DMDC Information and Technology for Better Decision Making
Human Resources Strategic Assessment Program (HRSAP)

*March 1, 2013* **SURVEY NOTE** *Note No. 2012-023*

# 2012 QuickCompass of Sexual Assault Response Coordinators

## Introduction

The 2012 QuickCompass of Sexual Assault Response Coordinators (*2012 QSARC*) is designed to assess effectiveness of Sexual Assault Prevention and Response (SAPR) programs within the Services and Reserve components in areas including resources, procedures, programs, and outreach. Sexual Assault Response Coordinators (SARCs) administer programs at the installation level and are the subjects of the *2012 QSARC*. This survey is in part a replication of a survey of SARCs performed in 2009 at the request of the Defense Task Force on Sexual Assault in the Military Services (DTFSAMS) that examined similar prevention and response programs at that time.

The *2012 QSARC* was fielded July to August 2012. Completed surveys were received from 289 eligible respondents. The overall weighted response rate was 52%.[1]

This survey note and accompanying briefing (Appendix) provide survey results by component for Army, Navy, Marine Corps, Air Force, and National Guard. When the *2012 QSARC* questions are comparable to questions in the previous 2009 survey, an analysis of trends is also presented. The use of the term "statistically significant" is redundant and is not used within this survey note. When a result is annotated as higher or lower than another result, the reader should understand that to be a statistically significant difference at the .05 level of significance. A finding annotated as no change did not achieve a .05 level of difference.

## Overview

The *2012 QSARC* was subdivided into the following seven topic areas:

1. Background Information—Status (active duty, National Guard/Reserve, DoD civilian, contractor), Service/Reserve component, paygrade, and characteristics of the job of SARC.
2. Training—SARC training received and preparation to perform duties.
3. Program—SARCs' assessments about resource availability, factors potentially affecting program effectiveness, commander/supervisor understanding and involvement in the program, personnel understanding of the program, effectiveness of program outcomes, and existence of clear procedures.
4. Victim Care—Characteristics of care provided, characteristics of the reporting process, and victims' understanding of restricted and unrestricted reporting.
5. Program Coordination—Relationships with other care programs.
6. Program Evaluation—Evaluations and complaints within the past 24 months.
7. Recommendations—Most challenging aspects of executing the SAPR program and recommendations for improvement.

[1] Further details on survey methodology can be found in the *2012 QSARC Statistical Methodology Report* (DMDC 2012).

## Results

**Background Information.** Overall, 17% of SARCs indicated they are active duty military, 36% are National Guard/Reserve, 46% are DoD civilian employees, and 2% are contractors.[2] Eighty-nine percent indicated they had never been deployed as a SARC, with 4% currently deployed and 7% having been previously deployed. Eighty-eight percent of SARCs are currently serving in a CONUS location or U.S. territory. On average, SARCs serve a total military population of approximately 6,400 active duty, National Guard, and Reserve members. Seventy percent of SARCs also indicated they serve DoD civilians, 62% serve family members, and 50% serve contractors. Fifty-six percent of SARCs indicated their duties as SARC are a collateral duty, 25% indicated their SARC duties are primary, and 19% indicated their SARC duties are primary along with other duties. Forty percent of SARCs indicated that other duties interfere to a large or very large extent with their duties as SARC, while 19% indicated that other duties do not.

**Training.** Nearly all SARCs (97% – unchanged from 2009) indicated receiving SARC training. Eighty-five percent also received training as a victim's advocate and 28% received additional training to help prepare them to perform SARC duties in a deployed environment (both unchanged from 2009). The majority of SARCs (88% – 5 percentage points lower than 2009) indicated they were well prepared to interact with victims. Eighty-three percent (unchanged from 2009) indicated they were well prepared to perform case management duties. Eighty-two percent indicated they were well prepared to develop training and 90% indicated they were well prepared to deliver training (both unchanged from 2009).

**Program.** One-half to two-thirds of SARCs were positive to a large extent about the resources their SAPR program has been provided: time to do SARC duties (52% – unchanged from 2009), space for delivering training (65% – unchanged from 2009), training supplies and equipment (64% – 9 percentage points higher than 2009), safe space to meet with victims (61% – 8 percentage points lower than 2009), and private space to meet with victims (61% – unchanged from 2009). SARCs were less positive to a large extent about availability of Sexual Assault Forensic Examination (SAFE) kits (37% – unchanged from 2009), transportation (28% – unchanged from 2009), and administrative support (31% – 12 percentage points lower than 2009). The majority of SARCs agreed with the statements that they are recognized as the "go to" person for issues related to sexual assault (93% – unchanged from 2009), have direct access to local commanders (94% – 6 percentage points higher than 2009), and have the full support of local commanders (82% – unchanged from 2009). The majority of SARCs agreed with the statements that commanders and supervisors would bring issues of sexual assault to them (90% – unchanged from 2009), understand restricted and unrestricted reporting options (84% – unchanged from 2009), and make sexual assault response a priority (80% – unchanged from 2009). The majority of SARCs agreed with the statements that personnel at their military location know how to contact the SAPR program (97% – 5 percentage points higher than 2009), understand restricted and unrestricted reporting options (82% – unchanged from 2009), and understand the resources available to them if they experience sexual assault (87% – unchanged from 2009). The majority of SARCs rated their SAPR program very effective in promoting awareness of sexual assault as a military readiness issue (91% – unchanged from 2009), responding to unrestricted reports of sexual assault (88% – unchanged from 2009), and explaining the consequences of committing sexual assault (82% –

[2] Services have converted many contractor SARC positions to DoD civilian positions since 2009. Therefore trend comparisons are not provided for background information.

unchanged from 2009). SARCs varied in the degree (22%-93%) to which their SAPR programs have clear procedures ensuring victims' safety when handling cases (93% – unchanged from 2009), procedures ensuring the SARC's and Victims' Advocate's safety (82% – unchanged from 2009), procedures involving civilians (70% – 9 percentage points lower than 2009), procedures involving contractors (57% – 10 percentage points lower than 2009), procedures in a joint operating environment (55% – unchanged from 2009), and procedures involving foreign nationals (22% – 12 percentage points lower than 2009).

**Victim Care.** The majority of SARCs agreed with statements about the quality of care victims of sexual assault receive: victims receive the best care possible (87% – unchanged from 2009), there are sufficient Victims' Advocates to handle the caseload (79% – 7 percentage points lower than 2009), commanders place priority on victim care (78% – unchanged from 2009), a trained representative of the SAPR program is available 24/7 for victim care (93% – 4 percentage points lower than 2009), and victims are well informed about the range of support services available to them (93% – unchanged from 2009). The majority of SARCs were also positive in their agreement with statements about the sexual assault reporting process: commanders respect the confidentiality aspects of restricted reports (85% – unchanged from 2009), current policies encourage victims to report sexual assault (77% – unchanged from 2009), and current procedures make it possible for a victim to truly make a restricted report (80% – unchanged from 2009). Sixty-one percent of SARCs indicated that victims understand the implications of choosing between restricted and unrestricted reporting at the time they make their decision; 37% indicated that victims sometimes but not always understand the implications; only 2% indicated victims do not understand the implications (all results unchanged from 2009).

**Program Coordination.** The majority of SARCs agreed with statements about interactions among agencies providing victim care: they take the lead in forging/maintaining collaborative relationships among military responders (86% – unchanged from 2009); they have strong working relationships with civilian agencies (74% – unchanged from 2009); they collaborate with the equal opportunity program representative to promote an understanding of the difference between sexual assault and sexual harassment (81% – unchanged from 2009); they receive referrals of sexual assault victims from family assistance program staff (76% – unchanged from 2009), and they refer victims of domestic violence to the Family Advocacy Program, civilian agencies, or other service agencies (88% – unchanged from 2009). Fewer SARCs collaborate with the alcohol/substance abuse program manager to promote an understanding of the relationship between alcohol/substance abuse and sexual assault (56% – 9 percentage points lower than 2009).

**Program Evaluation.** One-third of SARCs or fewer indicated they had been evaluated in the past 24 months by: their Service SAPR staff (34%), their Service Inspector General's office (27% – unchanged from 2009), the installation/command Inspector General's office (26% – unchanged from 2009), the DoD Inspector General's office (15% – unchanged from 2009), the DoD Sexual Assault Prevention and Response Office (13% – 7 percentage points lower than 2009), or a civilian agency (4% – unchanged from 2009). Few SARCs indicated that they received complaints in the past 24 months about: training received through the SAPR program (13% – 8 percentage points higher than 2009), other unspecified aspects of the program (13% – unchanged from 2009), victims' advocates (10% – 5 percentage points higher than 2009), victim care (10% – unchanged from 2009), disclosure of confidential "covered communications" (9% – 5 percentage points higher than 2009), or commanders' lack of access to restricted case details (9% – unchanged from 2009).

## Written Comments

SARCs were asked to describe the most challenging aspects of executing the SAPR program at their military location and recommendations for improving sexual assault prevention and response. SARCs provided 175 comments on challenges with 210 recommendations for improvement.

**Challenges.** The foremost challenge mentioned was that the SARC has too many responsibilities to effectively perform all of the duties required of the job. This was coupled with many comments about lack of administrative or other staff support to perform all of the functions required to manage caseloads and perform training. SARCs noted that they typically prioritize victim care above all other duties, leaving them constantly behind in their documentation, coordination, meetings, training, etc. Many SARCs commented on the challenges they face coordinating services across diverse populations (such as joint bases, multiple commands, state-wide National Guard units, large civilian populations, or geographically dispersed units) and multiple agencies involved in victim care (both military and civilian). Some SARCs also commented on the lack of command support in providing resources, scheduling personnel for training, emphasizing the importance of the program, and contending with layers of management to accomplish tasks. SARCs also mentioned instances of poor communications and inadequate instructions regarding policies that cause challenges sustaining support to victims and maintaining compliance with program requirements.

**Recommendations.** To address the challenges, SARCs made a number of broad recommendations. The most frequently cited recommendation was to make the SARC a full-time position, preferably a civilian. Closely related were a number of recommendations to increase support staff to handle all of the administrative and training requirements. SARCs also made a variety of recommendations that involve their chain of command, such as emphasizing the importance of the program at all levels and zero tolerance for sexual misconduct, establishing cooperative relationships among commands, and providing support and training activities for the SARC. Clearer guidance on program operations, standardization of programs and training, cooperation among service providers, coordination with commands, and better training and marketing materials were also recommended. Several SARCs noted that more effort is required to hold offenders accountable in order to emphasize that there is zero tolerance.

## Survey Methodology

**Statistical Design**. The total sample consisted of 606 SARCs provided to DMDC by Service Sexual Assault Prevention and Response (SAPR) program managers. Respondents became ineligible if they indicated in the survey or by other contact (e.g., telephone calls or e-mails to the data collection contractor) that they were not serving in the appropriate position as of the first day of the Web survey, July 23, 2012. Surveys were completed by 289 SARCs[3] yielding an overall weighted response rate for eligible respondents of 52%. Data were weighted to reflect each SARCs population as of March 2012.

**Survey Administration**. Data were collected on the Web between July 23 and August 23, 2012. An announcement e-mail was sent to sample members beginning July 23, 2012. This announcement e-mail explained why the survey was being conducted, how the survey information would be used, and why participation was important. Throughout the administration period, six additional e-mail reminders were sent to encourage survey participation.

[3]"Completed" is defined as answering 50% or more of all the questions asked of all participants.

**Presentation of Results**. Each finding in the *2012 QSARC* is presented in graphical or tabular form along with its margin of error. The margin of error represents the degree of certainty that the percentage or mean would fall within the interval in repeated samples of the population. For example, if 55% of individuals selected an answer and the margin of error was ±3, in repeated surveyed samples from the population the percentage of individuals selecting the same answer would be between 52% (55 minus 3) and 58% (55 plus 3) in 95% of the samples. Because the results of comparisons are based on a weighted, representative sample, the reader can infer that the results generalize to the population of SARCs, within the margin of error.

**Statistical Comparisons**. Only statistically significant group comparisons are discussed in this survey note. Comparisons are generally made along a single dimension (e.g., Service) at a time. In this type of comparison, the responses for one group are compared to the weighted average of the responses of all other groups in that dimension. Thus within the current survey year, the percentage of each subgroup is compared to its respective "all other" group (i.e., the total population minus the group being assessed). For example, responses of Army SARCs are compared to the weighted average of the responses from SARCs in the Navy, Marine Corps, Air Force, and National Guard. When comparing results across survey years (i.e., 2012 compared to 2009), statistical tests for differences between means are used. All comparisons are made at the .05 level of significance. The use of the word "significantly" is redundant and is, therefore, not used in this survey note.

## References

DMDC. (2012). *2012 QuickCompass of Sexual Assault Response Coordinators: Statistical methodology report* (Report No. 2012-049). Arlington, VA: Author.

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