

# Department of Defense



## Plan to Prevent and Respond to Sexual Assault of Military Men

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## Table of Contents

Executive Summary .....	3
Part I: Summary of the Department's Progress To Date .....	5
Sexual Assault of Men in the Military .....	5
Initiatives .....	6
Gap Analysis .....	6
DoD SAPRO Actions to Address Male Victimization.....	10
Part II: Plan of Action .....	11
Objective 1 – Develop a Unified Communications Plan Tailored to Men Across the DoD.....	12
Objective 2 – Improve Service Member Understanding of Sexual Assault against Men .....	13
Objective 3 – Ensure Existing Support Services Meet the Needs of Males Who Experience Sexual Assault .....	15
Objective 4 – Develop Metrics to Assess Prevention and Response Efforts Pertaining to Males Who Experience Sexual Assault .....	16

## Executive Summary

This document describes the Department's plan to prevent and respond to the sexual assault of men in the military, in accordance with the National Defense Authorization Act for Fiscal Year 2016 (NDAA FY16).

Our knowledge about male sexual assault, in both the military and civilian sectors, is lacking due to the scarce number of men who report the crime and the limited research on male incidence.<sup>1</sup> Women who are sexually assaulted are more likely to report than their male counterparts; the Department estimates about 38 percent of women report vs. only 10 percent of men. One theory as to why males may choose not to report a sexual assault is they fear disbelief, blame, and scorn if they choose to report<sup>2, 3</sup>. Furthermore, men may not realize that their experience constitutes a sexual assault. According to the 2014 RAND Military Workplace Study (RMWS), compared to women, men are more likely to experience acts of sexual assault, which can include elements of hazing/bullying meant to humiliate or degrade the individual. Men in these circumstances may perceive their experience as non-sexual misconduct and not want to seek help or even realize they can get help from our sexual assault prevention and response program.

In recent years, the Department has taken important steps to enhance prevention efforts throughout the military<sup>4</sup>, improve response services, and increase outreach to men. For example, the Services and National Guard Bureau (NGB) now includes male-specific scenarios and information about sexual assault disguised as hazing, bullying, and other abusive and/or humiliating acts in their sexual assault prevention training. The Department has sought expert assistance, conducted research, and applied relevant data to inform practices that address male sexual assault. Despite these efforts, male reporting remains low and knowledge about the best methods to promote reporting among males is limited.

The Department is now working to increase research-informed, gender-specific prevention techniques that address male specific approaches to increase awareness of male sexual assault, ensure response services meet the specific needs of male survivors, and promote male engagement with the response system.

The Department will convene a group of research specialists from the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO), the Services, the NGB, and other relevant stakeholders (e.g., Service Surgeons General, Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)), Office of Diversity Management and Equal Opportunity (ODMEO), Public Affairs Officers) to work on the following four objectives stemming

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<sup>1</sup> Peterson, Z. D., Voller, E. K., Polusny, M. A., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review*, 31, 1-24.

Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity*, 13, 211-226.

<sup>2</sup> Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behavior*, 7(3), 203-214.

<sup>3</sup> Donnelly, D. A., & Kenyon, S. (1996). "Honey, we don't do men": Gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence*, 11, 441-448.

Dye, E., & Roth, S. (1990). Psychotherapists' knowledge about and attitudes toward sexual assault victim clients. *Psychology of Women Quarterly*, 14, 191-212.

<sup>4</sup> Sexual Assault Prevention and Response Office (2014). *Department of Defense Sexual Assault Prevention Strategy: Fiscal Year 2014-2016*.

from required elements in the NDAA FY16: 1) Develop a unified communication plan to extend outreach to military men; 2) Improve Service member understanding of sexual assault against men; 3) Ensure existing support services meet the needs of male survivors who experience sexual assault; and 4) Develop metrics to assess prevention and response efforts pertaining to men who experience sexual assault. To support action on these objectives, the Department will review existing research on male victims, male outreach techniques, and identify new research efforts in order to better understand the experiences and needs of male survivors. Within 30 days of this plan being approved, the Department will collaborate via working groups with DoD stakeholders to deliver milestones and a timeline to the Services for review and approval of objectives within 45 days of the initial working group meeting.



## Part I: Summary of the Department's Progress To Date

### Sexual Assault of Men in the Military

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Support services and research pertaining to male sexual assault lag behind those for female victims in both the civilian and military contexts. This gap in knowledge may be due, in part, to pervasive myths about the implausibility of male rape and sexual assault.<sup>5</sup> Contrary to these beliefs, sexual assault is a real problem for both men and women.

Various scientific surveys of the military population indicate that while women are at higher risk for sexual assault, greater numbers of men experience some kind of sexual assault each year than do women. This is a function of the military's roughly 85 percent male demographic. The 2014 RMWS estimated that of the 20,300 military members who indicated experiencing a sexual assault in the year prior to being surveyed, 10,600 were men and 9,600 were women.<sup>6</sup> However, military women tend to report sexual assault to authorities in greater numbers. The Department only receives one report from a military man for every four military women who choose to report sexual assault. In total, the Department estimates that only 10 percent of male victims report a sexual assault.<sup>7</sup>

Men may choose not to report a sexual assault for fear that they will face disbelief, blame, and scorn if they choose to report.<sup>8,9</sup> Furthermore, at times, men may not realize that an experience constitutes a sexual assault. According to the RMWS, although many military men experience a range of sexual assault crimes, they do not necessarily perceive these acts as "sexual." Based on cross-sectional RMWS data, it appears many of these acts are confused with hazing and meant to humiliate or degrade the victim. Men in these circumstances may not want help from a sexual assault program because they may perceive their experience as a cultural norm and unrelated to sexual misconduct.<sup>10</sup>

DoD is actively working to ensure that *everyone* who experiences sexual assault receives the care and support they need and want. Unfortunately, information about male sexual assault in both the military and civilian sectors is limited due to the small number of men who indicate experiencing and reporting the crime. The Department is working to develop research-informed approaches to increase awareness of male sexual assault, ensure support treatments meet the needs of men, promote improved male engagement with the DoD response system, and prevent the crime.

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<sup>5</sup> Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity, 13*, 211-226.

<sup>6</sup> Morral, A.R., Gore, K.L., Schell, T.L. (Eds.). 2015. Sexual Assault and Sexual Harassment in the U.S. Military Volume 2: Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study

<sup>7</sup> Sexual Assault Prevention and Response Office. (2015). *Department of Defense Annual Report on Sexual Assault in the Military: Fiscal Year 2014*. Retrieved from

[http://sapr.mil/public/docs/reports/FY14\\_Annual/FY14\\_DoD\\_SAPRO\\_Annual\\_Report\\_on\\_Sexual\\_Assault.pdf](http://sapr.mil/public/docs/reports/FY14_Annual/FY14_DoD_SAPRO_Annual_Report_on_Sexual_Assault.pdf).

<sup>8</sup> Aosved, A. C., Long, P. J., & Voller, E. K. (2011). Sexual revictimization and adjustment in college men. *Psychology of Men & Masculinity, 12*(3), 285.

<sup>9</sup> Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behavior, 7*(3), 203-214.

<sup>10</sup> *Ibid.* 1

## Initiatives

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The Department's intent is to enhance male-inclusive outreach efforts that promote greater confidence and participation in the reporting process while also providing quality advocacy and medical and behavioral health care for male survivors. In order to achieve this, all DoD stakeholders must work together to employ a unified, research-informed approach to support military men who experience sexual assault.

The Secretaries of Defense have directed three initiatives focused on male victims of sexual assault:

- **Installation Prevention Project:** To advance our knowledge and understanding of successful intervention policies, the Secretaries of the Military Departments, the Chiefs of the Military Services, and the Under Secretary of Defense for Personnel and Readiness will conduct a multi-year initiative to customize prevention efforts at select military installations. This effort will identify installation and community risk factors for sexual assault and develop associated actions leadership can take to mitigate sexual violence against male and female Service members (Dec, 2014).
- **Improve Reporting of Males Who Experience Sexual Assault:** To promote recovery among male survivors, the Secretaries of the Military Departments, in conjunction with Chiefs of the Military Services and NGB, will implement and monitor methods to improve reporting and enhance efforts to encourage male victims to seek assistance (May, 2014).
- **Evaluate Gender-Focused Treatment Capabilities and Provider Training:** The Military Service Surgeons General will assess clinical interventions that address the specific needs of men and women who are seeking treatment for sexual assault (May, 2015).

## Gap Analysis

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SAPRO conducted a gap analysis to compare existing practices to standards for male outreach and response. Information on existing practices was drawn from feedback provided by the Services and NGB in response to the aforementioned 2014 'Improve Reporting' initiative and by OASD(HA) in response to the 2015 Gender-Focused Treatment initiative. For the purposes of this plan, the standards identified below were based on recommendations from independent reviews of DoD programs, relevant scientific research, and/or legislated directives from Congress.

### Gap Analysis: Male Outreach

**Standard 1:** Training and outreach efforts should include examples of male victimization (sources: *2014 RAND Military Workplace Study, Volume 2 (RMWS)*<sup>11</sup>; 2015 GAO Report – *Military Personnel: Actions Needed to Address Sexual Assaults of Male Service members*<sup>12</sup>)

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<sup>11</sup> Morral, A.R., Gore, K.L., Schell, T.L. (Eds.). 2015. *Sexual Assault and Sexual Harassment in the U.S. Military Volume 2: Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study*

<sup>12</sup> U.S. Government Accountability Office (2015). *Military Personnel: Actions Needed to Address Sexual Assaults of Male Servicemembers*. Retrieved from: <http://www.gao.gov/assets/670/669096.pdf>



(GAO), Report of the Response Systems to Adult Sexual Assault Crimes Panel<sup>13</sup> (RSP), June, 2014).

Many perceive sexual assault as a crime that solely affects women. Widely endorsed myths and misconceptions about male sexual assault suggest men cannot be sexually assaulted, men should be able to defend themselves against sexual assault, or that male on male sexual assault is about homosexuality rather than power.<sup>14</sup> Due to these misconceptions, sexual assault training and outreach efforts often focus on female victimization. However, steps are being taken by the Department to address these misguided biases and training and outreach efforts will continue to focus on both sexes.

A necessary step in promoting reporting among males is to increase awareness of the reality of sexual assault perpetrated against men. Openly discussing male sexual assault can help males feel that they too can find acceptance, support, and assistance from services provided by the Services' and the NGB's Sexual Assault Prevention and Response (SAPR) programs.

*Gap between Standard and Existing Practices*

There are no gaps currently identified with Standard 1. The Services and NGB's existing practices meet this standard, specifically with regard to training and outreach efforts, which include male assault scenarios. The Services and NGB also described ongoing and planned outreach tailored to males, including updates to websites, public service announcements, and educational materials.

Standard 2: Training and outreach should communicate that sexual assault may also involve sexually abusive and humiliating acts like hazing and bullying (sources: RMWS and RSP).

As discussed above, some men who experience sexual assault in the form of hazing or bullying may not consider reporting the experience because they do not view it as sexual assault. By broadening Service members' understanding of sexual assault and emphasizing that these offenses may occur during hazing and bullying incidents, Service members may better recognize and report sexual assaults when they occur.

*Gap between Standard and Existing Practices*

The Services and NGB's existing practices meet Standard 2. Training and outreach efforts include information about sexual assault, forms of hazing/bullying, and other abusive and/or humiliating acts.

Standard 3: Enhance training on sexual harassment and ensure that it addresses misconduct against men as well as women, given the correlation between sexual harassment and sexual assault (source: RMWS).

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<sup>13</sup> Response Systems to Adult Sexual Assault Crimes Panel (2014). Report of the Report of the Response Systems to Adult Sexual Assault Crimes Panel. Retrieved from: <http://responsesystemspanel.whs.mil/>

<sup>14</sup> Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity*, 13, 211-226.

The 2014 RMWS asserts sexual assault victimization is highly correlated with the experience of sexual harassment.<sup>15</sup> Specifically, men who indicated sexual harassment in the past year were 49 times more likely to reveal being sexually assaulted than men who did not indicate being sexually harassed. Sexually harassed women were 14 times more likely to indicate that they experienced a sexual assault than women who did not indicate sexual harassment. Given this strong correlation, training must aim to prevent the broad range of sexual misconduct and unlawful discrimination.

*Gap between Standard and Existing Practices*

The Services and NGB partially meet Standard 3. Some Services reported that their sexual assault training addressed the continuum of harm – a range of misconduct that incorporates sexual harassment, sexual assault, and lesser disrespectful behaviors. With the exception of the Army, all the other Services to include the National Guard use different agencies to respond to sexual assault and sexual harassment. For a more robust SAPR program, stakeholders must work with the Military Equal Opportunity program throughout the Department to ensure that sexual assault and sexual harassment messaging include males and address the factors that are associated with both sexual harassment and sexual assault given their correlation.

Standard 4: Leaders at all levels must be involved in male outreach and in efforts to reduce stigma associated with reporting sexual assault (source: RSP).

Leaders at all levels are responsible for establishing a healthy command climate. Leaders must foster climates where reports receive a professional response and victims are supported. Military leaders must be fully engaged to dispel myths and combat stigma associated with male victimization and reporting of sexual assault. Furthermore, leaders at all levels should openly and genuinely discuss male sexual assault and clearly identify that sexually humiliating and abusive behaviors such as hazing and bullying will not be tolerated.

*Gap between Standard and Existing Practices*

The Services and NGB partially meet Standard 4. The Services and NGB all provide some form of awareness training for commanders, which is an important first step in engaging leaders in male outreach efforts. However, the Services and NGB do not discuss strategies to prepare commanders to directly engage with men who experienced sexual assault and reduce stigma in their units.

Standard 5: Research, expert opinion, and input from males who experienced sexual assault should inform male outreach (sources: GAO, RMWS, RSP, NDAA FY16).

Research on male victims of sexual assault is limited. In particular, best practices to promote male victim reporting have not been established in either the civilian or military sectors. Nonetheless, the Services and NGB should continue striving to improve their efforts based on data, expert opinion, and input from male sexual assault victims as it becomes increasingly available.

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<sup>15</sup> While there is a strong positive correlation between sexual harassment and sexual assault, this correlation does not imply causality or sequence. Sexual harassment does not necessarily “cause” or bring about an experience of sexual assault, or vice versa. In addition, sexual harassment may occur before and/or after the experience of sexual assault. Rather, sexual harassment may be one indicator of a permissive climate, or may be used by offenders to identify, groom, and/or control victims.



*Gap between Standard and Existing Practices*

The Services and NGB partially meet Standard 5. All Service and NGB feedback indicated some efforts to seek expert assistance, conduct further research, or use data to inform practices that address male sexual assault. As an example, all of the Military Services have participated in inter-service male reporting working groups, which provided avenues to share promising practices and collaborate on male outreach efforts. Additionally, the Services/NGB regularly solicit male victim feedback through survivor summits, victim surveys, and advisory group sessions. Although these efforts have helped guide outreach, research that is more comprehensive is needed to develop research-informed practices.

**Standard 6:** Develop metrics to assess progress on male outreach (sources: GAO, RSP, NDAA FY16).

In 2014, the Department developed a series of metrics to assess its progress in sexual assault prevention and response. However, other than measuring past-year prevalence of sexual assault by sex, none of these metrics assessed the performance of targeted efforts to improve male outreach. Such metrics are needed to assess the effectiveness of male outreach programs and suggest needed adjustments.

*Gap between Standard and Existing Practices*

The Services and NGB have not developed metrics to track progress in engaging males with the response system.

**Gap Analysis: Assessing Gender-Specific Interventions/Provider Training**

Described below are the standards for assessing gender-specific interventions and the gaps between existing practices and standards. Existing practices are based on the response by the OASD(HA) to the 2015 Secretary of Defense Initiative, as well as information drawn from the Integrated Mental Health Strategy, Strategic Action 28.<sup>16</sup>

**Standard 1:** Existing individualized health care should include evidence-based, gender-responsive approaches and guidance for treatment. Any new research should be conducted to fill identified gaps in evidence before interventions are modified (sources: GAO, Defense Task Force on Sexual Assault in the Military Services<sup>17</sup> (DTFSAMS, 2009)).

*Gap between Standard and Existing Practices*

The Services and NGB partially meet Standard 1. The Department will conduct a systematic evaluation of the gaps in research to determine what interventions will be implemented. Greater research is a prerequisite to assess the need for and the effectiveness of gender-specific approaches. According to an assessment of DoD's and the Department of Veterans Affairs' (VA) research portfolios (Integrated Mental Health Strategy, Strategic Action 28), there is a lack of research on the effectiveness of behavioral health treatments for trauma related to sexual assault in general, let alone research related to gender-responsive treatments. However, the Department is actively

<sup>16</sup> [http://www.mentalhealth.va.gov/docs/VA-DoD\\_IMHS\\_Action\\_Summaries\\_040814.pdf](http://www.mentalhealth.va.gov/docs/VA-DoD_IMHS_Action_Summaries_040814.pdf)

<sup>17</sup> Defense Task Force on Sexual Assault in the Military Services (2009). *Report of the Defense Task Force on Sexual Assault in the Military Services*. Retrieved from: [http://www.sapr.mil/public/docs/research/dtfsams-rept\\_dec09.pdf](http://www.sapr.mil/public/docs/research/dtfsams-rept_dec09.pdf)

working to address this gap in knowledge. DoD will assess current and planned DoD surveys, consider the need for prospective studies and use other tools to determine if gaps in health care capabilities or training exist, or where enhancements to health care capabilities and training may be useful.

Standard 2: Training for providers should include research-informed and gender-responsive<sup>18</sup> approaches to health care. (sources: GAO, DTFSSAMS).

#### *Gap between Standard and Existing Practices*

The Services and NGB partially meet Standard 2. In 2015, the US Army Medical Department implemented sexual assault medical forensic examiner curriculum (also adopted by the other Services) that includes a module on the male sexual assault patient. This addresses the need for SAMFE providers to be uniformly trained to, competent in, and informed of the current standards of practice and state of the science. This effort is an important first step, but it is unclear whether other healthcare providers are adequately trained to effectively render services that support the needs of male survivors. The Department will conduct further evaluation of gender-specific needs to determine if additional gender-specific training or skills are required for other healthcare providers.

#### DoD SAPRO Actions to Address Male Victimization

DoD SAPRO is actively addressing male victimization through the following improvements:

- **Policy:** DoD Instruction 6495.02, *Sexual Assault Prevention and Response Program Procedures*, currently requires medical care and SAPR training and services to be gender-responsive, culturally-competent, and recovery-oriented. The Instruction also requires a response that recognizes the high prevalence of pre-Service trauma for both men and women as a result of sexual assault, empowers an individual to make informed decisions within the justice process, and facilitates access to available resources.
- **Outreach:** SAPRO strengthened outreach to males through the DoD Safe Helpline by incorporating male-specific content that empowers men to progress in the process of recovery.
- **Advocacy:** SAPRO developed a male-specific training module that enables the Department's Sexual Assault Advocate Certification Program to provide a quality response tailored to the needs of adult males who experience sexual assault.
- **Assessment:** SAPRO annually reviews the Defense Sexual Assault Incident Database to assess gender differences in incident characteristics, victim/subject demographics, and response services among victims who made Unrestricted or Restricted Report of sexual assault.

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<sup>18</sup> The Department recognizes that there is no "one fits all" treatment approach for men and another for women. Thus, the Department does not use the term "gender-specific treatment." Rather, the Department uses the term "gender-responsive treatment" to indicate that treatment is tailored to the individual and that providers should be capable of addressing the needs of both male and female victims.



## Part II: Plan of Action

The Department will organize a working group comprised of military medical and behavioral subject matter experts, SAPR research subject matter experts from DoD SAPRO, the Services, and the NGB within 30 days of approval of this plan to address the four objectives. The working group representatives will deliver milestones and a timeline to the Services for review and approval for each objective within 45 days of the first meeting. Other stakeholders will collaborate with the working group when the specific objective is relevant to their office (e.g., OASD(HA) will collaborate with the working group in assessing health care-related recommendations). Potential stakeholders include: Service Surgeons General, OASD(HA), ODMEQ, Defense Equal Opportunity Management Institute (DEOMI), Office of Military Professionalism, Family Advocacy Program, and DoD-level training and curriculum specialists.

DoD's new effort to address male survivors is outlined in the following objectives:

- 1) Develop a unified communications plan tailored to men across the DoD to encourage male reporting.
- 2) Improve Service member understanding of sexual assault against men to prevent the crime and increase male engagement with the response system.
- 3) Ensure that existing support services meet the needs of male survivors.
- 4) Develop metrics to measure progress.

For objectives 1 through 3, the Department in conjunction with participants from the Services will draw on formative research and assess existing research and data to develop a better understanding of the experiences and needs of males who experience sexual assault. Additionally, the Department will evaluate Service-specific programmatic efforts and determine how to address associated gaps among current outreach, response, and prevention efforts. Research tasks are specified below, but the Department will be free to adjust the research agenda as needed to meet the various objectives. Based on the results of this research, the Department will collaborate with relevant stakeholders to develop and evaluate research-informed practices in support of each objective. Throughout the process, the Department will develop metrics (objective 4) to assess progress on objectives 1 through 3 on an annual basis. Three years after the completion of objectives 1 through 4, the Department will perform a comprehensive evaluation of its outreach, response, and prevention efforts regarding males who experience sexual assault.

To achieve objectives 1 through 4, the Department will develop, but is not limited to, the following research-informed products/guidelines:

- Gender-inclusive communication plan and communication materials to encourage male reporting (objective 1)
- SAPR training core competencies and learning objectives to improve Service members' understanding of male victimization and prevent the crime (objective 2)
- Core competencies and learning objectives for commander/supervisor training to engage leaders in preventing male victimization and reducing associated stigma (objective 2)

- Gender-responsive treatment (to include male and female staff for survivors to choose an advisor/advocate from when possible) guidelines and core competencies/learning objectives for provider training (objective 3)
- Core competencies and learning objectives for first responder training to improve response services for males who experience sexual assault (objective 3)
- Report to summarize the research reviewed by the working group (objectives 1-3)
- Metrics to assess progress on objectives 1 through 3 (objective 4)
- Comprehensive evaluation of the Department's outreach, response, and prevention efforts regarding male survivors of sexual assault (three years after the implementation of objectives 1-4)

## Objective 1 – Develop a Unified Communications Plan Tailored to Men Across the DoD

**The Problem:** The Department needs an improved communication plan not only to encourage males to seek support and report sexual harassment and sexual assaults, but also to refute the myths and misconceptions associated with male victimization. Sexual assault is widely considered to be a trauma only experienced by women.<sup>19</sup> Despite evidence to the contrary, beliefs about the rarity of male sexual assault persist in both military and civilian culture. Given this climate, males often choose not to recognize their own assault because they do not consider the actions by others as sexual assault. On the contrary, many of these behaviors are considered a cultural norm and a rite of passage. Consistently, the Department estimates that only 10 percent of survey-estimated male victims that have been sexually assaulted report their sexual assault, compared to 38 percent of female victims. The creation and issuance of gender-neutral communication materials alone is not sufficient. Sexual assault victimization is so strongly associated with women that gender-neutral materials often do not resonate with men. Communication materials must directly acknowledge the broad experiences of males who experience sexual assault and bolster their confidence in the reporting process in addition to addressing the needs of female victims. Unfortunately, research on specific methods to engage males who experienced sexual assault is nearly nonexistent. As described earlier, the Services have developed and will continue to develop outreach tailored to males, including updates to websites, public service announcements, and educational training materials. However, in order to design a comprehensive, unified, and research-informed communication plan, the Department requires additional research.

**What We Propose:** The Department will identify determinative research to assess the most effective strategies to communicate to male Service members about sexual assault. Based on the results of this research, the Department will develop a unified SAPR communication plan and communication materials that are gender-specific and research-informed. The Department will also consider different mechanisms that focus on the unique needs of men to build trust and potentially increase reporting (e.g. having male and female Sexual Assault Response Coordinators/Victim Advocate presenters).when possible.

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<sup>19</sup> Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behavior*, 7(3), 203-214.



### *1.1 Identify and review research on strategies to communicate to male Service members about sexual assault*

The Department will pursue several research approaches to determine best practices for the communication plan. First, a content analysis will be done to assess current materials designed to communicate about sexual assault, both in civilian and military contexts. This qualitative review will allow the cataloguing of current communication techniques and select potential promising practices. To further determine promising practices, a review of the literature will be conducted. Although very little research has examined methods to engage men who experienced sexual assault, research in related areas may prove insightful (e.g., gender differences in health communication effectiveness). If needed, an expert panel will be organized to provide further guidance. Utilizing the results of these research efforts, the Department will identify the goals, audience, and key messages for preliminary communication materials and assess their effectiveness. Preliminary communication materials may be assessed through focus groups and informal discussions at survivor summits or added to existing survey efforts for evaluation (e.g., ongoing climate surveys). The Department will also ensure that the male-targeted materials sensitively describe gender differences in victimization without implying that sexual assault against men is more or less traumatic than sexual assault against women.

### *1.2 Develop a gender-inclusive communication plan to encourage male reporting*

Once the Department has amassed a sufficient research base, it will work with stakeholders to develop a research-informed communication plan and associated communication materials (e.g., website postings, public service announcements, educational materials). Based on this plan, the Secretaries of the Military Departments will augment their existing communications and execute new communications to expand awareness about sexual assault against men and increase reporting among males.

## Objective 2 – Improve Service Member Understanding of Sexual Assault against Men

**The Problem:** Sexual assault against men is not well understood by researchers and the general public alike. Destructive cultural myths about male sexual assault not only deter males from reporting but may also increase the possibility of negative scrutiny and social exclusion when they do choose to report. In general, these myths suggest that men cannot be sexually assaulted, that men should be able to defend themselves against sexual assault, and that victims and perpetrators of male sexual assault are likely homosexual.<sup>20</sup> Recent research indicates men are more likely to describe their sexual assault as hazing, be subjected to an assault perpetrated by multiple offenders, and suffer incidents in the workplace or during duty hours. The Department must work to better communicate the broad range of experiences that constitute sexual assault in order to discredit cultural myths and misconceptions about male sexual assault. The Department has made some important progress in fostering a SAPR program supportive of all sexual assault victims. In their SAPR training and outreach, the Services and NGB currently include male-specific scenarios and information about sexual assault's connection to hazing, bullying, and other abusive and/or humiliating acts. While these

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<sup>20</sup> Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity*, 13, 211-226.

efforts are an important foundation, further action is needed to fully educate Service members about male victimization, reduce associated stigma, and prevent the crime.

**What We Propose:** The Department will synthesize research on male sexual assault and design core competencies and learning objectives for Service members and for specialized training for leadership.

*2.1 Identify and review research related to males who experience sexual assault and methods to reduce associated stigma and with reporting the crime.*

The Department will review the broader literature on sexual assault prevention to determine best practices to deliver program content, as well as methods to reduce stigma associated with reporting sexual assault. Additionally, a panel of experts will convene to review research and recommend methods to prevent male sexual assault, reduce associated stigma and reporting, and engage leadership at all levels in the effort.

*2.2 Develop SAPR training core competencies and learning objectives to improve Service members' understanding of male sexual assault and research-informed prevention efforts.*

Leveraging insights from the research described above, the Department will develop male-specific content for SAPR training core competencies and learning objectives (CCs/LOs). These CCs/LOs will set standards for Service member education about men's experience with the crime, reduce stigma associated with male victimization, and prevent the crime. The Department will coordinate with ODMEO, DEOMI, and Military Equal Opportunity programs to ensure that sexual assault and sexual harassment training addresses the factors associated with the two, given their correlation. Furthermore, just as sexual assault training now includes male-specific scenarios, the Department will collaborate with the aforementioned organizations to ensure that sexual harassment training includes male-complainant scenarios. Ensuring these materials sensitively describe gender differences in victimization without implying that sexual assault against men is more or less traumatic than sexual assault against women is important.

*2.3. Develop core competencies and learning objectives for commander and leadership training to engage leaders at all levels in preventing male sexual assault and reducing associated stigma.*

The Department will also convene with relevant stakeholders to develop comprehensive commander training CCs/LOs. This training will teach supervisors and commanders how to foster climates where sexual assault, in any form, is not tolerated, and where victims of sexual assault are fully supported. Commanders and leaders at all levels will learn how to openly discuss the realities of male sexual assault and how to reduce stigma associated with reporting. Furthermore, the training will teach commanders and leaders at all levels how to recognize and prohibit abusive and humiliating acts like hazing and bullying and will provide guidance about administrative and disciplinary procedures to hold personnel who commit these acts appropriately accountable.



## Objective 3 – Ensure Existing Support Services Meet the Needs of Males Who Experience Sexual Assault

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**The Problem:** Although men and women experience many of the same psychological difficulties due to sexual assault victimization, they also face distinct challenges.<sup>21</sup> Male survivors of sexual assault may have difficulty reconciling their masculine identity—normatively associated with strength and control—with the experience of being a victim.<sup>22</sup> Furthermore, males may struggle with their sexual identity, and treatment needs may vary depending on victims' sexual orientation and the gender of their perpetrators.<sup>23</sup> Due to low reporting rates among males, civilian and military service providers have less experience working with males who experience sexual assault compared to female victims. Although healthcare providers are trained to provide treatment that is tailored to the individual's needs, specific guidance may be needed to address the distinct challenges males face. Knowledge about the clinical needs of male survivors beyond acute medical care and infection prophylaxis is still limited. Further research is needed to assess the need for and effectiveness of gender-responsive approaches and training protocols for health care providers. Furthermore, service providers and first responders may require additional training to provide evidence-based information about the distinct needs of males who experience sexual assault. Research from the civilian sector suggests that societally-endorsed myths about sexual assault may be present among service providers, including counselors, crisis workers, medical personnel, and law enforcement officials.<sup>24, 25, 26</sup>

**What We Propose:** The Department will compile relevant research on gender differences in treatment needs and, identify gaps in gender-responsive treatment options; develop evidence-based, gender-responsive guidelines for healthcare providers; and plan further research as needed. Additionally, the Department will work with relevant stakeholders to develop core competencies and learning objectives for all health care personnel who are likely to treat sexual assault victims.

### *3.1 Identify and review research on gender differences in healthcare needs and gender-responsive treatment*

The Department will leverage information from ongoing research on gender differences in order to identify unique healthcare needs and determine potential strategies for individualized gender-responsive treatment. VA supports a number of research studies, which the Department will review for relevant information about gender differences in healthcare needs and outcome. In 2010, the DoD and VA developed an Integrated Mental Health Strategy which, among other things, used a research-based approach to explore gender differences in the effectiveness of

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<sup>21</sup> Peterson, Z. D., Voller, E. K., Polusny, M. A., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review, 31*, 1-24.

<sup>22</sup> Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behavior, 7*, 203-214.

<sup>23</sup> Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity, 13*, 211-226.

<sup>24</sup> Anderson, I., & Quinn, A. (2009). Gender differences in medical students' attitudes towards male and female rape victims. *Psychology, Health & Medicine, 14*, 105-110.

<sup>25</sup> Donnelly, D. A., & Kenyon, S. (1996). "Honey, we don't do men": Gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence, 11*, 441-448.

<sup>26</sup> Kassing, L. R., & Prieto, L. R. (2003). The rape myth and blame-based beliefs of counselors-in-training toward male victims of rape. *Journal of Counseling and Development: JCD, 81*(4), 455.



mental healthcare, or that may have relevant applications to the Department's efforts. Additionally, the Defense Health Agency and the VA are working with DoD SAPRO to analyze their administrative/clinical data with regards to gender differences in healthcare utilization and outcomes; the results of this review may also be leveraged in the Department's work. In addition to applying the outcomes of the above activities, the Department will convene a panel of behavioral health professionals with expertise in male victimization to develop provider training and considerations for male-specific mental health treatment.

### *3.2 Develop evidence-based, gender-responsive treatment guidelines and core competencies/learning objectives for provider training*

The working group will collaborate with OASD(HA) and the Service Surgeons General to develop evidence-based, gender-responsive treatment guidelines and CCs/LOs for provider training. The treatment guidelines will emphasize the need to tailor treatment to the individual, but also provide evidence-based guidance about how providers can approach unique challenges men often face after sexual assault. Similar to Objective 2, the CCs/LOs for provider training will work to educate providers about males who experience sexual assault and possible misconceptions that may exist about sexual assault perpetrated against men.

### *3.3 Develop core competencies/learning objectives for responder training to improve response services for male survivors*

The Department will collaborate with relevant stakeholders to develop training CCs/LOs for first responders who work with victims of sexual assault, to include: Sexual Assault Response Coordinators, Victim Advocates, Special Victims' Counsel/Victims Legal Counsel, criminal investigators, trial counsel, and chaplains. These training CCs/LOs will address the full spectrum of behavior that constitutes sexual assault, work to correct misconceptions about sexual assault perpetrated against men, and provide gender-responsive support guidelines.

## **Objective 4 – Develop Metrics to Assess Prevention and Response Efforts Pertaining to Males Who Experience Sexual Assault**

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**The Problem:** The Department requires a coordinated approach to assess the effectiveness of its efforts to address male victimization. By developing specific goals and associated metrics, the Department can regularly assess its progress and make any needed adjustments to its efforts regarding males who experience sexual assault. Given the limited knowledge about male victimization, it may take time to develop effective methods to engage males with the response system and provide the most effective care. Metrics will provide an important avenue to track progress and determine successful and unsuccessful initiatives.

**What We Propose:** The Department will assign a schedule to regularly assess the processes and outcomes of the programs developed for objectives 1 through 3. Specifically, they will develop a core set of metrics, write a report to summarize their research, and conduct a comprehensive evaluation of the Department's male victim prevention and survivor response efforts. The Services will have the flexibility to add to the core set of metrics as necessary.



*4.1 Develop metrics to assess progress on objectives 1 through 3*

Throughout the execution of each objective described above, the Department will also develop goals and associated metrics. In line with best practices for metric development, the metrics should be specific and clearly defined, measurable, achievable and realistic, and include timelines. Department stakeholders will meet as required to assess the metrics and any new developments in the research literature to determine if program modifications are needed. Results will be reported in the Department's Annual Report on Sexual Assault in the Military.

*4.2 Compose a report on the Department's research findings*

The DoD SAPRO will submit a literature review used to inform action on objectives 1 through 3 and update the report as required with any new developments in the research to determine if any adjustments to the Department's programs are needed.

*4.3 Evaluate the Department's efforts to promote male sexual assault reporting, improve response services, and prevent the crime*

Three years after the completion of objectives 1 through 4, the Department will conduct another evaluation of its outreach, response, and prevention efforts regarding male sexual assault and report back to the Under Secretary of Defense for Personnel and Readiness.

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Peter Levine  
Acting