cohort. *BMC public health*, 20(1), 1168.

<https://doi.org/10.1186/s12889-020-09206-2>

Armenta, R. F., Rush, T., LeardMann, C. A., Millegan, J., Cooper, A., Hoge, C. W., & Millennium Cohort Study team (2018). Factors associated with persistent posttraumatic stress disorder among U.S. military service members and veterans. *BMC psychiatry*, 18(1), 48. <https://doi.org/10.1186/s12888-018-1590-5>

Banerjee AD, Rivera AC, LeardMann CA, Stander V, Jacobson IG, Boyko, Daniels S, Millard D; Moore B, Boyko EJ; for the Millennium Cohort Team. Individual, Life, and Military Factors that Alter the Association of Sexual Trauma with Health Outcomes among US Service members and Veterans. In preparation.

Bookwalter, D. B., Roenfeldt, K. A., LeardMann, C. A., Kong, S. Y., Riddle, M. S., & Rull, R. P. (2020). Posttraumatic stress disorder and risk of selected autoimmune diseases among US military personnel. *BMC psychiatry*, 20(1), 23.

<https://doi.org/10.1186/s12888-020-2432-9>

# References



- Kang, H., Dalager, N., Mahan, C., & Ishii, E. (2005). The role of sexual assault on the risk of PTSD among Gulf War veterans. *Annals of epidemiology*, 15(3), 191–195. <https://doi.org/10.1016/j.annepidem.2004.05.009>
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of general psychiatry*, 52(12), 1048–1060. <https://doi.org/10.1001/archpsyc.1995.03950240066012>
- Kilpatrick, D. (1992). *Mental Health Impact of Rape*. National Violence Against Women Prevention Research Center. Medical University of South Carolina. Musc.edu. <https://mainweb-v.musc.edu/vawprevention/research/mentalimpact.shtm>
- Kimerling, R., Gima, K., Smith, M. W., Street, A., & Frayne, S. (2007). The Veterans Health Administration and military sexual trauma. *American journal of public health*, 97(12), 2160–2166. <https://doi.org/10.2105/AJPH.2006.092999>
- Kolaja, C. A., Roenfeldt, K., Armenta, R. F., Schuyler, A. C., Orman, J. A., Stander, V. A., & LeardMann, C. A. (2021). Sexual Health Problems among Service Men: The Influence of Posttraumatic Stress Disorder. *Journal of sex research*, 1–13. Advance online publication. <https://doi.org/10.1080/00224499.2020.1855622>

# References



- Kolaja, C. A., Schuyler, A. C., Armenta, R. F., Orman, J. A., Stander, V. A., & LeardMann, C. A. (2021). Sexual health difficulties among service women: the influence of posttraumatic stress disorder. *Journal of affective disorders*, 292, 678–686. <https://doi.org/10.1016/j.jad.2021.05.08>
- Leardmann, C. A., Pietrucha, A., Magruder, K. M., et al. (2013). Combat deployment is associated with sexual harassment or sexual assault in a large, female military cohort. *Women's health issues : official publication of the Jacobs Institute of Women's Health*, 23(4), e215–e223. <https://doi.org/10.1016/j.whi.2013.05.002>
- Millegan, J., Wang, L., LeardMann, C. A., Miletich, D., & Street, A. E. (2016). Sexual Trauma and Adverse Health and Occupational Outcomes Among Men Serving in the U.S. *Military. Journal of traumatic stress*, 29(2), 132–140. <https://doi.org/10.1002/jts.22081>
- Millegan, J., Milburn, E. K., LeardMann, C. A., Street, A. E., Williams, D., Trone, D. W., & Crum-Cianflone, N. F. (2015). Recent Sexual Trauma and Adverse Health and Occupational Outcomes Among U.S. Service Women. *Journal of traumatic stress*, 28(4), 298–306. <https://doi.org/10.1002/jts.22028>

# References



- Ryan, M. A., Smith, T. C., Smith, B., Amoroso, P., Boyko, E. J., Gray, G. C., Gackstetter, G. D., Riddle, J. R., Wells, T. S., Gumbs, G., Corbeil, T. E., & Hooper, T. I. (2007). Millennium Cohort: enrollment begins a 21-year contribution to understanding the impact of military service. *Journal of clinical epidemiology*, *60*(2), 181–191.  
<https://doi.org/10.1016/j.jclinepi.2006.05.009>
- Seelig, A. D., Rivera, A. C., Powell, T. M., Williams, E. C., Peterson, A. V., Littman, A. J., Maynard, C., Street, A. E., Bricker, J. B., & Boyko, E. J. (2017). Patterns of Smoking and Unhealthy Alcohol Use Following Sexual Trauma Among U.S. Service Members. *Journal of traumatic stress*, *30*(5), 502–511. <https://doi.org/10.1002/jts.22214>
- Smith, T. C., Wingard, D. L., Ryan, M. A., Kritz-Silverstein, D., Slymen, D. J., Sallis, J. F., & Millennium Cohort Study Team (2008). Prior assault and posttraumatic stress disorder after combat deployment. *Epidemiology (Cambridge, Mass.)*, *19*(3), 505–512. <https://doi.org/10.1097/EDE.0b013e31816a9dff>
- Thomas, C. L., Nieh, C., Hooper, T. I., Gackstetter, G. D., LeardMann, C. A., Porter, B., & Blazer, D. G. (2021). Sexual Harassment, Sexual Assault, and Physical Activity Among U.S. Military Service Members in the Millennium Cohort Study. *Journal of interpersonal violence*, *36*(15-16), 7043–7066. <https://doi.org/10.1177/0886260519832904>

---

Questions?

# How to Obtain CE/CME Credits



To receive CE/CME credit, you must register by 0850 ET on 29 October 2021 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 11 November 2021 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL: <https://www.dhaj7-cepo.com/content/oct-2021-ccss-promising-practices-military-health-care>
2. Search for your course using the **Catalog**, **Calendar**, or **Find a course** search tool.
3. Click on the REGISTER/TAKE COURSE tab.
  - a. If you have previously used the CEPO CMS, click login.
  - b. If you have not previously used the CEPO CMS click register to create a new account.
4. Follow the onscreen prompts to complete the post-activity assessments:
  - a. Read the Accreditation Statement
  - b. Complete the Evaluation
  - c. Take the Posttest
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at: <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at: [dha.ncr.j7.mbx.cepo-cms-support@mail.mil](mailto:dha.ncr.j7.mbx.cepo-cms-support@mail.mil)