

DEFENSE ADVISORY COMMITTEE FOR THE PREVENTION OF SEXUAL MISCONDUCT (DAC-PSM)

Public Meeting Minutes June 27, 2024

The Defense Advisory Committee for the Prevention of Sexual Misconduct (DAC-PSM) convened a public meeting at 9:00 AM ET on June 27, 2024. The meeting was held in-person at the Mark Center Conference Center in Alexandria, Virginia and virtually via a Zoom webinar.

Committee Members

The following DAC-PSM Committee Members were present at the June 27 meeting:

- Co-Chair: The Honorable Gina Grosso (Lt Gen, United States Air Force (Ret))
- Co-Chair: Dr. Lindsay Orchowski
- Dr. Antonia Abbey (Metrics and Performance Subcommittee Chair)
- Dr. Dorothy Edwards (Prevention Training and Activities Subcommittee Chair)
- Dr. Armando Estrada
- Ms. Stephanie Gattas
- Dr. Sharyn Potter
- Dr. John Pryor
- Ms. Jennifer Silva
- Dr. Amy Smith Slep
- Ms. Glorina Stallworth
- Dr. Michelle Ybarra

The following DAC-PSM Committee Members were absent from the April 10 meeting:

- Mr. Clem Coward (MG, United States Army (Ret))
- Ms. Lynn Rosenthal

Opening Remarks

The DAC-PSM Executive Director and Designated Federal Officer (DFO), Dr. Suzanne Holroyd, opened the Committee's public meeting by reviewing the charter of the Committee and its mission. Dr. Holroyd informed those in attendance that this meeting is being held in line with requirements stated in the Federal Advisory Committee Act.

Those in attendance were reminded that any comments made during the meeting by Committee Members are their personal opinions and do not reflect the position of the DAC-PSM, Department of Defense (DoD), Military Departments, or Military Services. Dr. Holroyd then conducted a roll call of DAC-PSM Members and confirmed that a quorum was met. Dr. Holroyd turned the meeting over to the DAC-PSM Co-Chair, Dr. Lindsay Orchowski, for opening comments.

Dr. Orchowski thanked everyone for attending the public meeting. She stated that at this meeting the DAC-PSM would be receiving a mixture of updates on recent efforts by the Department to address sexual misconduct, as well updates from the DAC-PSM subcommittees on their study efforts. She expressed her appreciation for the DoD staff in walking the DAC-PSM through the data and explaining trends that emerged from their analysis, noting that having those additional

contextual insights helps the Members to better understand the challenges they are working to address. Dr. Orchowski remarked that the Committee has been able to do a lot of good work thus far, in large part due to the support it has received from the prevention community across the Department, and she thanked the speakers for their time and efforts.

Overview of Public Written Comments

Dr. Holroyd opened the portion of the meeting designated for review of the public's written comments. She noted that the Committee did not receive any public comments (by email or phone) prior to the deadline listed in the Public Register Notice, and thus, had no comments for the Committee to address.

Throughout the meeting, between 6-12 individuals of the public were in attendance via Zoom.

Brief: Department of Defense 2024 Integrated Prevention Update

Dr. Andra Tharp (Director, Violence Prevention Cell, Office of Force Resiliency) provided an update on the Department's efforts related to integrated primary prevention (IPP). She stated that she would be providing an overview of integrated prevention advancements; updates on the prevention workforce, prevention research and evaluation; On-Site Installation Evaluations (OSIEs); and a look ahead for the Department. Dr. Tharp reminded the DAC-PSM that sexual misconduct is nested within a broader approach to prevention for the Department. Taking a holistic approach by acknowledging how different harmful behaviors (including harassment, sexual assault, suicide, domestic abuse, child abuse, and retaliation) are connected allows for a broader impact.

Dr. Tharp provided a review of integrated prevention advancements by first establishing the timeline of the Department's efforts, starting with the 2019 Prevention Plan of Action (PPoA) 1.0. Dr. Tharp remarked that 2019 was the first year in which rates of sexual assault in the active duty force had increased significantly, raising questions inside and outside the Department about how to clearly and comprehensively outline a way forward for prevention of sexual assault within the Department. PPoA 1.0 stated that a prevention system and prevention process are necessary for successful prevention efforts, supporting a public health approach to prevention. Dr. Tharp highlighted that PPoA 1.0 was intended as a framework for prevention but did not prescribe one specific program or approach across the Department, as the Department recognized that the diverse needs across the Department meant that decision-making needed to be driven down to the local level so that prevention efforts could be tailored for each community. In 2020, the DoD Instruction (DoDI) 6400.09 ("DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm") codified the prevention system and data-informed actions necessary for IPP; outlined strategies for IPP; and identified characteristics of high-quality prevention. In 2021, Secretary of Defense (SecDef) Austin directed the work of the Independent Review Commission on Sexual Assault in the Military (IRC-SAM), which resulted in 82 recommendations for the Department across four key priority areas, including prevention. Dr. Tharp stated that the Department is implementing the majority of those prevention and climate-focused recommendations within the context of integrated prevention, leveraging the opportunity to accelerate its prevention work by taking a holistic approach across the spectrum of harmful behaviors.

In 2022, PPoA 2.0 was released to focus on IPP and to align prevention recommendations from PPoA 1.0 and the IRC-SAM. Dr. Tharp noted that this alignment with the IRC-SAM recommendations was intended to produce a singular vision for prevention strategy across the Department. The IRC-SAM recommended that the Department establish a dedicated full time prevention workforce, and so in 2022, the Department took its first step towards that goal through the establishment of a Prevention Workforce Model, which outlined the roles and responsibilities of a dedicated primary prevention workforce. That model was used as the basis for the Military Services to establish position descriptions and staffing approaches for the prevention workforce. Finally, the Department issued a new policy – DoDI 6400.11, “DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders” – in December 2022 to codify the roles and responsibilities, training requirements, and expectations of leadership and the dedicated primary prevention workforce (also known as the “integrated primary prevention workforce” or IPPW) and established On-Site Installation Evaluations (OSIEs) as a recurring requirement.

The new policy also revised the command climate assessment (CCA) requirements by expanding the requirement to all leaders at every echelon within the Department and instituting an annual fielding window. These changes meant that the Department now receives more higher-quality data, making it easier to interpret the context of CCA results. Additionally, oversight of the CCA process shifted from the Military Equal Opportunity community to the IPPW. This shift empowers the IPPW to bring everyone with equity to the collaboration table and to advise leaders on potential research-based activities to address risk or protective factors relevant to the CCA results.

Dr. Tharp stated that the new CCA policy set out in DoDI 6400.11 was put into practice in 2023 with the first annual fielding window for CCAs. The new policy requirements facilitate a more in-depth understanding of command climate for incorporation into Comprehensive Integrated Primary Prevention (CIPP) plans. Dr. Tharp explained that leaders understood the need to take action based on their CCAs, but before the policy change, it was not systematically documented anywhere what actions were taken in response to a CCA or how those actions were evaluated or course-corrected over time. The CIPP plan helps address this gap, as it functions as a holistic military community plan that brings together the CCA data as well as other relevant data to outline the prevention plan for that community.

Dr. Tharp also noted that in 2023 the Department launched the DoD Credentialing Program for Prevention Personnel (D-CPPP), which established a required professional credential, promoting a consistent and qualified prevention workforce across the DoD. The D-CPPP ensures the standardization and professionalization of the workforce. Since its launch in July 2023, the D-CPPP program has credentialed more than 800 prevention personnel.

As a recap of 2024 efforts to date, Dr. Tharp noted that the Department began a paid summer internship program in collaboration with the Partnership for Public Service and the Military Services. The internship program is designed to expand the pipeline of talent for the prevention workforce, drawing in knowledge expected to already exist at colleges, universities, and professional organizations and introducing those graduates and professionals to opportunities within the Department. Dr. Tharp highlighted that the Department has also launched www.prevention.mil as a channel to connect the integrated primary prevention workforce and other stakeholders with prevention tools and resources. Lastly, the Department expects to release PPoA 3.0, reflecting lessons learned from PPoA 2.0 and evolving prevention approaches.

Dr. Tharp paused her presentation for questions from the Committee. Dr. Edwards asked whether the internship was paid; Dr. Tharp answered that it is a paid internship, adding that the Department is exploring additional regulatory authorities to allow for a volunteer (for class credit) internship as well. Dr. Edwards then asked whether the credentialing program has collected any data or done evaluation of the impact or success of the program in terms of actually changing behaviors in the field. Dr. Tharp answered that RAND is conducting an independent evaluation of the prevention workforce model and that RAND work will also include a review of the workforce's work products to determine whether there is evidence of effectiveness or gaps that need to be addressed. Dr. Edwards asked for information about how the data is collected. Dr. Tharp answered that data is collected through interviews, focus groups, an analysis of CIPP plans, and case studies across DoD.

Dr. Edwards then remarked that in a prior DoD report, it was found that those who are implementing prevention are the least reliable in terms of reporting what they are actually doing. She asked how RAND was anticipating a similar or different effect. Dr. Tharp answered that there is a plan to do site observations and there are other tools in development which enable the Department to have oversight. Dr. Tharp offered the example that the IRC-SAM issued a recommendation to modernize and strengthen training, and the DoD is developing observation tools that will allow them to determine whether revised prevention-related training aligns with the guidance provided.

Dr. Estrada asked what training and education are folded into the selection and/or assignment of interns in the internship program. Dr. Tharp answered that this is a pilot program, so DoD is learning a great deal, but at this point, is using two approaches for training the interns. The first is that interns receive training on federal service in general through the Partnership for Public Service. The second is that the Department offers biweekly lunch-and-learns, allowing for cross-sharing across the departments that helps the interns understand how the different organizations and echelons work together. Dr. Tharp also remarked that the internship selection process is similar to a medical or clinical psychology internship matching process, with a bi-directional acceptance. Sites made selections of their desired interns based on their resumes and made offers, and the interns in turn accepted the site they wanted to go to. Through this process, the Department selected 22 interns.

Dr. Ybarra asked how much of the credentialing program is specific to sexual violence prevention. Dr. Tharp answered that the DoD SPARX Knowledge Training, which is the initial onboarding training for prevention of harmful behaviors, has a specific focus on the prevention of sexual violence in the military. Additionally, one of the prerequisite courses to that training is specific to sexual violence prevention. Dr. Tharp noted that SPARX Knowledge Training was initially conceptualized as solely sexual assault prevention but was expanded to include other forms of violence. Dr. Tharp added that continuing education requirements allow for flexibility in pursuing research on specific behaviors. One area in which the Department requires specialization is for any prevention workforce position that works with families or children, in which case a background check and specific continuing education are required.

Dr. Estrada asked for more detail on the roles and responsibilities for the prevention workforce, remarking that prevention encompasses a great deal, including data analytics (for example, synthesizing Defense Organizational Climate Survey (DEOCS) data and turning it into actionable

items), intervention activities like outreach, and provision of services to individuals. He questioned whether the expectation is that the prevention workforce would be responsible for all those items. Dr. Tharp answered that the workforce was designed to be a system where all of that expertise would be available. As illustration, at the strategic level, the workforce model outlines that personnel should be able to utilize research and data to understand population trends and translate that knowledge into policy. She noted that those efforts may be split across two different roles or siloed in one role, as the Military Departments had the freedom to determine how they delineated those roles and responsibilities in their position descriptions. For example, one Service may decide that the workforce on the ground level needs both a background in data analytics and prevention delivery, while another Service may decide that one person should be the data analyst solely responsible for delivering high-quality data analysis. She noted that the Services follow the interactive systems framework with translation at the strategic level, prevention support at the intermediate level, and the day-to-day work of delivering prevention and evaluation at the ground level. Dr. Tharp added that the RAND evaluation effort will help to determine which methods are effective or may need revisiting.

Dr. Tharp then shifted her presentation to an overview of prevention workforce updates. She noted that while there are few OSD-level prevention workforce positions available, the Department has been very invested in getting the word out about the available positions in the Military Departments. She stated that the Department has advertised at universities and professional organizations, including the American Public Health Association, Safe States Alliance Annual Conference, and Society for Prevention Research, as well as DoD's Taking the Pentagon to the People, a program that promotes opportunities at the DoD to minority-serving institutions. She explained that the goal of this outreach is to raise awareness that this prevention skill set is desired at the DoD.

Dr. Tharp also mentioned that the prevention workforce was identified by the Deputy Secretary of Defense as one of the workforces to partner with the Chief Talent Management Office to understand and address barriers to recruitment, hiring, and onboarding. Through this partnership, the Department is doing enhanced recruiting, including working with the Office of Personnel Management to create a landing page and candidate inventory that will direct individuals to all of the prevention workforce positions in one location rather than having each position posted individually on USAjobs.com. As of May 2024, more than 1,000 prevention workforce personnel are in place. The Department aims to have 2,500 total prevention workforce personnel in place by the end of FY28.

Dr. Tharp shifted to discuss the prevention credential referenced earlier, noting that the program was launched in July 2023 and so the first cohort is coming up on its first annual credential renewal and continuing education requirements. Per policy, full-time prevention personnel must have either 20 or 30 continuing education hours per year to renew, depending on their position. Independent credentialing board subject matter experts (SMEs) identify which trainings and courses are appropriate to ensure that the workforce stays on the cutting edge of the field of prevention science.

Dr. Tharp noted that even once hired, prevention personnel continue to need support in specific areas, and accordingly, DoD has continued to fund two training and technical assistance centers. In partnership with the Centers for Disease Control (CDC), the Integrated Prevention Technical

Assistance Center (IPTAC) provides a full range of services to support the IPPW, including training and ad hoc technical assistance requests. The IPTAC also conducts an annual needs assessment to help pinpoint the current requirements of the prevention workforce so that the Department can tailor its technical assistance. Additionally, DoD funds the Evaluation Technical Assistance Center (ETAC) through NORC at the University of Chicago. ETAC provides technical assistance and conducts rigorous evaluations by request. Dr. Tharp noted that even if personnel know how to conduct an evaluation, they may not have the time or resources available to conduct a rigorous evaluation. Finally, Dr. Tharp mentioned that DoD is spotlighting prevention personnel through Prevention in Action, which highlights the work of the IPPW with the goal of contextualizing and personalizing the workforce.

At this time, Dr. Tharp paused her presentation for questions from the Committee.

Co-Chair Grosso asked who the prevention personnel work for. Dr. Tharp answered that the vast majority (roughly 2,450 of the 2,500 total) work for the Military Departments or the National Guard. The Department has developed a staffing algorithm based on the size and risk of each organization to estimate the number and type of prevention workforce personnel needed, which gives each organization the flexibility to position those personnel where they will be most effective for that particular Service. For example, Dr. Tharp noted that the Air Force's prevention workforce personnel may report directly to a vice-wing commander. In contrast, the Marine Corps may have some prevention workforce personnel reporting to the installation level and others who are command assets. Dr. Pryor requested that Dr. Tharp provide the Committee with links to the Prevention in Action spotlights. Dr. Tharp followed up via e-mail to let the Committee know that these spotlights can be found at <https://www.prevention.mil/Resources/Prevention-In-Action/>.

Dr. Estrada asked how the staffing algorithm was documented. Dr. Tharp replied that the Library of Congress Federal Research Division helped the Department to develop the initial algorithm. She stated that she would provide the Committee appropriate documentation.

Dr. Tharp shifted her presentation to an overview of prevention research and evaluation updates. As called for in a National Defense Authorization Act (NDAA) requirement, the Department established a policy creating a research clearinghouse which will contain all Department studies in one database, helping to eliminate duplicative research and foster the dissemination of results.

Dr. Tharp noted that the Committee had received a briefing on the DoD Research Agenda from Dr. Jason Katz in a prior public meeting (*See minutes from April 10, 2024 public meeting*) and stated that the DoD is currently developing the FY25 agenda. Dr. Tharp remarked that the IRC-SAM recommendations highlighted barriers to prevention research, including the fact that many researchers experienced challenges getting approval for questions that could be seen as self-incriminating; she also noted that there is a policy in place that requires a waiver from the Under Secretary of Defense for (Personnel and Readiness) to collect data on sexual orientation or gender identity. Looking to remove these barriers while also respecting the importance of approval processes in human subjects research, DoD has developed an item bank with validated items and scales researchers can use in doing research. The item bank contains sexual orientation and gender identity questions and if, researchers doing work in DoD use those questions they do not need a USD(P&R) waiver.

Dr. Tharp stated that the IRC-SAM highlighted that it is difficult to conduct studies in perpetration and that the processes outlined in DoDI 6400.11 were intended to address some of the barriers. At DoD's request, the Institute for Defense Analysis (IDA) developed a conceptual model of sexual aggression perpetration and the DoD is currently in the approval process to test that model in a military population. Once that study is completed, IDA will develop a guide to inform similar studies conducted by other researchers.

As part of her update on other IRC-SAM recommendations, Dr. Tharp noted the following:

- DoD also funded a study with RAND to understand the unique needs of the prevention workforce in complex settings, such as outside the continental U.S. (OCONUS), noting that the challenges are generally the same but are exacerbated by the complexity and challenges of unique environments.
- Another recommendation was to identify a non-clinical alcohol policy office within the DoD; Dr. Tharp stated that her office has been identified as that office. The Department is gathering information on policies to mitigate alcohol misuse in the civilian and military communities.
- Many Service members are coming into the military with pre-military adverse childhood experiences (ACEs) that influence their risk for experiencing sexual assault or other harmful behaviors during their military service. IRC-SAM recommendations stemming from this observation included enhancing resources and support to younger Service members and entry-level Service members. Dr. Tharp stated that the Department has implemented two different projects to address this recommendation, focusing on methods that are proactive, strength-based, and avoid increasing stigma for those who have experienced these negative behaviors.
 - One recommendation was about leveraging a virtual platform, to which the Department has worked with Military OneSource to create what was described as a sort of "relationship quiz" that will direct the quiz-taker to a range of tools on Military OneSource appropriate to that person's needs.
 - The other recommendation led DoD to initiate development of an intervention program that pairs coaching for early career Service members with trauma-informed leadership training. This active approach will allow DoD to assess the independent and interactive effects of coaching may have on young Service members while also giving leaders tools to interpret behaviors using a trauma-informed lens that may lead to enhanced coaching. This program has not yet undergone evaluation, though Dr. Tharp indicated it would be in the future.

At this time, Dr. Tharp paused her presentation for questions from the Committee.

Dr. Potter stated that she was very interested in the relationship resource tool and queried what drives a Service member to go to the platform to use the tool. Dr. Tharp answered that Military OneSource has a marketing capability that DoD leverages to get the word out and added that there is a push to help junior Service members to know the tools that are available to them. She also noted that DoD is using other touchpoints from senior leaders to advertise, including a post from the Under Secretary of Defense for Personnel and Readiness on his social media.

Dr. Tharp then provided an update on the OSIEs conducted in the past year, noting that the OSIEs serve as the feedback loop and oversight mechanism for DoD to determine whether Department-level policies and efforts are being implemented effectively at the ground-level. There are two parts to the effort: The methodology includes collection of standardized metrics across all locations as well as a data analytic capability to help understand the risk and protective factors present at each installation. Dr. Tharp remarked that the latter tool has evolved from being purely based on the 2021 Force-wide DEOCS to a 5-factor Risk Index that integrates DoD and non-DoD data sources to assess risk and protective factors for interpersonal violence and self-directed harm. She noted that the Department is evolving this to a Resilience Index, predicated on the notion that messaging should reflect the goal of building protective factors and being strength-based.

The Department has conducted more than 70 OSIE site visits. Dr. Tharp added that continuing to go upstream on the data they analyze (for example, childcare, housing, and other living conditions) has helped DoD understand how other conditions impact climate and harmful behaviors. Dr. Tharp explained that DoD is also revisiting sites that were initially visited in 2021 to get a better understanding how IRC-SAM recommendations have been implemented on the ground.

Dr. Tharp stated that DoD's next steps include the continued evolution of strategy and policy in PPoA 3.0; going further "upstream" in terms of data sources that help to understand the conditions that may influence climate and harmful behaviors; and continued outreach and professional development for the prevention workforce. She added that initially DoD thought that just educating leaders about this new prevention capability would suffice, but it has become increasingly clear that leadership buy-in and understanding of the prevention workforce is paramount. The Department is increasing buy-in by leveraging leaders who have already demonstrated their understanding and support and has them serve as prevention champions, functioning as trusted messengers about what the prevention workforce can do. DoD is also amping up work in translating research into practice now that the prevention workforce is active and leaders are primed. Finally, the Department remains focused on Command Climate Assessments and driving towards compliance with those requirements.

Dr. Tharp ended her presentation and thanked the Committee for its time and attention. Due to time constraints, she noted that she would be happy to answer further questions at a later date. The following questions were collected in the chat:

- Dr. Pryor
 - Is the Item Bank mentioned by Dr. Tharp available to the Committee?
- Ms. Stallworth:
 - How many coaching sessions are offered with the Trauma-Informed Leadership Training?
 - Also, has DoD reached out to the CDC on key resources addressing ACEs and Protective and Compensatory Experiences (PACES) for the servicemen?
- Dr. Estrada:
 - Are all the resources and activities related to the research and evaluation slide available outside of DoD? Are there any plans to leverage that for public facing access? Links to such would be beneficial.
 - Can you speak more on the "difficulties" or "challenges" associated with the collection, analysis, reporting of studies involving perpetration?

- Regarding the OSIE update, are there efforts planned to link the various dashboard (e.g., Commanders Risk Reduction Dashboard or the Readiness Reporting System)? It would be useful to link those data not only for prevention but for policy related implication, as well as for accountability purposes.

Brief: DoD FY23 Annual Report on Sexual Assault in the Military

Dr. Rachel Breslin (Assessment, Reporting, and Oversight Program Manager, Sexual Assault Prevention and Response Office (SAPRO)) provided a briefing on the Department's FY23 Annual Report on Sexual Assault in the Military. She opened by remarking that one of the major takeaways from the FY23 report is that prevalence rates of unwanted sexual contact (USC) for women are significantly lower than in FY21. Dr. Breslin explained that since 2004, Congress has required the Department to provide an annual report on sexual assault in the military. Current reporting requirements include sexual assault prevalence and reporting data; military justice sexual assault case outcomes; sexual harassment, domestic and child sexual abuse reports; and DoD, Military Service, and National Guard reports on prevention and response program activities. DoD assesses sexual assault progress via two primary metrics, both of which rely on results from the Workplace and Gender Relations Survey of Military Members (WGR), administered by the Office of People Analytics (OPA):

1. Sexual assault **prevalence** (estimated number of Service members experiencing sexual assault) measured by scientific surveys. The desired state (direction of movement) for this metric is decrease.
2. Sexual assault **reporting rate** (number of victimized Service members choosing to file Restricted and Unrestricted Reports). The desired state for this metric is increase.
This metric also relies on data from the Defense Sexual Assault Incident Database (DSAID), which contains all official reports. This data is combined with WGR survey data to determine reporting rates.

The most recent survey of military members was conducted in 2023 from August through November. Since 2021, the survey has been administered to a random sample of Service members, both Active and Reserve Components, including the National Guard (prior to 2021, it was administered alternating between Active and Reserve Components). Dr. Breslin noted that DoD analyzes and presents the data for each of these populations separately within the report, and that for the sake of time, she would focus her presentation on the Active Component data. She highlighted that estimates from the 2023 WGR in this year's report provide DoD's first assessment of progress since the release of the findings and recommendations of the IRC-SAM. While DoD is cautiously optimistic about the FY23 report's results, it recognizes that it must continue to see reforms through to ensure maximum and enduring impact for Service members.

Dr. Breslin provided an overview of USC estimates, explaining that the survey uses a USC metric that is behaviorally anchored (meaning it does not rely on Service member knowledge or understanding of legal definitions of sexual assault) to estimate prevalence of sexual violence. In 2023, an estimated 6.8% of Active Component women and 1.3% percent of Active Component men experienced at least one instance of USC, which Dr. Breslin noted is a statistically significant decrease in USC for women. The apparent decrease for men was not statistically significant.

Overall, the Department is able to estimate that a total of 29,000 Active Component members experienced USC in the year prior to the 2023 survey compared to an estimated 36,000 in 2021.

The survey also allows the Department to measure the categories of USC experienced, including penetrative, attempted penetrative, and non-penetrative. Dr. Breslin noted that the decrease in USC prevalence estimates for women was driven by significantly lower rates of penetrative and attempted penetrative incidents in the year prior to the survey.

Dr. Breslin stated that there was a significant decrease since 2021 in rates of USC for women in the Navy and Air Force. There were no statistically significant differences for other Services, or for men. She noted that this is the first year DoD has been able to generate prevalence estimates for the Space Force. With about 8,000 members, the small size of the Space Force means that there will be sizable margins of error that may make estimates seem large. The Department's ability to monitor trends in the Space Force in future years will be very important.

Dr. Edwards questioned whether the decrease in prevalence in 2023 could be due more to an atypical increase in 2021 rather than a real measure of positive progress, and that the 2023 rates are the same rates as 2006. Dr. Breslin answered that it is entirely possible that 2021 reflected a particularly bad year, noting that there was a lot going on in the world at that time.

Dr. Breslin continued that unfortunately, a metric change in 2021 means that DoD cannot make very clear or clean comparisons to prior years. She explained that the metric changed in 2021 when DoD shifted from the previous RAND metric with 41 items to the current five items to measure USC. (Additionally, there was another metric change from 2012-2014, where the metric went from one question to the previously mentioned 41 questions.) Dr. Breslin stated that the different metrics do not produce wildly different estimates, but she would suggest caution in strict comparisons. She added that there are other signs (beyond the prevalence rate change for USC) that she would discuss in her presentation which signal a change in the right direction.

(Reference slide 18 in the presentation). Dr. Breslin said that these are cross-sectional looks at a population and said that it is a fair point to say that the Department is taking a snapshot of the population and making comparisons to the snapshot from the prior survey administration year. Dr. Estrada reminded the Committee that these are not longitudinal data, but rather single-year snapshots, and statistically speaking, that they are not really trends. Given that, he cautioned the Committee against over- or under-interpreting the data.

Dr. Breslin then discussed additional risk factors for past year USC in the Active Component. She noted that, in 2023, Active Component women indicated experiencing less USC since entering the military and across their lifetime, compared to rates for Active Component women in 2021. Dr. Breslin remarked that prior experience of USC is one of the strongest statistical predictors for future victimization, so sustaining progress will require DoD to follow through on its prevention efforts. Dr. Breslin stated that, as in prior years, junior enlisted women (pay grade E-1 to E-4) and younger women (21 and under) experienced the highest rates of USC in 2023.

Dr. Breslin stated that prevalence estimates for sexual harassment provide a strong signal of improvements in the climate that might contribute to decreases in sexual assault, explaining that rates of sexual harassment were significantly lower in 2023 for Active Component women. This was driven by decreases in every Service except for the Air Force. Notably, sexual harassment

rates were also significantly lower for Active Component men, driven by decreases in the Army. Dr. Breslin commented that these rates, along with decreased USC rates, signal a movement in the right direction beyond merely a one-time shift in the numbers.

Dr. Breslin discussed the impact of other problematic behaviors on risk for USC in Active Component members. She provided an overview of the ways in which climate-related risk factors (e.g., sexual harassment, psychological climate for sexual harassment, gender discrimination, low levels of leader support for intervention, and low levels of unit support for intervention) relate to risk for experiencing USC. She remarked that experiencing each of those factors is significantly associated with the experience of USC – for example, experiencing sexual harassment is associated with 40.5 times the risk for experiencing USC for men, compared to those who did not experience sexual harassment. Dr. Breslin commented that these types of analyses underscore the importance of the DoD continuing the work it has been doing to address climate issues to sustain progress in reducing sexual violence in the military. Climate tools like the DEOCS and the OSIEs allow leaders to identify and address challenging climate issues.

Dr. Estrada asked for confirmation that each risk factor has a stronger impact for men than for women. Dr. Breslin affirmed that the Department has observed that the consequence of these factors is much larger for men. Dr. Estrada then stated that the WGR has a host of different variables it collects, and thinking in terms of a hierarchical linear regression, he asked whether these risk factors were considered “the biggest bang for the buck” in terms of analysis. Dr. Breslin responded that the factors presented on the slide are in order of their importance. Dr. Estrada then asked whether these are multi-variate models; meaning for instance that the Department is accounting for psychological climate after accounting for the experience of harassment. Dr. Breslin answered yes to this and added that there is a paper on this model from prior years that delves into the methods, and she would be glad to share that with the Committee. Dr. Breslin followed up by email to provide this paper, titled “The Continuum of Harm: Examining the Correlates of Sexual Assault Victimization” to the Committee.

Dr. Estrada then asked if Dr. Breslin could say more about the psychological climate for sexual harassment (PCSH) measure. Dr. Breslin elaborated that the PCSH measure looks at the seriousness with which sexual harassment claims are received as well as the risk of making a sexual harassment claim. She noted that this measure is specific to a unit; that it asks someone to describe or respond to a series of questions about how they would be treated if they made a complaint and is meant to give a sense of whether there is psychological safety for speaking up about sexual harassment in the organization. Dr. Estrada noted that this measure was initially developed at an individual level and asked whether the Department had done any aggregation at unit or group level. Dr. Breslin answered that it is still asked only at the individual level.

Dr. Potter commented that, while 2023 Annual Report data shows an estimated 6.8% of Active Component women experienced at least one incident of USC, that number only provides a snapshot for a single year and does not account for the compounding of prevalence data the longer someone is in service. She asked if Dr. Breslin could speak more to this nuance. Dr. Breslin noted that the Department does present the data as a single-year snapshot in the Annual Report, but the survey also identifies incidents that occur outside of the single-year snapshot. She noted that Service members can make a report about an USC experience at any point in time to receive support and services.

Dr. Estrada asked whether the survey efforts will be followed up with any qualitative assessments. Dr. Breslin answered that the Department does have some planned qualitative efforts. For example, in implementing one of the approved IRC-SAM recommendations, DoD is looking at the experiences of racial and ethnic minority Service members. Additionally, last year the Department kicked off the Sexual Violence Support and Experiences Study (SVSES), which is a longitudinal effort that Service members can join at any time. In the SVSES, Service members participate in surveys over time with specific and open-ended questions that are designed to produce qualitative information about Service members' experiences with sexual violence.

Dr. Breslin then discussed women's satisfaction with responses and service received, noting that the findings for women in 2023 were consistent with 2021. She also noted that unfortunately these data for men were not reportable due to lower reporting rates among men. Sexual Assault Response Coordinators (SARCs), Victim Advocates (VAs), Special Victims' Counsel (SVCs), and Victims' Legal Counsel (VLCs) were the most-used resources with highest levels of satisfaction. Satisfaction among women was lower for all other resources. Dr. Breslin noted that the Department knows there is work to be done to ensure that individuals who come forward feel supported and that DoD's efforts on this front are responsive to the IRC-SAM recommendation to further professionalize the sexual assault response workforce.

Dr. Breslin provided an overview of the survey results related to trust in the military system and leadership, explaining that these data reflect the perceptions of all Active component members, not just those who experienced USC. She explained that 2021 showed a large decline in perceptions of trust in the military system for both women and men, and 2023 results have shown small but promising improvements. Notably, women's perceptions remain worse than men's. In 2023, the data also showed small but positive improvements in perceptions of trust in leadership for both men and women.

Dr. Breslin then briefed on sexual assault reporting data. Using the number of official reports made to a DoD authority during FY23 and estimated prevalence rates from the survey, the Department can generate estimated reporting rates. The estimated reporting rate in FY23 was 25%, an improvement from the 20% estimated in 2021.

Dr. Pryor stated that he understood the measures used for perceptions of trust had not changed over time and therefore accurate comparisons could be made to 2010 and other years. Dr. Breslin answered that that was correct.

Dr. Breslin then shifted her briefing to an overview of the Academic Program Year (APY) 22-23 MSA Report and MSA compliance with sexual assault and sexual harassment policy and actions directed by the Department. Dr. Breslin noted that this year's MSA report does not contain any new survey data, explaining that data collection occurred in spring 2024 and will be presented in next year's report. Dr. Breslin stated that, based on the Department's annual assessment of the MSAs, the Department found that the MSAs were conducting SAPR programs in compliance with Department policy and are on track to complete Department actions. While the total number of reports at the MSAs decreased in APY 22-23, it is not possible to determine whether that reflects a decrease in prevalence without collecting survey data. The Department looks forward to providing additional information next year when the survey results are available.

Co-Chair Grosso remarked that 2005-2006 showed 42 reports of sexual assault at the MSAs, and 124 in 2022-2023. She indicated that this was a surprise to her and questioned whether the increase could be due to the fact that more women are attending the MSAs now, or to a general increase in reporting. Dr. Breslin replied that it could be both and noted that a concerted effort to encourage reporting could account for this gradual increase over time. The same pattern of steady upward progress, with an occasional dip, is evident in the Active Component data as well, possibly reflecting the increased attention and awareness of reporting options.

Dr. Holroyd asked if the DoD saw any reportable differentiation among the Academies. Dr. Breslin stated that the decrease in reports (from 155 reports in APY 21-22 to 124 in APY 22-23) is consistent across the MSAs.

Dr. Breslin remarked that for the Reserve Component, rates of sexual assault were overall statistically unchanged from 2021 for both women and men, with one notable exception: the National Guard Bureau saw a significant decrease in rates of USC and sexual harassment for women.

Dr. Breslin concluded her presentation and opened the floor for questions from the Committee.

Dr. Edwards asked if the DoD had a breakdown of National Guard numbers by state. Dr. Breslin replied that they do not, as the survey does not distinguish which state someone is serving in. It may be possible to do post-survey weighting to generate estimates by state, but that work has not been done. Dr. Edwards then asked whether there were any reports or studies across different contexts (such as colleges) on the impact of COVID-19 on sexual assault, to which the Department could make comparisons. Dr. Breslin noted that these kinds of comparisons are always difficult to make due to the differences in how data are collected and rates are estimated. She added that the Department can make loose comparisons to the National Crime Victimization Survey, which presents data on rape and sexual assault for individuals aged 13 and above, though she did not believe there was a change in rates of sexual violence in 2021 at the national level. Dr. Breslin also stated that the data (released in 2022) from the 2021 Youth Risk Behavior Survey, CDC's survey on prevalence in adolescents, showed that rates of sexual violence among adolescents are alarmingly high and have increased over the years. While that is not a comparison point, she explained that it is helpful context, given that the Department knows that prior victimization is a risk factor for future victimization.

Dr. Estrada referenced the patterns of prevalence rates in both the Active Component and at the MSAs, asking whether a comparison of the trends would find them similar. Dr. Breslin answered yes, particularly since 2014. Dr. Estrada then asked whether the sexual harassment measure had changed over time, as the sexual assault measure had. Dr. Breslin answered that the sexual harassment measure has had far more minor revisions, and statistical comparisons can be made back to at least 2014. She added that there are two additional elements used to estimate sexual harassment prevalence beyond the individual behaviors: the reasonable person standard and the persistence of the behaviors experienced.

Co-Chair Orchowski commented that she appreciated Dr. Breslin's attention to the differences between 2021 and 2023, remarking that it helps the Committee to get a sense of potential changes related to early implementation of IRC-SAM guidelines. She asked if Dr. Breslin could spend some time walking the Committee through some of the case outcomes, as that seems to be an area

the Committee could look at where there may have also been potential shifts from 2021 to 2023. Dr. Breslin confirmed that Co-Chair Orchowski was referencing the sexual assault case outcomes slide in the backup slides (*reference slide 29*). Dr. Breslin said that the Department presents this information to give people a sense of how cases are proceeding over time. She noted that a key takeaway is that commanders had sufficient evidence to take disciplinary action in about two-thirds of all cases in FY23. She added that in cases where evidence supported command action, commanders recommended court-martials in about one-third of cases. Of those court-martial cases, 72% ended in conviction of sexual assault or other charges, representing a 2% decrease in convictions from FY22. Dr. Breslin stated that the Offices of Special Trial Counsel (OSTC) became operational in December 2023 and so the Department will not be able to determine how that has influenced the data until next year.

Dr. Edwards returned to the question about making comparisons, remarking that Dr. Breslin had indicated she felt comfortable comparing sexual harassment data from 2014 to 2023. Dr. Edwards stated that if you compare 2021 to 2023, there seemed to be a decrease, but if you remove 2021 data from the equation, there has actually been an increase overall since 2014. She commented that the impact of COVID-19 on 2021 data is still not fully understood. Dr. Breslin agreed that 2021 was a high-water mark, regardless of the potential impacts of COVID-19, and said that the Department wants to see rates come back down not only to where they were prior to COVID-19, but even lower. Dr. Breslin added that there is cautious optimism for positive progress across multiple measures that the Department aims to sustain.

Dr. Edwards posited that it could be possible that, rather than due to any internal progress within the military, rates are decreasing as a result of women entering service without any prior experiences of USC (since prior experiences are associated with repeat victimization). Dr. Breslin replied that that could be the case, but that is why it is important to see those other climate risk factors decreasing, as the Department cannot rely on a single indicator. While evidence suggests that lower rates of experiencing USC prior to entering service are important, seeing improvements in other climate factors will lead to sustained progress. Dr. Edwards elaborated that she worries that too much heralding of positive progress could result in reduced attention and financial support for the movement, and she does not want to lose the push, which is why she is emphasizing caution when discussing decreased rates. Dr. Breslin agreed and noted that one good year is not enough; sustained progress year over year will require a focus on all the factors they know are associated with risk.

Dr. Estrada echoed the discussion about the importance of sustaining effort. He added that a more sobering interpretation of the data is that – despite an enormous amount of investment, effort, and energy across the Department – the trends continue to be persistently problematic and concerning, which only underscores the need to stay the course. The Department is making huge gains in keeping the finger on the pulse while also moving forward on prevention using a systematic approach. He remarked that we have a long way to go, but it is exciting that the structures and the data systems are starting to be coordinated and strategically implemented for new opportunities.

Dr. Breslin concluded her presentation and thanked the Committee for its time and attention.

FY21 NDAA-Directed Studies for DAC-PSM

Dr. Holroyd explained that the FY21 NDAA directed DAC-PSM to undertake four studies, and briefs provided at this meeting would provide background on two study topics for initial discussion by the Committee. Because the DAC-PSM only resumed operations in late 2022 and immediately began undertaking a training study to support another NDAA provision, the Committee is now returning to address the FY21 NDAA topics. The study topics are listed below, along with a brief note about the Committee's progress in addressing them.

1. *Professional Military Education (PME) Review: Assess sexual assault prevention and response training in leader PME.* – Prevention Training and Activities Subcommittee to provide update at this public meeting. See section titled "Subcommittee Updates."
2. *Recruit Screening: Assess the feasibility of screening recruits who may have been the subject or perpetrator of prior incidents of sexual assault and harassment.* – DoD to provide information on this topic at upcoming DAC-PSM public meeting, tentatively forecasted for November 2024.
3. *Exit Interviews and Catch a Serial Offender (CATCH) Program: Assess the feasibility of conducting exit interviews during the discharge process to determine if Service members experienced or witnessed sexual assault or harassment during military service and did not report it and assess the feasibility of combining such exit interviews in DoD's CATCH Program.* – For initial discussion at this public meeting. See section titled "Brief: Exit Interviews and CATCH Program."
4. *Reporting Database Anonymization: Assess whether DoD's sexual assault reporting databases are sufficiently anonymized to ensure privacy while still providing military leaders with select case details and administrative information.* – For initial discussion at this public meeting. See section titled "Brief: Database Anonymity."

Brief: Database Anonymity

One of the FY21 NDAA-directed study topics (referred to as "Database Anonymity") called for the DAC-PSM to assess whether DoD's sexual assault reporting databases are sufficiently anonymized to ensure privacy, while still providing military leaders with necessary information, such as:

- Length of time the victim and assailant were at the duty station where the sexual assault occurred
- Percentage of sexual assaults occurring while the victim or assailant were on temporary duty, leave, or otherwise away from their permanent duty station
- Number of sexual assaults that involve an abuse of power by a commander or supervisor

Dr. Nathan Galbreath (Director, SAPRO) provided an overview of DoD's policies and systems currently in place to address the study topic. The Defense Sexual Assault Incident Database (DSAID) serves as the DoD system to capture, record, and manage information relating to allegations of sexual assault reported to DoD authorities and has been fully operational since 2014. Dr. Galbreath explained that prior to the creation of DSAID, the Department could not reliably count or assess reports of sexual assault. He remarked that when DSAID was being built, one of the major priorities was the inclusion of a great deal of built-in protections for information that would be collected.

The Department has extensive systems in place to collect data relevant to sexual assault allegations. While that data is protected via access and usage restrictions, the database itself was not designed to be entirely anonymous, since information must be periodically accessed to manage

individual cases. Specific access and usage guidelines are laid out in DoD policy. Dr. Galbreath explained that access to personal identifiable information (PII) is limited to only those with an official need-to-know. He estimated that 90% of people who use DSAID are SARCs, who must be certified through the DoD Sexual Assault Advocate Certification Program (D-SAACP) and complete DSAID training (which covers personal information protection) to use the database. SAPR Victim Advocates (VAs) who have been specially appointed by their SARC can also use DSAID to enter data. The remainder of users are SAPR Program Managers (PMs). SAPR VAs and SAPR PMs also must have the appropriate training and credentialing to use DSAID. Dr. Galbreath stated that a SAPRO data team works to keep the database functioning. That team is made up of contractors who are all trained and certified in the protection of PII.

Dr. Galbreath stated that Commanders cannot access the database itself. Additionally, for restricted reports, identifiable victim information (social security number, date of birth, name, etc.) is not collected in DSAID. Dr. Galbreath explained that this decision was made when the database was being built because DoD could not get an exemption to protect it from Freedom of Information Act (FOIA) requests or court orders; therefore, DoD wanted to ensure there were protections in place to ensure that victims who filed restricted reports could not be identified. Unrestricted reports also have a number of protections in place to ensure that only those with need-to-know can access them. For example, SARCs can only see the reports in the system for which they have responsibility. Given the new Sexual Assault Response Workforce structure directed by the Secretary of Defense when he approved the IRC-SAM recommendations, the Department may need to change some of those “user privilege” restrictions. For example, allowing certain SARCs to see the reports of other SARCs on an installation to ensure continuity of care and prevent gaps in victim assistance. The Department regularly uses certain exemptions under FOIA to refuse to disclose information about individual victim reports and records.

Dr. Galbreath stated that unrestricted report information is needed to support a commander’s role in Case Management Group (CMG) meetings, where information is discussed for a number of reasons, including ensuring that victims receive appropriate level of care, that cases are being moved through the system appropriately, and that alleged offenders are being held appropriately accountable through appropriate administration of military justice. Unrestricted report information is typically pushed from Military Criminal Investigative Organizations (MCIOs) that operate the systems of record for this data. This way DoD can ensure that unrestricted information matches what is on file with the criminal investigators. For restricted reports, DSAID is the system of record. Dr. Galbreath noted that the one piece of information they may have on file for a restricted reporter is the DD Form 2910, which is the victim reporting preference form that notifies the reporter of all available services and types of reporting. DoD is required to keep this form on record for 50 years so that victims are able to request a copy (for example, if they are submitting a claim of benefits to the Veterans Affairs (VA) or any other lawful purpose). An encrypted storage capability for DD Form 2910s allows those forms to be retained without the possibility of access by anyone other than the victim, who creates a unique password at the time of filing to ensure that only they can access it in the future. A victim requesting a copy of their DD Form 2910 provides that password to the SARC, who subsequently pulls a de-encrypted copy from the database for the victim’s use. Dr. Galbreath noted that policy specifies that failure to adhere to protection of information could result in administrative and/or disciplinary action.

Dr. Galbreath stated that data entered into the CATCH database does have some protections that DSAID does not, as the FY20 NDAA (Section 550) states that victim disclosures under the CATCH Program shall be withheld from public disclosures under FOIA. Any data entered into

CATCH is considered to be unevaluated raw intelligence in the possession of criminal investigators, and only law enforcement personnel can look in the CATCH database. Additionally, CATCH submissions are completely anonymous, meaning that the only person who could identify a victim by their CATCH submission number is the SARC. The Services require this “connection” to inform the submitting victim(s) if a match is identified on an alleged offender in the CATCH system and to ask if the victim would like to participate in a criminal investigation.

To maintain anonymity within the DoD Annual Report, Dr. Galbreath explained that SAPRO uses banding of demographic information to help ensure that the data published in the Report cannot be used inappropriately to identify victims by crossing demographic categories. He commented that this is part of the promise the Department has made to victims of sexual assault to do everything possible to protect their identity.

Dr. Galbreath concluded his presentation and opened the floor for questions from the Committee.

Dr. Pryor stated that he is interested in the ways in which this database is used to better understand serial offenders. Dr. Galbreath answered that DSAID is regularly scanned for multiple subject cases (meaning individuals who have been investigated and held accountable for multiple incidents). He stated that there are not many people who are investigated for multiple cases. Dr. Galbreath added that DSAID is not a particularly helpful tool for understanding unreported crimes, which comprise the vast majority of sexual assaults, which is why SAPRO regularly turns to prevalence surveys to understand the number of people impacted by sexual assault every year. He stated that the CATCH program has more than 2,800 submissions, out of which there have been roughly 130+ matches. Dr. Galbreath was not able to provide any specific studies or research related to the CATCH program at this time.

During his remarks, Dr. Galbreath noted that in building DSAID, certain protections were decided to prevent attorneys or other personnel from requesting or successfully executing “fishing expeditions” into the database that would inappropriately disclose victim identities. Dr. Estrada commented that with regard to those fishing expeditions, it is possible to develop policies for data aggregation that preserve anonymity and confidentiality while still allowing for FOIA requests. He questioned whether there are any policy plans for allowing de-identifiable databases for research and analysis. Additionally, he asked what type of data is collected. Dr. Galbreath answered that there is an effort underway to de-identify DSAID data and then enter it into the Department’s Advanced Analytics (Advana) program (the DoD’s effort to promote improved decision making through the combination of many data sources) for the purpose of complex analysis and solutions. SAPRO is working with the Chief Digital and Artificial Intelligence Office (CDAO) in the Pentagon, which runs Advana, to ensure that data entered into Advana is de-identified and that access is restricted to appropriate personnel who have passed the SAPRO clearance program.

Dr. Galbreath highlighted that, based on prevalence survey data, reporting data is somewhat biased, at least in comparison to the broader picture of the problem developed through scientific surveys of the military population. Someone only looking at reporting data might conclude that 90% of military victims are female, which is not true: Based on the prevalence survey data point estimates, numbers of female and male victims are quite comparable (about 55% female and 45% male), even though women are at higher risk of sexual assault than men. This is largely due to the fact that there are significantly more men in the military than women. Dr. Galbreath also emphasized that reporting data is biased towards the experience of women, who are more likely to report sexual assault than men. Again, about 85 to 90 percent of cases reported annual are from female Service members. He noted that SAPRO always urges caution about people drawing

conclusions about military sexual assault based on reporting data alone. Given that reporting rates in recent years represent only about 25 to 30 percent of victim experiences annually, survey data provides a much more representative understanding of the impact of sexual assault in the military.

Dr. Edwards asked whether it is only SARCs and VAs who can access DSAID. Dr. Galbreath answered that SAPR Program Managers and Sexual Harassment/Assault Response and Prevention (SHARP) personnel in DoD can also access DSAID. Dr. Edwards asked what information commanders can access for restricted reports. Dr. Galbreath answered that commanders only receive what the SARC provides. Policy states that SARCs can provide certain relevant information (such as date, time, and approximate place of the incident) but cannot disclose the identity of the victim or any information that might allow someone to guess the victim's identity. For example, the SARC could disclose the location of a sexual assault, with the intent of advising the commander to increase local security or take additional measures to prevent further incidents. Dr. Edwards queried that this would be done at the discretion of the SARC, which Dr. Galbreath confirmed. Dr. Edwards then asked for confirmation of her understanding that the CATCH program protects perpetrator information from FOIA requests, while DSAID does not have similar protections for victims' information. Dr. Galbreath replied the conditions are a bit more nuanced than that, stating that the CATCH program is raw, unevaluated intelligence with no other requirement for entry into the database beyond the allegation of sexual assault. There are no requirements for evidence or follow-up action as part of a criminal investigation. For unrestricted reports, DSAID information is protected, but it is largely in the public domain because it is criminal investigation data. In addition, current exceptions to FOIA allow the Department to preserve victim identities in DSAID. (As noted earlier, for restricted reports, identifiable victim information is not collected in DSAID and therefore requires no protection.)

Dr. Estrada asked whether, from a systems perspective, there are plans for commanders to receive relevant criminal investigatory data in addition to climate assessment results when designing their prevention action plans. Dr. Galbreath answered that reporting data is included in the Resilience Index that Dr. Tharp spoke about earlier for the IPPW. Additionally, each of the Services have created a dashboard of information for their commanders, which shows local commanders their related de-identified information. Given this, Dr. Holroyd asked Dr. Galbreath if it would be accurate to say that there is no need for leaders to be able to access data in DSAID because it is already accessible to them elsewhere. Dr. Galbreath agreed.

Dr. Abbey stated that she was confused about how identifying information is protected in unique cases where it could be easily deduced by demographic data. Dr. Galbreath answered that for purposes of reporting to Congress, SAPRO uses category banding (e.g., Ages 18 to 25, 26 to 35, etc.) to ensure that members of the public cannot cross demographic factors to identify individuals. In terms of commanders, unrestricted reports provide the commander with a good deal of information, because that commander may hold responsibility for both the victim and the alleged offender within his or her unit, and thus has a need-to-know. From that perspective, all the facts of the case are provided to the commander through a thorough criminal investigation, even though now the Offices of Special Trial Counsel are making prosecution decisions. Commanders are still intimately involved in administering justice or accountability in cases where the OSTC determines it cannot prosecute a case in the military justice system, as well as ensuring victims receive adequate care. At different echelons, commanders will receive different information; for example, in the context of receiving a command climate assessment, that information would be de-identified, as it is being used for a different purpose than military justice.

Dr. Edwards asked how long these policies have been in place. Dr. Galbreath answered that CATCH is newer, but the policies around DSAID data have been in place since the establishment of DSAID in 2012. Dr. Edwards stated that women in particular have low trust that their privacy will be protected and asked Dr. Galbreath how DSAID responds to that. Dr. Galbreath replied that he has confidence that DSAID has the best policies and procedures in place to protect victim privacy. Dr. Galbreath added that most inappropriate disclosures of sexual assault information come from personnel within a victim's unit or from alleged offenders and their associates. He added that the trust issue can stem from a rumor mill fueled by people in command not taking proper steps, by people within the unit spreading gossip, or from a victim's often very real perception that they are not being appropriately informed about their case. SARCs and VAs responsible for handling the cases are not usually the source of a leak. Failure to appropriately safeguard a victim's information is grounds for administrative and disciplinary action, as well as potentially losing one's Defense Sexual Assault Advocate Credential.

Brief: Exit Interviews and CATCH

One of the FY21 NDAA-directed study topics (referred to as "Exit Interviews and CATCH") called for an assessment of the feasibility of conducting exit interviews during the discharge process to determine:

- If Service members experienced or witnessed sexual assault or harassment during military service and did not report it
- The feasibility of combining such exit interviews with DoD's CATCH Program

An overview of DoD's policies and practices currently in place to address the study topic was provided by Ms. Kimberly Lahm (Program Director, Patient Advocacy and Experience, Women's, Child and Family Health Policy, Office of the Assistant Secretary of Defense for Health Affairs), Dr. Tanya Banchs (Senior Victim Assistance Advisor, DoD SAPRO), and Mr. Douglas Alexander (Policy Analyst, DoD SAPRO).

Ms. Lahm opened her portion by noting that, in addition to her role within Health Affairs, she is also the Executive DoD Co-Chair of the Joint Executive Committee Sexual Trauma Working Group (JECSTWG). She began the presentation with a description of the Separation Health Assessment (SHA) that active duty Service members must undergo before separating from the military to capture health conditions and concerns. Ms. Lahm explained that DoD is in the process of changing the name of this examination from "Separation History and Physical Examination" to the "Separation Health Assessment," which will be the term used by both DoD and VA for the updated SHA. The updated SHA will not ask questions regarding sexual trauma, consistent with previously versions of the SHA.

Ms. Lahm explained that this is because not all Service members who experience sexual trauma on active duty will want to report their experience. However, the SHA will capture the impacts of sexual trauma, such as a need for ongoing mental health care and any associated physical conditions, without identification of the cause of the condition. This allows Service members to maintain control over their sexual trauma experience and any reporting they may choose to make after active service. Ms. Lahm stated that current DoD policy provides guidance to examiners on required notifications and documentation, should a Service member disclose sexual trauma during the exam.

Ms. Lahm added that a recently completed handout (approved on June 24, 2024) will be required to be provided to all Service members during their SHA, regardless of whether they have made a report of sexual trauma or disclose sexual trauma during the SHA. The handout outlines information on sexual trauma resources, where to go within the DoD and VA for assistance, and how to apply for benefits. Ms. Lahm emphasized that this handout will be provided to every Service member regardless of whether or not they have made a report or disclosed sexual trauma to their examiner, specifically so that the Service member has all the needed information without being put on the spot to make a decision to report or not.

Drawing on her victim care expertise, Dr. Banchs concurred with Ms. Lahm on the need to be judicious about how DoD explores disclosures with Service members, stating that asking Service members to disclose a sexual assault when they are not ready remains an area of concern. She added that when she was an active SARC, she observed first-hand how a Service member's separation was delayed due to a disclosure being made during the separation process, which triggered command actions that hindered their ability to complete the separation process. Dr. Banchs stated that she also serves on the JEC STWG with Ms. Lahm and noted that the group has been working on ways to improve communications with Service members and ensure that existing policies are the best they can be, so that DoD can adequately communicate about available options and resources with Service members without inadvertently delaying the separation process. Dr. Banchs added that FY24 NDAA language identifies a requirement for the Government Accountability Office (GAO) to review the compliance of discharge reviews, including the conditions for individuals who have experienced sexual trauma.

Dr. Ybarra asked who conducts the SHA examination, what preparation examiners receive for Service members who do want to disclose sexual trauma during the exam, and what preparation may be planned for examiners regarding the new handout. Ms. Lahm answered that the SHA examination is performed by examiners from either the DoD or VA, and there are currently efforts underway to standardize the process. Ms. Lahm stated that current DoD policy requires that examiners who receive a disclosure of sexual trauma during a SHA examination immediately inform the SAPR program and notify the SARC at that location, who will reach out to the reporter to provide information on reporting options and resources. Regarding the new handout that will be provided to every Service member, Ms. Lahm stated that she is unsure of what language providers will be required to use when the handout is given to Service members. The SHA handout uses language that indicates that this information is shared with all Service members because it is understood that sexual trauma is a widely under-reported crime, and the organization wishes to preserve Service member's options to disclose at a time and place of their choosing. Ms. Lahm added that the SHA specifically documents any ongoing mental health and medical needs that require continuity of care that could be considered for benefits. This would allow any consequences of the sexual trauma experience to be documented, but not specifically categorized or documented as sexual trauma.

Dr. Ybarra restated that her understanding is that the handout and SHA do not directly query whether a Service member experienced sexual trauma, and the DAC-PSM is tasked with determining whether that question should be asked explicitly. Dr. Holroyd confirmed. Dr. Ybarra asked Ms. Lahm and Dr. Banchs what they would recommend, and if they think it would be possible to include the question if additional training or protocols were put in place. Ms. Lahm

answered that the purpose of the JEC STWG is to ensure that Service members who experience sexual trauma are aware of their options and resources and to help streamline the benefits process as they transition from military service. From her perspective as JEC STWG Co-Chair, it is the long-standing opinion of the group that it is not a good idea to ask Service members that question during the SHA. Ms. Lahm reiterated that survivors often do not want to share that information for fear of unintended consequences. She noted that if the intent of asking the question is to ensure that Service members have all the available resources, both Departments will be doing that with the new handout. Ensuring that everyone receives the handout means that survivors maintain control and can make their own informed decisions. Additionally, Ms. Lahm stated that a forthcoming poster will outline these resources and will be required to be hung in high-traffic places at DoD installations. Dr. Banchs added that the purpose of the restricted reporting option was to allow individuals to get the support they need without having to make a formal report, so asking the question on the SHA could have implications for invalidating a previous restricted report.

Co-Chair Orchowski stated that she was hearing that the issue of asking the question is less about feasibility (as noted in the NDAA study requirement) and instead, more about acceptability. That is, would it actually help survivors, or would it cause more harm; and is it a useful question to ask?

Dr. Holroyd asked whether policy specifically excludes asking the question. Ms. Lahm stated she would have to ask her colleague, as she was unsure, but she believes it is explicitly prohibited. She added that she knows the policy does specifically state that if a disclosure is made, the examiner cannot document it in the SHA and must immediately call the SAPR program to refer the Service member. Ms. Lahm followed up by e-mail to state that the current policy does not specifically state a prohibition on asking questions on sexual trauma, however, changes to the SHA would require consensus between DoD and VA.

Dr. Potter asked if it would be feasible or appropriate to send an automated email to the Service member after the SHA concludes that asks the question, to avoid asking it in-person. Dr. Banchs and Ms. Lahm asked about desired outcome of that email. How would the information be used, and who would it go to? If the intent is to ensure the Service member has all the needed resources and information, the handout should accomplish that. She added that there would be logistical concerns, for example, if the email response lands in an inbox and no one follows up.

Dr. Estrada commented that asking the question during exit interviews seems to be feasible, but perhaps not appropriate or useful. He suggested that the Department might explore a policy that bridges the gap between avoiding re-traumatizing survivors during the separation process while preserving their ability to seek legal action or benefits at a later date. Dr. Banchs added that the DoD Safe Helpline offers referrals and resources for separated Service members. Dr. Estrada elaborated that his concern is that, absent a record of incident, access to resources could be precluded. Ms. Lahm replied that even if a Service member does not disclose sexual trauma during the SHA, if they have been receiving medical care associated with sexual trauma there will be medical records available, and military sexual trauma (MST) services through the VA can be accessed regardless of documentation of sexual trauma. Additionally, the JEC STWG has recently established a sub-working group that will create a memorandum of agreement between the DoD and VA to ensure a streamlined process for sharing documentation with the Veterans Benefit Administration for processing MST claims.

At this time, Dr. Holroyd introduced Mr. Alexander for his presentation on the CATCH program.

Mr. Alexander stated that a policy effective June 30, 2023 addresses the intent of the FY21 NDAA directive relative to CATCH, as well as IRC-SAM Rec 4.2c Part 2, as approved by the SecDef. The policy allows Service members (including those being processed for discharge from military service) and their adult dependents to connect with a SARC to submit a CATCH entry without having to make an official report of sexual assault. This policy is facilitated via DD Form 2910-4, which contains victim information should the victim need to be contacted in the future because of “match” in CATCH system.

Mr. Alexander explained that the DD Form 2910-4 captures information regarding a sexual assault without requiring a formal report. The SARC uploads the DD Form 2910-4 to DSAID, where a case number is generated, along with a username and password that is unique to the survivor. The survivor then uses their log-in information to enter the CATCH database, where they can input information about the sexual assault. Mr. Alexander stated that the DD Form 2910-4 is retained for 50 years in DSAID. This allows DoD to contact a survivor in the event of a future match to notify them and ask if they would like to file an official report and participate in the investigation. Service members can use their CATCH submissions later as documentation with the VA to access healthcare to the extent eligible, or to support a VA disability claim in two ways:

- Request the SARC to provide them a copy of the DD Form 2910-4, and/or
- Request a copy of their actual CATCH entry from the CATCH system (the SARC can facilitate contact with CATCH system administrator)

Dr. Estrada commented that the DD Form 2910-4 addresses the bridge he was asking about in the earlier presentation. He asked how this program was being incorporated into annual training or education activities for Service members. Mr. Alexander responded that any time a policy change is made within the SAPR program, there is a requirement to post that information in high-traffic areas. Additionally, SARCs are instructed to ensure that Service members are informed of policy changes and to incorporate that information into trainings. Dr. Estrada then asked what is done with the information collected via the DD Form 2910-4. Mr. Alexander answered that the intent of the CATCH database is to identify serial offenders. On a monthly basis, MCIOs query the CATCH database to look for matches. If a match is made, they attempt to connect with the victim through the SARC to ask whether the victim would like to make a formal report, if DD Form 2910-4 was completed, and participate in an investigation.

Dr. Estrada then asked whether CATCH information is, or could be, integrated into the CCA or commander dashboard, with the intent of incorporating another data point that commanders could use to get a holistic picture of the climate and influence their action plan. Mr. Alexander replied that he would not be able to provide an answer on how the CATCH program is utilized within prevention work. He stated that the intent of the CATCH program is to assist law enforcement in identifying serial offenders and pursuing investigations to bring them to justice. Dr. Banachs added that CATCH data is disseminated to Service Headquarters and down to their leaders. She remarked that it is a good recommendation to consider bringing that information into CCAs and that leaders do have the CATCH data provided to them if they wish to do so. Dr. Banachs also clarified that any policy changes are disseminated to response personnel via annual trainings, which is then incorporated back into command trainings they provide.

Dr. Ybarra asked for clarification about when CATCH submissions can be submitted by Service members. Mr. Alexander responded that CATCH submissions can be submitted during or after service, with the caveat that a Service member needs to have submitted a DD Form 2910 (restricted report) during their service in order to then submit a CATCH entry after their service has concluded. Mr. Alexander followed up by e-mail to clarify this, adding that only certain unrestricted reports (those where the identity of the suspect is not known, that is not reported by the victim or determined through the investigation) may be entered into the CATCH program. Additionally, with the passage of the Deputy Secretary of Defense Memo “Updates to Department of Defense Policies to Enhance Support for Adult Sexual Assault Victims,” effective July 19, 2024, former Service members and their adult dependents can now participate in the CATCH program through DD Form 2910-4 without having to file on a DD Form 2910 while on active duty.

Dr. Ybarra then asked Mr. Alexander what his opinion is of the feasibility of combining CATCH submissions with exit interviews. Mr. Alexander answered that it would be an opportunity for the Service member to know all the options available to them as they separate, as they may not know they can submit a CATCH entry without filing a formal report.

Dr. Estrada asked for clarification about when a Service member can make a CATCH entry and what the difference is between the DD Form 2910 and the DD Form 2910-4. Dr. Banchs clarified that the DD Form 2910 is the Victim Reporting Preference Statement, which offers victims the opportunity to file either a restricted or unrestricted formal report of sexual assault. During active service, a Service member can use the DD-2910 to file a formal report, or they can choose to use a DD-2910-4 to access CATCH and submit a “no formal report” entry detailing their sexual assault. In order to participate in CATCH after service has ended, a Service member needs to have filed a formal report via DD Form 2910. Mr. Alexander added that the Department is exploring a means for Service members to access CATCH after their separation even if they did not sign a DD Form 2910 or DD Form 2910-4 during their service. Dr. Banchs added that when Service members contact DoD for assistance after their separation, but they did not file a DD Form 2910 during their service, they are still connected with appropriate resources and offered the option to contact MCIO to submit a formal report if desired.

With this session concluded, Dr. Holroyd thanked the speakers for their time and effort.

Subcommittee Updates

Ms. Faith Berrier explained that the DAC-PSM charter requires the subcommittees to provide periodic updates to the parent Committee on the state of the work they are doing. The DAC-PSM has two active Subcommittees: The Metrics and Performance Subcommittee (chaired by Dr. Antonia Abbey) and the Prevention Training and Activities Subcommittee (chaired by Dr. Dorothy Edwards).

Metrics and Performance Subcommittee Updates

Ms. Berrier stated that the Metrics and Performance Subcommittee is currently working on a study entitled “Measurement of Selected Risk and Protective Factors for Harmful Behaviors”, and

introduced Dr. Abbey, the Subcommittee Chair. Dr. Abbey provided an overview of the study scope and objectives, explaining that the study has two phases:

- Phase 1: Identify community-and organizational-level protective and risk factors for harmful behaviors most relevant to military environments
- Phase 2: Recommend measures of performance (MOPs) and measures of effectiveness (MOEs) for the factors identified in Phase 1

The goal for study recommendations is to assist the Department's efforts to track data trends and changes over time, and to inform efforts to evaluate prevention programming intended to address the factors identified in Phase 1.

Dr. Abbey provided a brief summary of study progress to date (see slide 54). Dr. Ybarra stated that the goal of the update at this public meeting was to preview the draft list of identified risk and protective factors and discuss with the full Committee any additional factors for inclusion, as well as suggested MOPs and MOEs. She asked Committee Members to provide in-depth written feedback on the draft list of factors by July 12, 2024. Dr. Ybarra then provided the following study definitions, noting that the Subcommittee is concerned less with individual factors, not because they are unimportant, but because the Subcommittee members feel that that is an area which already receives sufficient focus.

- **Community-level:** Includes Service members, DoD civilian employees, and dependents who may live and/or work together in the same geographical area, such as a DoD installations, garrisons or ships, or surrounding neighborhoods and towns where military personnel reside
 - Among Guardsmen and Reservists, the term "community" may be better defined by shared organizational and social characteristics of their military communities, than by geographical or physical communities
- **Organizational-level:** Aspects of DoD/Service department-level policies, practices, culture, and physical or social environment

Dr. Pryor provided an overview of community-level protective factors that the Subcommittee is reviewing, observing that protective and risk factors are often mirror images of each other. For example, one community-level protective factor is the presence of diverse and inclusive environments (i.e., representation and inclusion of women and members of underrepresented groups). Conversely, the absence or lack of diverse environments is a risk factor. Dr. Pryor remarked that the Subcommittee reviewed literature in social and organizational psychology on contact with members of the opposite sex, noting that not just volume but quality of contact is important. He explained that contact between men and women, where they have opportunities to work collaboratively towards meaningful goals, makes a difference with regard to the adoption of attitudes that are more conducive towards working together and less so towards harassment or assault. Dr. Pryor stated that the Subcommittee also looked at leadership as a protective factor, based on research in the area. Protective factors in the area include transformational leadership, leadership focus on the development of supportive culture and healthy climate, and leadership support and prioritization of prevention efforts. He added that the converse risk factor in this area is a transactional or laissez-faire style of leadership. Dr. Pryor stated that social support of desired norms and behavior is another protective factor, offering the example of group members in a unit

who actively encourage a culture of connectedness and respect. The final community-level protective factor is collective efficacy, which Dr. Pryor describes as the shared belief that one's community can work cohesively towards achieving and maintaining a healthy climate.

Dr. Pryor then provided an overview of community-level risk factors, reminding the Committee that many of these are mirror images of the protective factors he just described. Job/gender context is a risk factor where certain jobs are associated with imbalanced gender ratios and adherence to traditional gender roles. Dr. Pryor stated that climates that are tolerant of harassment (such as sexual harassment or sexist behavior) are a risk factor, providing an example of a climate that tolerates harassment by ignoring complaints or not enforcing appropriate sanctions when a complaint is made. The next risk factor discussed was the presence of "dark traits" amongst leaders and peers. Dr. Pryor explained that there are certain personality traits that research has connected with sexually harassing behavior, including psychopathy, narcissism, and Machiavellianism. The presence of these socially aversive personality traits and acceptance of harmful behaviors by leaders creates an unhealthy climate and encourages expression of inappropriate behaviors.

Another community-level risk factor is a workplace that emphasizes masculinity and domination. Dr. Pryor described negative forms of "social support" as a risk factor. He described this as normative encouragement of bad behaviors in the workplace; for example, where engagement in sexually harassing behaviors sees support and encouragement from others.

Dr. Pryor spoke about prescriptive norms (policies or rules) and descriptive norms (commonly accepted behaviors) that encourage heavy drinking, remarking that alcohol norms are importantly connected to sexual harassment. He offered the example of commonly accepted behaviors, such as thinking it is acceptable for coworkers to have alcohol on lunch breaks. Finally, the last community-level risk factor is poorly executed or undermined trainings. Dr. Pryor commented that training is often seen as a panacea for the issue of sexual assault but, when executed poorly, it can actually be harmful (for instance, by eliciting cynicism). Dr. Pryor offered the example of a focus group he once conducted where a Service member stated that "sexual harassment training is a punishment for the group for something an individual did wrong."

Dr. Pryor asked the Committee members whether they felt any factors were missing from the community-level list, or if they had any suggestions for validated measures for these factors.

Dr. Edwards posited the idea of identifying a smaller group of thought-leaders who are positioned to make the biggest impacts and targeting them for top-down attitude change. Dr. Orchowski asked whether she would place that at the community or organizational level, adding that the community level considers geographical features; for example, an installation with a high density of bars and exotic dance clubs nearby, where there are no other options for community gathering or socializing. Dr. Pryor remarked that it is prudent to consider the multi-level standpoint – that some factors at the local level may have a greater impact than factors from a higher level. He stated that in his line of work, looking at climate factors shows that people are more influenced by their immediate leaders than higher-up leaders. Dr. Holroyd added that the Subcommittee could look at the OSIE risk index for additional factors that the Department has identified.

Dr. Holroyd offered an anecdote from an installation visit where the Service members felt very connected as a group. The downside to that feeling of connectedness was that they may be hesitant

to seek help for any problems they may have, because they were concerned about leaving their group short-handed and letting them down.

Dr. Edwards stated that there is some literature on contact and harassment within the construction trade that may be useful for the Subcommittee to read. Dr. Pryor added that one of the best studies on alcohol norms and sexual harassment that he had read was performed among groups of electricians.

Dr. Abbey then shifted the presentation to organizational-level protective factors, noting that many of the factors are the same as community-level factors, although at a different level. She remarked that while the written policies at the organizational level are very important, the implicit norms and policies which trickle down to the community level have a big impact. At the organizational level, there are so many different players and stakeholders that there are more opportunities for mixed messaging. Because the risk and protective factors at this level are very similar to the ones identified previously, she opened the floor for immediate discussion rather than briefing each factor. (*See Slide 60 as reference.*)

Dr. Edwards referred back to the community-level risk factor of “Poorly executed or undermined trainings; trainings that engender defensiveness” and questioned whether the Subcommittee could share any specific data regarding that factor, or if the Committee should include future research on this factor as one of its official recommendations. Dr. Abbey responded that the general public health field has some research on this topic. Dr. Edwards spoke about the double-edged sword that policy can be, where it can be both a risk and a protective factor – for example, delivering a training that is required by policy just to check off a box, without investing proper energy and attention to delivering it effectively. The policy may be good but in practice it is harmful to the mission.

Co-Chair Orchowski stated that looking at risk and protective factors as two sides of the same coin may be reductive, commenting that looking at them along different vectors where they are separate constructs may be more useful. For example, there are healthy organizational characteristics that can impede harmful behaviors or promote resilience. She added that policy should not just ensure protective environments but also support and believe those who report sexual misconduct, explaining that a climate which believes survivors and takes sexual misconduct seriously can also inhibit harm. She suggested including that somewhere as an organizational-level factor.

Ms. Stallworth stated that bias can be a risk factor, explaining that most people bring some level of bias into their work, and she thinks that could be included under the “presence of dark traits” risk factor, and Dr. Pryor agreed. Ms. Stallworth added that access to resources could be a protective factor as well. Co-Chair Orchowski asked whether protection from retaliation was or should be included in any of their factor lists, explaining that a punitive culture for reporters could be a risk factor. Dr. Holroyd noted that there are policies in place regarding retaliation and stated that the team could look into information on the topic.

Co-Chair Orchowski closed the presentation by remarking that if the goal is to be able to make comparisons about how efforts to reduce sexual misconduct are performing, the Department needs to be able to use the same metrics over time. Changes in metrics can make it difficult to understand whether things are improving or getting worse. The Subcommittee study is working to understand what metrics can be used over multiple time points while also recognizing the complexity and the

heterogeneity of the various branches of military service. She noted that one challenge is survey burden, where lower response rates might be seen when using more robust scales, and so the Subcommittee is seeking to identify metrics that can feasibly be assessed and will generate useful data.

Co-Chair Orchowski expressed that a lack of perpetrator research has hindered some assessment efforts to understand risk and protective factors, explaining that a reliance on data and studies that are solely focused on victimization rates means that they may be missing the larger picture. As Dr. Tharp explained in her presentation, recent Department efforts to streamline the process for obtaining perpetration data may inform future Subcommittee efforts. Co-Chair Orchowski also stated that a lack of data aggregation remains a challenge in understanding how individuals are nested within units, installations, and communities. Dr. Abbey suggested following up with OPA on its data aggregation efforts; Ms. Berrier responded that OPA is still determining how to best use weighting within its data aggregation methodology but that the OPA team has indicated that they will be able to discuss it with the Committee in the coming months.

Co-Chair Orchowski stated that next steps for the Subcommittee include developing recommendations for measures of effectiveness (MOEs) and measures of performance (MOPs), which the Committee will vote on during a public meeting to be held in November 2024. She thanked the Committee for their feedback.

Prevention Training and Activities Subcommittee Updates

Dr. Edwards stated that the Prevention Training and Activities Subcommittee is currently working on a study regarding the preparation of instructors who are delivering prevention content in PME. She commented that the previous discussion about poorly executed training as a risk factor provided a good segue for the Prevention Training and Activities Subcommittee study update. She explained that the driving force of the Subcommittee study is the notion that the way prevention content is delivered does matter, and therefore, the preparation of those instructors who deliver that content is an important area for consideration. The study scope is focused on considering the preparation approach for PME instructors to deliver prevention-related content and identifying the unique needs and skills of instructors delivering content to junior leaders (i.e., junior officers (O1-O3) and junior NCOs (E4-E6)). The final report will propose ways in which DoD might expand and improve processes and procedures for preparing instructors to deliver prevention-related content within PME.

Dr. Edwards explained that the Subcommittee submitted a request for information (RFI) to the Services asking for details on how instructors are prepared to deliver prevention content within their PME. She noted that the RFI was structured with several pre-study assumptions in mind, including:

- That PME is being received in all junior NCO and junior officer grades
- That prevention instruction is present within PME for junior NCOs and junior officers
- That PME instructors are the ones delivering prevention content

Dr. Edwards reported that all three assumptions revealed gaps. She stated that not all Services provide PME at this level, and that most Services do not provide significant prevention instruction within their PME. Next, she noted that, even when prevention content is provided within PME, it

is not usually the PME instructor who delivers it; rather, a SARC or subject matter expert is brought in to deliver it.

Co-Chair Grosso expressed incredulity that some Services do not deliver PME to junior leaders at all. Dr. Edwards replied that Navy answered the RFI by stating that they do not provide PME. Ms. Berrier added that Navy responses indicated that their officer population is focused on learning how to do their immediate job as their primary focus. Dr. Holroyd commented that she believed some of the responses indicated a lack of understanding of the question the Subcommittee was asking, and that Navy very well may have some form of this training available somewhere, but the response signifies that it is not provided at the sort of systematic/structured level that the Subcommittee is examining. Co-Chair Orchowski questioned whether the Subcommittee focus was sexual misconduct specific PME, or general PME. Dr. Edwards answered that they are talking about prevention content provided within PME at the junior leader level, adding that it matters that this specific level is not being trained on prevention, because they are the population most at risk for sexual assault. While prevention content may be delivered at higher levels, it is not being delivered at the lower level where it may be most necessary and effective.

Co-Chair Grosso asked whether a standard prevention curriculum is provided in Air Force PME. Dr. Holroyd answered that the Subcommittee did not hear that it is. She stated that prevention training is required in policy but that it is not specified where and when it should be delivered, noting that a potential Committee recommendation could be for the Department to clarify delivery requirements. Dr. Edwards added that, often, the response from the Services was along the lines of, “we do not provide prevention in PME, but they do receive it in their annual required training.” Dr. Orchowski replied that the message seems to be that prevention content is not considered important enough to include in leader development. Dr. Holroyd commented that this could also be linked to a lack of the full understanding of what prevention actually is at various levels of a career cycle, where things like the importance of building communication skills or healthy social skills may not be understood in connection to primary prevention.

Dr. Estrada remarked that it is important to keep in the mind the purpose of the prevention space and the PME space, explaining that the purpose of PME is to hit those leader development steps that Service members need to achieve over time as they progress along the career continuum. PME does not necessarily always happen at each rank level. At junior levels, there might not be PME, because that is not where the point of instruction may be most appropriate. At that level, the Service member is learning how to do their job, not how to lead or supervise prevention efforts. Managerial leadership is performed at the higher levels. Additionally, he stated that prevention is happening outside of PME already, through required annual training and at other touchpoints (such as the SHARP Academy). Dr. Estrada stated that the important part of this discussion is that there is no nexus between the importance of prevention activities as they tie to leadership, which gets back to the earlier discussion about the importance of leadership that is trained to enact policy.

Co-Chair Orchowski commented that this ties back to Dr. Tharp’s earlier presentation point about the need to sell the prevention workforce to leaders – that some leaders need training on the value of prevention efforts. Dr. Edwards stated that it is an uphill battle to say “training delivery matters,” so she will be happy if the report can convince a few influential people and get their buy-in. She added that there is not a lot of military-specific research about how to facilitate this topic within the context of PME. There is a huge body of research on effective instruction (including things like audience engagement, relationship building, effective voice) that has not been applied in a military setting. She noted the infrastructure for delivering PME is already in place, and the delivery of prevention content within that needs to be prioritized.

Co-Chair Orchowski confirmed that PME infrastructure operates separately from the IPPW. Co-Chair Grosso replied that that was correct, but that it does not need to remain separate. Co-Chair Grosso added that the question is whether it is better to train a combat instructor to teach prevention or bring in a prevention specialist who is not in uniform to deliver that content. Dr. Edwards agreed and said that question is at core of the study: Is it more effective to make instructors (who are already trained on being effective instructors) subject matter experts on prevention or more effective to take prevention experts and teach them to be effective instructors? Which is the more efficient and effective route to getting prevention education to leaders? Dr. Ybarra questioned what the IPPW is for, if not delivering this education. Dr. Holroyd answered that the IPPW integrates prevention efforts at a higher level, promoting prevention resiliency across the spectrum. They work to provide an integrated approach to prevention, so that installation leadership understands how the programs all work together. Dr. Abbey asked whether the IPPW would ever deliver a training program. Dr. Holroyd answered that their main purpose is not to serve as training instructors. The IPPW role is to get the community to work together. At most, the IPPW might provide an informal instruction with leadership and command teams to help them to understand prevention across the spectrum. Dr. Potter asked what the IPPW does every day and what their job looks like in action. Dr. Holroyd answered that one example is the work they do with CCAs, where the IPPW will analyze climate assessment results and help commanders build programs in response to the patterns and trends they see.

Co-Chair Orchowski remarked that the current state of PME seems like a missed opportunity to integrate prevention into leadership development. While developmentally sequenced training means that prevention training and leadership development may look different at different levels, perhaps there is an opportunity for a specific type of prevention to be built into leadership development. Dr. Edwards commented that the Army has a very specific career progression model that specifies what content is received at each level of a Service member's career.

Dr. Estrada commented that the framing of the issue becomes important, as prevention is a leadership issue first, foremost, and always. Leading with that framing makes the nexus between PME and prevention possible to integrate. Historically, the problem of sexual assault has been viewed as a siloed issue, whereas this discussion posits integrating prevention content into PME with a holistic approach towards readiness as part of the solution.

Dr. Edwards thanked everyone for their input and feedback during the discussion.

Closing Remarks

Dr. Holroyd thanked the Members, presenters, and staff for their time and commitment to the DAC-PSM. With no further issues or comments, the public meeting concluded.

Meeting was adjourned at 3:55 PM ET.

CERTIFICATION

I hereby certify, to the best of my knowledge, the foregoing minutes are accurate and complete.

Report Certified by:

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Lt Gen, United States Air Force (Ret)
DAC-PSM Co-Chair

Dr. Lindsay Orchowski
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Report Submitted by:

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