

**STATEMENT**

**OF**

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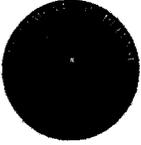
**BEFORE THE**

**HOUSE ARMED SERVICES SUBCOMMITTEE**  
**ON MILITARY PERSONNEL**  
**UNITED STATES HOUSE OF REPRESENTATIVES**

**HEARING ON SEXUAL ASSAULT IN THE**  
**MILITARY: VICTIM CARE AND ADVOCACY**

**JANUARY 28, 2009**

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Dr. Kaye Horne Whitley is the Director of the Sexual Assault Prevention and Response Office (SAPRO). The office is the Department of Defense's single point of accountability for all sexual assault policy matters and reports to the Office of the Under Secretary of Defense for Personnel and Readiness. OSD SAPR develops policy to improve prevention efforts, enhance victim support, and ensure system accountability. The office collaborates closely with the four Military Services to fully implement those policies and to ensure excellence in all military SAPR programs.



Dr. Whitley served in the OSD Prisoner of War/ Missing Personnel Office for 12 years prior to assuming leadership of the SAPR Program. As Senior Director for Communication she implemented an extensive outreach program for families, Congress, and the media. As the point of contact for family members whose loved ones are missing in action from our nation's wars, she was responsible for family and casualty policy matters and provided guidance to the four Service Casualty Offices regarding POW/MIA policy. Highlights of her tenure include briefing the families of detainees, including the 3 soldiers held captive in Kosovo, the EP-3 crew detained by the Chinese, and the prisoners of war in Iraq. She served as a consultant to the Department of State in briefing the families of the Columbia hostages and the contractors captured in Iraq. She participated in international projects, such as serving as the lead for a family and veteran delegation to North Korea and participating in negotiations with representatives from North Korea, Russia, Vietnam, Laos, and Cambodia. She authored, "What to Do If Your Loved One Is Missing or Captured: A Guide For Families," which was used by the Assistant Secretary of Defense for Legislative Affairs to brief Congress on what the Department of Defense does for families in the event of capture.

Prior to working for OSD Dr. Whitley was selected in a national search for her position as Assistant Director with the American Counseling Association. She served as the point of contact for military families for the Association's National Post Traumatic Disorder Network. As the Director of Personnel, Programs, and Training, Fort Stewart Schools, Dr. Whitley developed and established a counseling program for the military children enrolled. She later was selected to be on the graduate faculty at the University of Texas at El Paso where she developed two Master of Education programs in counseling. During this time she worked closely with the local school system to help the children whose parents were deployed to Operation Desert Storm. Additionally, Dr. Whitley provided clinical counseling for military wives at Fort Bliss, Texas.

Being an Army wife for 26 years was the impetus for focusing her career on the military. Some of the topics she researched and presented at National Conferences and other venues include: "Stress in Military Families," "Counseling Highly Mobile Families," "Group Counseling for the Military," "Desert Storm Deployment: The Role of the School Counselor," and "Career Development of Military Wives." She completed a year long clinical internship in mental health counseling at DeWitt Military Hospital, Fort Belvoir.

Dr. Whitley is a Summa Cum Laude graduate of the University of Georgia. She received her Doctorate in Counseling and Human Development from The George Washington University where she focused on Women's Studies and mental health counseling of military service members and their families. She was the recipient of one of the first scholarships awarded to a spouse from the Army Officer Wives of the Greater Washington Area and has the distinction of being a two time recipient of the Molly Pitcher Award for service to the Military Community. She holds numerous other awards, licenses, and certifications.

## INTRODUCTION

Chairwoman Davis, Ranking Member Wilson, and members of the subcommittee, thank you for the chance to speak today about caring for military sexual assault victims, a topic that I hold close to my heart. I have worked closely with some of the members of the committee and their staffs and would like to take this opportunity to say it is a pleasure to have this level of interest and support for our program. Thank you.

I would also like to thank the Services for their resolute dedication in support of the Department's policies and programs. Together, I believe we are creating a program truly unprecedented in scope by any other organization, either civilian or military.

In order to explain victim care and advocacy for military victims of sexual assault, it is important that I provide an overview of the following: (1) a brief history of sexual assault prevention and response in the military; (2) the reporting options available to Service members; (3) the victim care program we have created; (4) how we track victim care; and (5) the challenges we face in caring for military sexual assault victims and the help and support we need for the way ahead.

Sexual assault is one of the most underreported violent crimes in our society. National studies indicate that as many as 8 out of 10 sexual assaults go unreported in the civilian sector—largely because victims are fearful of the life-changing events, public scrutiny, and loss of privacy that often come with a public allegation. The potential medical and psychological costs and consequences of sexual assault are extremely high. Unfortunately, the military is not immune to the problems faced by the rest of American society and sexual assault is no exception. Sexual assault not only affects the health and stability of our war fighters, it has a negative impact on mission readiness. We face the challenges caused not only by the devastation of sexual assault, but also by its underreporting. In the past several years, we have come a long way in creating a system that provides sexual assault victims with the care and respect that they need, while honoring their privacy to the extent possible. As I said, the military is not immune to the problems faced American society, but we believe our response to those problems should be the best in the nation.

## HISTORY

### *Care for Victims of Sexual Assault Task Force*

As you may know, the Department's sexual assault prevention and response policy was instituted in 2005, after former Secretary of Defense Donald Rumsfeld directed the Under Secretary of Defense for Personnel and Readiness, Dr. David S.C. Chu, to undertake a 90 day review of all sexual assault policies and programs among the Services and the Department of Defense, with particular attention to any special issues that may arise from the circumstances of a combat theater. On February 13, 2004, Dr. Chu established the Department of Defense Care for Victims of Sexual Assault Task Force, an eight member task force. In April 2004, the Task Force published a report with a series of recommendations and findings. Those recommendations served as the foundation of our current policy.

The Task Force found pockets of excellence but expressed a need to have consistency of excellence across the Service programs. Although each Service had programs in place to care for victims of sexual assault and hold offenders accountable, the Task Force found that the Department had no effective policy relating to sexual assault and that it did not have common definition of terms which would permit the necessary level of discourse on sexual assault prevention and response. One of the major recommendations focused on the Department's need for a single point of accountability regarding all sexual assault policy matters within the Department.

A second major concern of the Task Force was how to get more victims to report their victimization. The Task Force noted that some barriers to reporting are consistent with those in the civilian community while others are unique in a military setting.<sup>1</sup> Some reasons military members did not report are:

- Thought they would not be believed.
- Feelings of embarrassment and stigma.
- Ambiguity about what constitutes sexual assault.
- Concerns that the criminal justice system is largely ineffective at responding to or preventing such incidents.

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<sup>1</sup> Task Force on Care for Victims Report, (April 2004) p. 28, Finding 12.

- Fear of reprisal from the offender.

The Task Force recommended that the Department establish avenues within the Department to increase privacy and provide confidential disclosure for sexual assault victims.<sup>2</sup> The Task Force noted that perceived lack of privacy and confidentiality within the Department was thought to be one of the most significant barriers to reporting by military sexual assault victims. It also noted that unreported sexual assault has adverse consequences for victims, commands, communities, units and mission accomplishment. It directed that the Department find a way to reconcile the inherent tension between a victim's need for confidentiality and a command's need to know.

### ***Joint Task Force on Sexual Assault Prevention and Response***

The Department's leadership agreed with the need to develop a policy and establish a single point of accountability for sexual assault prevention and response and it stood up the Joint Task Force on Sexual Assault Prevention and Response (JTF-SAPR). Within three months of being stood up, the JTF-SAPR drafted a comprehensive sexual assault prevention and response policy based on the Care for Victims Task Force Findings and with the help of civilian and military experts. The policy centered around three key target areas: care and treatment for victims, prevention through training and education, and system accountability. This new policy revolutionized the Department's sexual assault response structure.

In June of 2005, the Department further advanced its groundbreaking policy by instituting Restricted Reporting which allows victims to confidentially access medical care and advocacy services without law enforcement or command being notified. At the heart of the policy is a system that respects the privacy and needs of the victim. After I finish explaining the history of our program, I will explain Restricted Reporting and how it impacts our ability to care for victims.

### ***Sexual Assault Prevention and Response Office***

In 2005, the JTF-SAPR transitioned into a permanent office in the Office of the Secretary of Defense, known as SAPRO, the Sexual Assault Prevention and Response Office. I have been with SAPRO since October 2005, shortly before it transitioned from a task force into a permanent office. In that short time, the Department of Defense has come a long way in its efforts to prevent sexual

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<sup>2</sup> Task Force on Care for Victims Report, (April 2004) p. 49, Recommendation 4.2.

assault and care for victims of this violent crime. The creation of our sexual assault prevention and response program was monumental as it was the first time the military offered a confidential reporting option to Service member victims of sexual assault. We are proud of the progress we have made so far, but we know we must continue to offer the best care and support that we can for our victims while simultaneously launching a concerted effort to prevent this crime

Because SAPRO is still young, there have been misperceptions about the official role and responsibilities of the office. SAPRO was created to be the single point of responsibility for sexual assault policy matters, except for legal processes under the Uniform Code of Military Justice, as defined in DoDI 6495.02. While we often work closely with military investigators and attorneys, investigations and prosecutions do not come under our purview.

There is also the misperception that our office is responsible for domestic violence and sexual harassment policy, however, SAPRO is solely responsible for the policy matters relating to the crime of sexual assault involving active duty military personnel and the Guard and Reserves in active service and inactive duty training. We do coordinate with other offices such as the Family Advocacy Program, which handles domestic violence, and the Diversity Management Equal Opportunity Office which handles sexual harassment.

## **REPORTING OPTIONS**

Before I explain the specifics of victim care in the military, I need to explain the reporting options available to Service member victims. The Department offers two reporting options: Restricted and Unrestricted Reporting. The addition of Restricted Reporting as an option was critical to our program. As I stated previously, the Task Force on Care for Victims recommended the Department establish a way for victims to confidentially report their victimization as a way of encouraging more victims to access care and support. The Department worked hard to figure out how to increase privacy and provide confidential disclosure for victims. The directive type memorandum addressing confidentiality was not released until 6 months after the other policy memoranda which established our sexual assault prevention and response program, which demonstrates how intensely it was debated. Policy makers struggled to figure out how to balance

victim privacy against the commander's need to know what is going on in his or her unit. Ultimately, the Department recognized that we had to prioritize victim support in order to get more victims to come forward and access care. If a victim does not report at all, commanders are left powerless to assist him or her and have less ability to keep their installations and units safe.

Restricted Reporting allows victims to confidentially access medical care and advocacy services. It is defined as follows:

*A process used by a Service member to report or disclose that he or she is the victim of a sexual assault to specified officials on a requested confidential basis. Under these circumstances, the victim's report and any details provided to a healthcare provider, the Sexual Assault Response Coordinator, or a Victim Advocate will not be reported to law enforcement to initiate the official investigative process unless the victim consents or an established exception is exercised under this Directive.<sup>3</sup>*

Although Restricted Reporting does not trigger the investigative process, commanders are provided with nonidentifying personal information which allows them to provide enhanced force protection. In this way, we are able to honor a victim's privacy while taking steps to keep others safe.

Prior to the implementation of Restricted Reporting, victims could not access medical care or advocacy services without the involvement of law enforcement and command. The mandatory involvement of command is unique to the military. In the civilian world, it is not mandatory to notify a victim's employer that its employee was the victim of sexual assault. We believed it was important for military members to have the same ability to privately access care because we believed that the option of confidential care would result in more victims accessing care.

In creating Restricted Reporting, the military broke with tradition. Our policy states the following, "The Department of Defense recognizes the potential impact Restricted Reporting may have on investigations and the ability of the alleged offender's commander to hold the offender accountable. However, this policy decision represents the judgment that such risks have been carefully considered, but were outweighed by the overall interest in providing sexual assault victims this support."<sup>4</sup>

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<sup>3</sup> DoDD 6495.01, E.2.1.9.

<sup>4</sup> DoD Directive 6495.01, Enclosure 3, Section E3.1.1.

Although our policy allows for confidential Restricted Reports, it encourages victims to make Unrestricted Reports that allow the Department to investigate and hold perpetrators accountable. Victims who initially make a Restricted Report may change their minds and participate in an official investigation at any time. In addition, if information comes to a commander's attention or to the attention of law enforcement from a non-Restricted Reporting avenue, an independent investigation will be initiated.

Restricted Reporting does more than allow victims to confidentially access medical care. It enhances possible future prosecutions by allowing victims to access anonymous sexual assault forensic examinations. Following the examination, Military Criminal Investigators hold the evidence under an anonymous identifier for up to one year during which time the victim may change his or her mind and decide to convert to an Unrestricted Report. One month prior to the expiration of that year, the Sexual Assault Response Coordinator will contact the victim to determine if the victim would like to convert to an Unrestricted Report. If the victim changes to an Unrestricted Report, we will have forensic evidence from the anonymous identifier sexual assault forensic examination which we would not have without the Restricted Reporting option.

Dr. Dean Kilpatrick, who wrote the ground breaking Rape in America Study in 1992, authored a new study last summer for the National Institute of Justice called *Drug-facilitated, Incapacitated and Forcible Rape: A National Study*. In that study, Dr. Kilpatrick noted, "The vast majority of rape victims never received medical care following the rape incident(s)." <sup>5</sup> He also noted that allowing victims to get anonymous medical care serves an important public health function "by potentially dramatically increasing the numbers of victims receiving preventive health care and thereby reducing longer term health care costs." He went on to cite the military as a system that allows for anonymous forensic exams. A number of states are following our example and creating systems that allow for anonymous forensic examinations, some to comply with the Violence Against Women Act deadline of January 2009 and some simply because they recognize the value of connecting victims with medical care and treatment for sexual assault.

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<sup>5</sup> Kilpatrick, Dean, PhD, et al, *Drug-facilitated, Incapacitated and Forcible Rape: A National Study* (2007).

Our experience with Restricted Reporting tells us that it is a good thing. The number of Restricted Reports we have received demonstrate that it works. At the end of FY07, we had received 1896 Restricted Reports since the option was made available in June of 2005. We believe that number represents 1896 victims who would not have otherwise come forward to access care had it not been for Restricted Reporting. In addition, approximately ten percent of those Restricted Reports converted to Unrestricted Reports allowing us to take action to hold those offenders accountable. Despite the benefits of Restricted Reporting, at times, we have face challenges in making it a reality and protecting victims' privacy. We will discuss these momentarily.

## **VICTIM CARE**

### ***Military Sexual Assault Response***

Now that I have explained the history of sexual assault prevention and response in the military and how Restricted Reporting helps victims, we can move to an explanation of victim care in the Department of Defense. When we created our policy in 2005, we established the framework for a coordinated, multidisciplinary response system modeled after the best practices in the civilian world. We work as a team to support victims. Our goal is to provide Service members worldwide with equal access to a 24 /7 response that ensures quality care and support.

Victim care begins immediately upon an initial report of a sexual assault. At the heart of our sexual response system are the Sexual Assault Response Coordinator (SARC) and victim advocates. Every military installation in the world -- both in garrison and deployed -- has a SARC and victim advocates who provide the human element to our response. They assist victims with three fundamental principles of victim care:

- Safety and Security - First and foremost, victims need to feel safe. Our SARCs and victim advocates work with victims to identify and address issues related to their physical safety and needs as well as concerns about their commander and the perpetrator.
- Ventilate and Validate - Next, we know that victims need to talk about what happened and, while they are not therapists, our SARCs and victim advocates

are good listeners. Their job is not to talk about the details of the assault, but rather to validate victims' reactions and feelings in a non-judgmental way. SARC's and victim advocates listen to victims' needs and then connect them with appropriate and necessary resources, including medical care, mental health care, and legal and spiritual resources. Because of our SARC's and victim advocates, Service members are not left alone to navigate the potentially daunting process of reporting a sexual assault.

- Predict, Prepare and Inform – Finally, victims need to know their options, legal rights, and what is going to happen next. Our SARC's and victim advocates explain their reporting options, available resources, and what may happen next. They assist the victim in navigating the response process and help victims understand their options in order to make informed decisions. SARC's and victim advocates support victims in decision making. Victims are further kept informed in Unrestricted Reports because SARC's chair monthly multidisciplinary case management meetings where they coordinate care as the case is moving forward. SARC's and victim advocates provide the information gained at these meetings to victims. Thanks to SARC's and victim advocates, victims are not left in the dark about where their case is going and what will happen next.

Due to the confidential nature of Restricted Reporting, victims who file Unrestricted Reports have more options available to them than those who file Restricted Reports. The resources that are available to all Service member victims through the military are advocacy, mental health care, spiritual counseling, legal resources, and medical care, including the collection of forensic evidence, which in the case of a Restricted Report is done anonymously. SARC's and victim advocates will also connect victims to off-base resources when necessary. Our policy strongly encourages collaboration with off-base resources. SARC's work hard to create memoranda of understanding with local rape crisis and medical centers. All of the resources I just described can be accessed privately, unless the state has a mandatory reporting law.

In addition to those resources, victims who make Unrestricted Reports will have their case referred to law enforcement for investigation and prosecution. They also have access to any tools at the disposal of their commander, as the case will be referred to command as well. The reason resources are different in Restricted Reporting cases, is that reports to law enforcement and command cannot be done anonymously.

SARCs and victim advocates work with victims to help them decide whether to make a Restricted or Unrestricted Report. In order to ensure that victims make an educated decision in which they are fully informed of their choices, we developed a Victim Preference Reporting Form which explains their options. This form is completed by the victim with the assistance of the SARC or victim advocates in every case.

As I told you earlier, we work as a team to support victims. SARCs and victim advocates are the heart of our response system, but they receive a great deal of help from other members of the team such as victim-witness assistance program personnel. In Unrestricted Reports, when the case is being investigated and prosecuted, victim-witness assistance program personnel work together with SARCs and victim advocates to assist victims with understanding and participating in the military justice process, increasing support during the military justice process and connecting the victim to needed resources. This minimizes the risk for re-victimization and increases the likelihood that victims will stay with the process to its conclusion while ensuring that the victim has the best opportunity for recovery.

We are not alone in this fight and continue to strengthen internal and external partnerships. Within the Department the SAPRO works closely with Health Affairs, Office of the Judge Advocates General, Military Criminal Investigative Offices, Military One Source, Diversity Management Equal Opportunity, Family Advocacy Program, and the offices of the Secretaries of the Military Departments. Our federal partners include Department of Veteran's Affairs, Department of Justice (Office for Victims of Crime, Office on Violence Against Women, and National Institute of Justice), Department of Health and Human Services (including the Office on Women's Health and the Centers for Disease Control and Prevention), and the Department of State.

Additionally we work with community partners including various state coalitions, the Rape, Assault, Incest National Network (RAINN), and the National Sexual Violence Resource Center.

### ***Training and Education***

Next, we turn to training and education. We could have the best system of victim care in the world, but it would mean nothing if victims did not know how to access it. Service members are trained about the options and resources available for sexual assault victims at many different points in their careers, from accession to the Service, to Professional Military Education, through assumption of command. All of the Military Departments have implemented sexual assault awareness training tailored to the unique mission and culture of each Department. Many programs use interactive programs and scenarios to maximize training effectiveness. In addition to formal training, the Department of Defense participates in Sexual Assault Awareness Month (SAAM) and has created a number of public service announcements to bring attention to the problem of sexual assault.

In the early stages of our program, much of our training was focused on response to sexual assault. However, one victim of sexual assault is too many. In order to ensure that fewer people are victimized, we are moving ahead with a comprehensive prevention initiative. The Department has worked with national experts to develop an aggressive prevention strategy, which plans intervention at every level of military society – from the policy makers at the top, to the individuals in the lowest ranks. These interventions will be tied together through a powerful social marketing campaign. We are deploying the strategy throughout this fiscal year, and kicking off the campaign in April 2009.

The culture of the United States Armed Forces has never tolerated sexual assault. The attitudes, beliefs, and behaviors that contribute to this crime are sadly part of our society as a whole. Nevertheless, the Department is in a unique position to alter these factors as part of its indoctrination process and as part of the professional development of its personnel. Just as the Department led the way with integration of the Armed Forces six decades ago, we are now at the cusp of a unique opportunity. It is our goal to develop a sexual assault prevention program that can be a benchmark for the nation.

A prevention program of a size and scope needed for the Department has never before been created. Let me be clear: No civilian institution, state government, or city has ever undertaken a mandate to prevent sexual assault in a population like the United States Armed Forces. As we develop our prevention strategy, we are literally at the leading edge of what social science and public health can tell us. However, there is some research to suggest that by educating Military Members when and how to act, we may be able to turn bystanders into actors who can prevent sexual assault.

Affecting this kind of shift in attitudes, beliefs, and behaviors across the several generations represented by our military population is no small undertaking. It will take a great deal of time and substantial resources dedicated specifically for this purpose. Even so, the Department stands committed to the goal of using our finest weapon system – our people – in the war against sexual assault.

#### **TRACKING VICTIM CARE**

We have discussed victim care and how we train Service members about the options and resources available to them. The next issue is how do we track victim care? The Department believes that comprehensive data collection and analysis is vital to policy analysis and program implementation. . Thus, a Department-wide sexual assault database is currently under development. Over the past three months, the Military Services have developed a proposal for how such a database should be constructed. We have secured funding, and are working hard to have it completed by January 2010. In the meantime, we are collecting data regarding service referrals for victims of sexual assault and report this information in the Department's Annual Report on Sexual Assault in the Military to Congress.

#### **CHALLENGES IN CARING FOR MILITARY VICTIMS OF SEXUAL ASSAULT**

This forum presents an excellent opportunity to present and discuss important challenges the Department currently faces which inhibit us from expanding parts of our policies and programs. Often the challenges we face, much to our frustration, are beyond our control. Four current

challenges include state mandatory reporting laws, jurisdictional response challenges, Line of Duty (LOD) requirement for the National Guard and Reserves and investigation and prosecution.

### ***State Mandatory Reporting Laws***

As I explained previously, prior to the implementation of Restricted Reporting, victims could not access medical care or advocacy services without the involvement of law enforcement and command. Restricted Reporting is critical to reducing the barriers which prevent victims from accessing care in the military. Despite all of its benefits, Service members in a number of states do not have the option of Restricted Reporting if they wish to access medical care. Victims cannot access private medical care and treatment either on or off base. California is an example of a state with this type of law. Section 11160 of California's Penal Code requires healthcare practitioners to make a report to law enforcement when they treat a wound or physical injury that was the result of assaultive or abusive conduct. That report must include the victim's name, whereabouts and a description of the person's injury. There is no discretion allowed by the law on the part of a healthcare provider. Once the healthcare provider notifies civilian law enforcement, we cannot guarantee that they will not notify military law enforcement. Once military law enforcement is aware of a sexual assault, it must investigate. Victims must be advised that if they wish to access medical care, they do not have the option of Restricted Reporting in California.

### ***Jurisdictional Challenges***

The military provides care and support for any Service member who is sexually assaulted, regardless of whether the offender is in the military or not and regardless of whether the assault happened on a military installation or not. As a result, it is not uncommon for military SARCs and victim advocates to support Service member victims when a civilian agency has complete, or at least primary, jurisdiction of the investigation and prosecution. It is not uncommon for SARCs and victim advocates to face challenges when coordinating care for victims when jurisdictional issues arise. Although cross-jurisdictional issues may arise for any victim advocate, particularly those near state borders, the military faces more challenges than most in the United States simply due to increased complexity of jurisdictional issues. The challenges are compounded even further when the incident occurs outside of the United States.

The inherent challenges are illustrated by a case that was reported in Academic Year 2007 Academy Assessment. The case involved a victim who was a student at the Naval Academy. Jurisdictional problems among law enforcement and medical care providers caused one victim to wait approximately seven hours before a forensic exam was performed. The incident occurred off-base. In this case, the victim advocate was contacted and immediately responded to assist the victim. However, the District of Columbia had primary jurisdiction and initially took the lead role in the investigation of the case. The DC Metropolitan Police had a requirement that the victim's SAFE kit be performed within their jurisdiction. Both the victim advocate and victim waited for Navy investigators to work out jurisdictional problems with District of Columbia Metropolitan Police before the SAFE could be performed, causing the 7 hour delay.

We do not offer this case as a criticism of civilian law enforcement. Rather, we offer it to illustrate the challenges faced by victims that SARCs and victim advocates have to help them navigate when jurisdictional issues arise. Many of these issues could not have been anticipated when we wrote our policy. We are learning how to address them as we continue to implement our policy. We use this example to teach SARCs and victim advocates what challenges they may face and why it is so critical to collaborate with the surrounding civilian community as a way of heading off these types of challenges.

### ***Line of Duty (LOD)***

The Department's sexual assault prevention and response policy applies to Service members who are victims of sexual assault. This includes members of the National Guard and Reserves when they are sexually assaulted in an active-duty status. Members of the Reserve component who are sexually assaulted in a military duty status and wish to make a Restricted Report currently need a Line of Duty (LOD) determination before they can obtain access to care and treatment if they report being sexually assaulted when they are no longer in an active duty status. The LOD is a process for determining whether a member of the Reserve component is eligible for medical care at government expense due to an injury or illness that was incurred or aggravated while in an "activated" military duty status. The LOD process requires an investigation and the involvement of command, which directly conflicts with Restricted Reporting.

This limitation to access of care and treatment is inconsistent with the DoD sexual assault prevention and response policy on Restricted Reporting. We are in the process of eliminating this barrier to Restricted Reporting for the Guard and Reserves. In November 2008, the Department modified its policy to require the Services to revise their LOD policies to ensure that members of the Reserve component can get an anonymous LOD when they make a Restricted Report.

### ***Training and Experience***

The Secretary of Defense has identified trial counsel and investigator training and experience as two of his priorities in this area. As I explained earlier, DoD policy specifically states that SAPRO is not responsible for the investigation and prosecution of sexual assault. However, we have worked to facilitate improvements in this area by partnering with the Military Criminal Investigative Organizations and Judge Advocates General. Together, we identified the challenges which exist with respect to the training and experience of investigators and military trial counsel and we formulated action plans for improvement. In addition, we partnered with the Department of Justice (DOJ) Office on Violence Against Women to reprint a DOJ manual on the prosecution of alcohol facilitated sexual assault to distribute to trial counsel. It is currently being used by the Army to create training on investigating alcohol facilitated sexual assault.

### **CONCLUSION**

The Department has made remarkable progress over the last four years by standing up a program that truly addresses the needs of the victim. As I conclude my testimony, I would like to share one last thought. Each day, our Service members dedicate their lives to protecting our country and deserve no less than the very best care and support in return. This is why it is so very important that we work together to make this program the best it can be. We can thank our Sexual Assault Response Coordinators, Victim Advocates, and first responders for dedicating their lives to those in need and giving back to those who serve. Since 2005, 1896 individuals have come forward due to our Restricted Reporting option. Without this option, they would not have received the care and support they so desperately need and deserve. If you ask me, that's remarkable progress. It's up to

us (the Department of Defense and Congress) to continue to take the lead by working in partnership to refine and expand this policy to better serve those who serve for us.

Thank you for your time and for the opportunity to testify today. I welcome further discussion and I am happy to entertain your questions at this time.