

Reporting Sexual Assault in the Military

Who Reports and Why Most Servicewomen Don't

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Background: Public and congressional attention to the Department of Defense's (DoD's) efforts to prevent and respond to sexual assault in the military (SAIM) is increasing. To promote reporting, the DoD offers (1) restricted reporting, allowing confidential reporting to designated military personnel without triggering an official investigation, and (2) unrestricted reporting, which initiates a criminal investigation.

Purpose: To identify factors associated with officially reporting SAIM by examining demographic, military, and sexual assault characteristics and survey reporting perceptions and experiences. Differences between active component (AC) (full-time active duty) and Reserve and National Guard (RNG) were explored.

Methods: A Midwestern community sample of currently serving and veteran servicewomen (1,339) completed structured telephone interviews. RNG interviews were conducted March 2010 to September 2010 and AC interviews from October 2010 to December 2011. Data were analyzed in 2013. Logistic regression analyses examined demographic, military, and SA characteristics related to SAIM reporting. Bivariate statistics tested differences between AC and RNG.

Results: A total of 205 servicewomen experienced SAIM and 25% reported. More AC servicewomen experienced SAIM, but were no more likely to report than RNG servicewomen. Restricted reporting was rated more positively, but unrestricted reporting was used more often. Reporters' experiences corroborated non-reporters' concerns of lack of confidentiality, adverse treatment by peers, and beliefs that nothing would be done. Officers were less likely to report than enlisted servicewomen.

Conclusions: Actual and perceived reporting consequences deter servicewomen from reporting. SAIM undermines trust in military units, mission readiness, and the health and safety of all service members.

(Am J Prev Med 2014;47(1):17–25) Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine

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0749-3797/\$36.00

<http://dx.doi.org/10.1016/j.amepre.2014.03.001>

Introduction

There is increasing public and congressional attention to the Department of Defense's (DoD's) efforts to prevent and respond to sexual assault in the military (SAIM).^{1,2} The *DoD Task Force Report on Care for Victims of Sexual Assault* provided a comprehensive assessment of the strengths, weaknesses, and gaps in reporting and management of SAIM cases.³ This in turn led to the establishment of the Sexual Assault Prevention and Response Office (SAPRO) in 1995, an organization responsible for oversight of DoD sexual assault (SA) policy.⁴

SA is a crime that is significantly underreported, both in U.S. civilian and military populations. Reasons for reporting include: to receive medical care, catch and punish the offender so that further crimes against self or

others are prevented, and because SA is a crime.^{5–7} However, the majority of women do not report for reasons including not wanting others to know,^{5–9} concern about insufficient proof,^{5,6,10} fear of reprisal by the offender or others,^{5,7–9,11} poor treatment or disbelief from the criminal justice system,^{6,10,12} or because it is a private matter to be handled personally.⁷ Within the military, service members who report may face their own penalties for collateral misconduct violations such as using alcohol, which may also deter service reporting. Notably, if victims believe reporting will result in apprehending perpetrators, they are more likely to report.¹³

The DoD has continued to review the prevalence of SAIM and service members' perceptions of policy and program effectiveness through routine surveys of active-duty service members^{9,14–17} and Reserve component members.^{18–20} The 2012 survey's prevalence estimate of unwanted sexual contact within the previous 12 months among servicewomen was nearly 7%, of which 33% of servicewomen reported the SA to military authorities. In the Reserve component, the 2012 annual prevalence rate was almost 3%, of which 20% were reported to military authorities. Because individuals are less likely to disclose being a victim,^{21,22} the SAIM rates are believed to be much higher²³; thus, reporting rates may in turn be lower. Barriers to and satisfaction with reporting are found primarily in DoD reports, as there is a paucity of peer-reviewed literature on reporting conducted in military populations.

Since 2005, the DoD has offered service members two official options: restricted and unrestricted reporting. Restricted reporting allows service members to confidentially report to a Sexual Assault Response Coordinator (SARC) or Victim Advocate and receive medical treatment, counseling, and a forensic examination without triggering an official investigation. With restricted reporting, law enforcement is not informed nor does the command structure become involved, thus eliminating opportunity for disciplinary or protective action. The service member may convert a restricted report to an unrestricted report. Unrestricted reporting allows victims to receive the same services such as medical treatment, and in addition, law enforcement and the command structure are notified and a criminal investigation is initiated.⁴

The purpose of this study was to extend the DoD SAPRO data by (1) querying servicewomen's reporting experiences throughout their military service rather than in the past year; (2) asking parallel questions to compare nonreporter barriers to reporting with reporter experiences; (3) using multivariate analyses to identify demographic, military, and SAIM factors associated with

reporting; (4) investigating reporting differences between active component (AC, i.e., full-time active duty) and Reserve and National Guard (RNG) service members; and (5) to consider why there continue to be substantial barriers to reporting SAIM for servicewomen.

Methods

Participants and Procedure

Two mutually exclusive populations of RNG and AC servicewomen were sampled. At the time of study participation, some servicewomen were still serving, whereas others had separated from service (e.g., veterans). All participants had served in the Army or Air Force, and resided, served, or had enlisted from a Midwestern state (Iowa, Illinois, Missouri, Nebraska, and Kansas). A sampling frame was used to stratify enlisted servicewomen by deployment history (1=never, 2=deployed to Iraq or Afghanistan [I/A] once, 3=deployed to I/A more than once, and 4=deployed somewhere other than I/A) and to oversample officers. Defense Manpower Data Center provided contact information and select military variables such as branch and era of service.

Recruitment was initiated with mailed invitation packets, including an introductory letter, consent form, and Veterans Affairs (VA) research brochure, and followed by research team telephone calls to potential participants. Recruitment and informed consent documents educated potential participants that sexual violence experiences were part of this study. Subjects were reimbursed \$50.00 for participation and received an additional \$10.00 call-in incentive if they contacted the study team to participate after receiving the mailed invitation. Exclusion criteria included disabilities such as hearing or comprehension difficulties that interfered with independent telephone interviews or a dishonorable discharge. Both studies were granted a waiver of consent by the authors' IRB; thus, signed consent forms were not required for participation.

A computer-assisted telephone interview (CATI) was used to query servicewomen's demographic and military characteristics, lifetime SA history, SAIM, and SAIM official reporting. RNG and AC interviews were conducted from March 2010 to September 2010 and from October 2010 to December 2011, respectively. The average interview took 1.5 hours and most (73%) were completed in one call.

Measures

Sexual assault. Questions were guided by the definition of the American Medical Association and American College of Obstetrician and Gynecologists^{24,25} and adapted from those used in the National Women's Study and the National Violence Against Women Survey,^{21,26} which are widely used measures.^{27–30} The survey queried lifetime; childhood (age <18 years); adult (age 18 years to military entry) SAIM; and post-military service SA. This study's results include all servicewomen who acknowledged at least one attempted or completed SAIM ($n=205$). Over a third (36%) of RNG participants had prior AC service and some had experienced SAIM during AC service. RNG servicewomen who reported SAIM solely during their AC military service ($n=40$)

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