

Ingrid S. Torres MSW, CSW
Testimony before the House Committee on Oversight and Government Reform
Subcommittee on National Security and Foreign Affairs
“Oversight Hearing on Sexual Assault in the Military”
July 31, 2008

Chairman Tierney, Congressman Shays, and other distinguished members of the Subcommittee: thank you for the opportunity to testify today about the Department of Defense Sexual Assault Prevention and Response Program. I would also like to thank RAINN for their continued support of victims of sexual assault.

INTRODUCTION

I would like to begin by explaining a little bit about whom I am and the work that I do before summarizing my experience with the SAPRO program. Before I get into that, however, I must state that I am here not as a representative of my employer but, rather, I am here as a private citizen.

I am currently employed by the American National Red Cross within a branch of our organization that works almost exclusively with the military. The Red Cross is a not for profit organization that is congressionally mandated to provide emergency message communication between military personnel and their immediate family members around the world and the military requests our presence at the locations at which we serve.

As a member of the Service to the Armed Forces (SAF) mobile staff, I have been stationed at Yokota Air Base in Tokyo, Japan; Camp Victory in Baghdad, Iraq; Kunsan Air Base in the Republic of Korea; and the United States Army Garrison Mannheim in Mannheim, Germany. I should clarify that as a civilian when I state that I have been ‘stationed’ at these locations I mean that I worked on these installations and also that I lived on them. At OCONUS locations American Red Cross managers are considered emergency essential personnel and are thus required to live on the installation. My time overseas was spent with the American military and the men and women that I lived and worked with became my colleagues and friends.

I grew up in Indiana and moved to Ann Arbor, Michigan in 2003 to pursue a Masters of Social Work (MSW) at the University of Michigan. I first started working for the Red Cross in 2003 at the Washtenaw County Michigan Chapter while working to complete my MSW. I graduated in 2005 and accepted a position with the American National Red Cross as an Assistant Station Manager in Japan. I remember being so excited to be doing a job that could make a difference to those serving their country – especially during a time of war.

I was raped by the installation flight doctor in 2006 while stationed at Kunsan Air Base, Republic of Korea. One night I took Ambien – a medication I had been prescribed to aid in sleep after serving in Iraq – and I was raped while I slept in my quarters. The offender was found guilty for the crime he committed against me and he is currently in military confinement and has been dismissed from the Air Force. Since the night of the rape and in the aftermath of the trial, I have experienced the SAPRO program at duty stations in Korea, Japan, and Germany. I must

say that the programs in each area vary greatly – some better, some worse, and all in need of change.

Civilians are not afforded the same protections as active duty military personnel after suffering a sexual assault – and yet civilians outnumber the military personnel with whom they live and serve. According to the Defense Manpower Data Center, Statistical Information Analysis Division worldwide there are nearly 1.4 million US military personnel and nearly 2.7 million civilians accompanying them either as employees (DoD and other) or dependents. Overseas (OCONUS) there are 291,000 military personnel as of 2005 and nearly 300,000 civilians accompanying them. Civilians outnumber active duty military personnel and yet they are sidelined when it comes to being provided adequate care after an assault.

Throughout the rest of my statement I am going to advise you of some of the different aspects of the SAPRO program and provide you with my recommendations for change. Specifically I will be discussing Restricted vs. Unrestricted Reporting, some of the differences in the SAPRO program at different duty locations, and the response from military personnel. I will conclude by making five recommendations for change.

OBSTACLES FOR VICTIMS IN THE CURRENT SYSTEM

Restricted vs. Unrestricted Reporting: About two years ago, a policy was established that allowed for military personnel to report a sexual assault as either a restricted or unrestricted report. Civilians, however, were and are not yet afforded this option. A restricted report is one in which the victim can come forward and receive medical and mental health services confidentially and without going through the chain of command or the legal system. An unrestricted report is one in which the victim receives medical and mental health services but the chain of command of both the perpetrator and the victim as well as the legal system get involved.

Civilians are only allowed to make an unrestricted report which means that once a civilian comes forward, the military is required to investigate the crime (which is invasive and traumatizing to the victim) and if there is sufficient evidence, the military is required to prosecute. The entire process is difficult, prolonged, and serves to re-victimize the injured party at every turn.

The road after sexual assault is a long and challenging one. As is typical with victims of violent crime, I suffered from PTSD, terrifying nightmares, and depression. I still wake in the night having just dreamt that he found me and came after me again – my biggest fear. Each time I try to fight him off in my sleep and most of the time he wins again. If I knew then what I know now – I don't know that I would have made the same decision when reporting the assault against me. I should at the very least have had the option of making a restricted report – if for no other reason than to avoid being re-victimized every time I needed to go to the clinic (he was a doctor), or I had to go to a meeting with the base's group commanders, or the lawyers needed more information, or OSI had more questions. Every day it seemed there was something that came up involving the assault. I do not want to understate the trauma of the rape – it is very difficult to process being raped by a friend – a doctor no less, who used the medical knowledge he *gained from the military* to rape me. However, I would say that the process of investigating and prosecuting the crime was just as traumatizing as the crime itself because it was so drawn out

and resulted in repeated exposure to the crime.

I have dealt with a lot of hostility over the last year and a half because of the sheer number of people who knew about the incident and the way my case was handled. In my case at the installation where I was stationed, all but one group commander knew what was going on – and I had to continue to work with these individuals for nearly a year. Because of the pending court martial, I was advised by OSI and JA not to talk openly about the case – which caused rumors and misconceptions to run rampant. There was no escaping it and no making it better. The hostility grew with my silence – mostly, I learned after the trial, because no one knew exactly what was going on and it made everyone uncomfortable. Ultimately, we still publicly and privately try the victims in sexual assault cases. Rape is the only crime where the victim must prove their innocence.

Having the ability to make a restricted report protects victims from having to be re-victimized by the criminal justice system, as well as protects them from the civilian and military personnel that they must continue to work with who all too often blame and abandon the victim because of outdated ideas and fear of sexual assault. In addition, restricted reporting allows the victim to receive care they might not otherwise receive - especially OCONUS, where victims must get care through the military rather than on the economy because of language barriers, up-front costs of medical treatment, and reporting laws of the host nation.

The Sexual Assault Prevention and Response Program has very little oversight and is different depending on where you live: In Korea, right before I left, there was a big push to design and implement the prevention portion of the SAPRO program for the peninsula in something like 4 weeks. I don't remember the exact timeline, but it was short. There seemed to be little guidance or oversight from DOD, and my experience with 3 different SAPRO programs further illustrates this.

Korea: The response part of the SAPRO program seemed very established – my guess through frequency of use. The Sexual Assault Response Coordinator, SARC, was knowledgeable and helpful and steps were taken to protect me and my medical records from the perpetrator. The Victim Advocates were volunteers and were decently trained. However it should be noted that the DOD SAPRO program does not have standardized training – a minimum set of training, yes, but not standardized training! This leads to inconsistent care. The medical commander gave approval to keep paper records on me so that the man who raped me, a doctor, could not access them. The process worked relatively smoothly from a response standpoint.

Japan: The SARC had very little knowledge about the program he was leading and was not helpful in getting me assistance on base. I needed to be seen at the mental health clinic as I had been diagnosed with Chronic PTSD related to the assault and the psychologist there refused to see me and keep paper records. Digital records were not an option for my safety and he left me without medical care when I needed it most.

Germany: The SAPRO program there is mediocre. The current SARC is excellent but the Victim Advocate situation is poor at best. At Mannheim, units are required to name a person to be the unit's victim advocate, and I understand that this may be an Army wide policy. The Air Force, by contrast, tends to rely on volunteers. Forcing individuals to be Victim Advocates is a

terrible idea. In this time of crises, a victim needs someone who is knowledgeable and who wants to be there for them. They do not need to be re-victimized by a VA who would rather not be doing the job. At Mannheim, there are safeguards in place to weed out those who really don't want to be VAs, but I understand that is not an Army wide policy.

Response from the Highest Ranking Commanders down through the ranks: I do believe that the response from senior leadership as well as other military personnel is an important element in preventing future rapes from occurring. I was actually approached by the offender's commander and he requested my opinion on punishing the crime with an Article 15 rather than a court martial. An Article 15 is non-judicial punishment and is essentially a slap on the wrist. Commanders have broad authority and discretion in how to respond to rape but simply giving an Article 15 will not deter such crimes. The most important thing to note about the response of commanders and personnel is that the victim still makes others more uncomfortable than the perpetrator.

RECOMMENDATIONS

I recommend the following five actions be undertaken as appropriate by the Administration, the Department of Defense, and Congress:

1. **Seriously review the SAPRO program** in each branch of service and at the academies. A recent government report found that the DoD has "only minimally" addressed congressional interest in how well sexual assault prevention programs are working at the nation's military academies. This review can no longer be simply lip service. Real change is needed.
2. **Change the SAPRO policy** (DoD 6495.02) so that civilians can make a restricted report in sexual assault cases. This is an extremely important change that needs to be made as soon as possible. Civilian employees/dependents and contractors make up a significant number of Americans living OCONUS with the military and as such we have no where else to go but to the military for help after an assault. We need to be afforded the same protection as those in the military.
3. **Standardize the SAPRO Program** DOD wide so that victims are cared for around the world in the same way. Create and maintain an email list of all current SARCs and Victim Advocates to aid in continued training and dissemination of program updates. Create a standardized training program for all SARCs and VAs DOD wide so that services are consistently rendered to those in need no matter where they are. In addition, civilian resources such as RAINN should be utilized as a supplement, though not as a replacement for, military assistance and education in the use of said resources should be included in all training.
4. **Re-evaluate and update the prevention portion of SAPRO.** The current prevention program is insufficient and does little to keep this crime from occurring. New studies should be conducted to determine current best practices and a new prevention program established. Everyone from senior commanders to incoming personnel should receive new and updated training on preventing sexual assault and what sexual assault actually is. Required annual training should be different every year so that it is up to date and actually engages attendees

rather than being something to sit through yet again. Also, mental health professionals need to be trained to deal with this issue specifically so that they can meet the needs of the victim in a military environment with sensitivity and as enlightened professionals. It should take into account common misconceptions such as who is responsible for rape. According to a report by Amnesty International, one third of respondents believe women who flirt are partially responsible for being raped. In a separate article, "The Rape of Mr. Smith" the author points out that the law discriminates against rape victims in a manner that would not be tolerated by victims of any other crime. It is sometimes claimed that rapists can't stop their sexual urges once the 'victim' has provoked them in some way. If you made someone very, very angry – is it justifiable that they lose control of their impulses and kill you? No. Under the law people are required to control themselves.

One of the concerns brought to my attention by a professional in the field is that the SAPRO policies are not being implemented completely- she attributes this to a lack of information on the part of commanders and victims (service members and civilians). She believes that they are getting the word out about the availability of SARCS and advocates, but she does not know how much information is truly available to the general population re: confidentiality and other policies and services. Her premise, and this is one that I share, is that knowledge (information) is connected to empowerment and the more people know, the more likely they will be to get the services they need or tell someone and ensure their rights are being addressed.

Prevention starts with accurate and useable knowledge.

5. **Enact reforms**, such as those proposed in H.R. 3990 the Military Domestic and Sexual Violence Response Act or other similar legislation, which would enhance protections for civilians stationed on military bases overseas. All those who serve this country – both military and civilian – deserve to be protected while rendering their service.

CONCLUSION

I would like to close with an observation. I was recently in Poland and while there I went to Auschwitz. While walking through the expansive camp wondering how it was that so many people came to be murdered in that place it occurred to me that the most egregious human rights violations happen one at a time. And, while rape and mass murder are two very different things, they have something in common in that they are the two most violent crimes and they violate the basic rights of individuals. We can make ourselves overlook one individual rape, even blame the victim, but it is only when you start adding them up that you see what really happened. There are about 300 million people in the United States today and, according to RAINN, 1 in 6 of them have been raped. That equates to tens of MILLIONS of victims in the United States alone. And they happen one at a time. Ultimately you have to protect EACH individual victim in order to protect the group and that is what I am asking you to do – protect all of us.

The system is broken and it is time that more significant changes are enacted and that commanders are held accountable for the actions of those beneath them. The military has come a long way in the last ten years in dealing with sexual assault, but much work remains. Women – both civilian and military employees - serve this country honorably and should be respected –

not marginalized. Understand that I have the utmost respect for the military and I appreciate the service of those that have answered their nation's call to duty. I understand that most people serve honorably. But, that does not negate the fact that there is a very large problem that must be dealt with effectively and decisively if we are to create a better military for the future where women – both military and civilian - can serve their country without having to fear the people they serve with.

Mr. Chairman and distinguished members of the subcommittee thank you for your time and consideration. This concludes my statement and I welcome your questions at this time.

MEMORANDUM

FROM: Ingrid S. Torres MSW, CSW

SUBJECT: Changes to the current Sexual Assault Prevention and Response Program and H.R. 3990

REFERENCE:

Department of Defense Directive 6495.02

H.R.3990 – Military Domestic and Sexual Violence Response Act

U.S. v. Major Mark Seldes

U.S. v. Captain Thomas Still

Defense Manpower Data Center, Statistical Information Analysis Division

1. My name is Ingrid Torres and I am a civilian worker accompanying the military; I am writing to you about the current state of the DOD Sexual Assault Prevention and Response Program (SAPRO) as authorized by Department of Defense Directive 6495.02. Before I begin to summarize my concerns, first let me tell you a little about myself. I am currently stationed in Washington DC, having PCS'd here from Germany just this week. I was raped by the installation flight doctor in 2006 while stationed at Kunsan Air Base, Republic of Korea. One night I took Ambien – a medication I had been prescribed to aid in sleep after serving in Iraq – and he raped me while I slept. In the aftermath of the crime, I have experienced the SAPRO program at duty stations in Korea, Japan, and Germany. I must say that the programs in each area vary greatly – some better, some worse, and all in need of change. I have outlined items of concern below.

Civilians are not afforded the same protections as active duty military personnel after suffering a sexual assault – and yet civilians outnumber the military personnel with whom they live and serve. According to the Defense Manpower Data Center, Statistical Information Analysis Division worldwide there are nearly 1.4 million US military personnel and nearly 2.7 million civilians accompanying them either as employees (DoD and other) or dependents. Overseas (OCONUS) there are 291,000 military personnel as of 2005 and nearly 300,000 civilians accompanying them. Civilians outnumber active duty military personnel and yet they are sidelined when it comes to being provided adequate care after an assault. I seek immediate change to DoD Directive 6495.02 so that civilians accompanying the military

receive the same protection as military personnel. In addition, I seek movement on H.R. 3990. This bill, or similar protective legislation, should be passed and sent for approval by the Senate.

2. Restricted vs. Unrestricted Reporting: About two years ago, a policy was established that allowed for military personnel to report a sexual assault as either a restricted or unrestricted report. Civilians, however, were and are not yet afforded this option. A restricted report is one in which the victim can come forward and receive medical and mental health services confidentially and without going through the chain of command or the legal system. An unrestricted report is one in which the victim receives medical and mental health services but the chain of command of both the perpetrator and the victim as well as the legal system get involved.

Civilians are only allowed to make an unrestricted report which means that once a civilian comes forward, the military is required to investigate the crime (which is invasive and traumatizing to the victim) and if there is sufficient evidence, the military is required to prosecute. The entire process is difficult, prolonged, and serves to re-victimize the injured party at every turn. The civilian victim is victimized further through the loss of almost all of her privacy and personal autonomy once she comes forward, due to not being able to make a restricted report – a type of report that would allow her to get the help she needs without going public.

When the DOD policy regarding reporting domestic violence was enacted, the importance of allowing civilians to make a restricted report was recognized and that is part of the current domestic violence reporting policy. However, the sexual assault policy has never been updated to coincide with the domestic violence policy.

The road after sexual assault is a long and challenging one. As is typical with victims of violent crime, I suffered PTSD, terrifying nightmares, and depression. I still wake in the night having just dreamt that he found me and came after me again – my biggest fear. If I knew then what I know now – I don't know that I would have made the same decision when reporting the assault against me. I should at the very least have had the option of making a restricted report – if for no other reason than to avoid being re-victimized every time I needed to go to the clinic, or I had to go to a meeting with the base's group commanders, or the lawyers needed more information, or OSI had more questions. Every day it seemed there was something that came up involving the assault. I do not want to understate the trauma of the rape – it is very difficult to process being raped by a friend – a doctor no less, who used the medical knowledge he *gained from the military* to rape me. However, I would say that the process of investigating and prosecuting the crime was just as traumatizing as the crime itself because it was so

drawn out and resulted in repeated exposure to the crime.

I have dealt with a lot of hostility over the last year and a half because of the sheer number of people who knew about the incident and the way my case was handled. The number of people who are supposed to know, per SAPRO policy, is intended to be a small number; however that is not how it plays out. In my case at the installation where I was stationed, all but one group commander knew what was going on – and I had to continue to work with these individuals for nearly a year. I was advised not to talk openly about the case – which caused rumors and misconceptions to run rampant. There was no escaping it and no making it better. The hostility grew with my silence – mostly because no one knew exactly what was going on and it made everyone uncomfortable.

In the court martial process, the victim must still prove their innocence. The defense got to ask about my personal life, my sexual history (yes, that really is allowed, despite what they say about it not being relevant) and anything that the judge felt was relevant got made a part of public record. The kinds of questions I was asked were terrible and personal – questions such as whether 'I liked it on top' or 'how sex happens.' The judge, to his credit, kept my prior sexual history out of the trial, but I was still required to answer detailed questions about it in hearings – and it was severely traumatizing. Because one dishonorable man assaulted me, the public gets to know my personal, most intimate business, as trial proceedings are a matter of public record. This is a deeply embarrassing and troubling concept and something I will be forced to face for the rest of my career. We still try the victims in sexual assault cases. Rape is the only crime where the victim must prove their innocence.

Having the ability to make a restricted report protects victims from having to be re-victimized by the criminal justice system, as well as protects them from the civilian and military personnel that they must continue to work with who all too often blame and abandon the victim. In addition, restricted reporting allows the victim to receive care they might not otherwise receive - especially OCONUS, where victims must get care through the military rather than on the economy because of language barriers, up-front costs of medical treatment, and reporting laws of the host nation.

3. The Sexual Assault Prevention and Response Program has very little oversight and is different depending on where you live.

In Korea, right before I left, there was a big push to design and implement the prevention portion of the SAPRO program for the peninsula in something like 4

weeks. I don't remember the exact timeline, but it was short. There seemed to be little guidance or oversight from DOD, and my experience with 3 different SAPRO programs further illustrates this.

Korea: The response part of the SAPRO program seemed very established – my guess through frequency of use. The Sexual Assault Response Coordinator, SARC, was knowledgeable and helpful and steps were taken to protect me and my medical records from the perpetrator. The Victim Advocates were volunteers and were decently trained (though the DOD SAPRO program does not have standardized training – a minimum set of training, yes, but not standardized training! This leads to inconsistent care.). The medical commander gave approval to keep paper records on me so that the man who raped me, a doctor, could not access them. The process worked relatively smoothly from a response standpoint. When I left there was no standardized prevention piece to speak of, though as I mentioned above, they were scrambling to put one together. The breakdown in care in my case happened mostly with the sheer number of people who knew about the incident that I continued to have to work with.

Japan: The SARC had very little knowledge about the program he was leading and was not helpful in getting me assistance on base. I needed to be seen at the mental health clinic as I had been diagnosed with Chronic PTSD related to the assault and the psychologist there was very rude and demeaning and refused to see me and keep paper records. He was informed that the reason I needed to have paper records kept rather than records in the digital system was that I was raped by a military doctor who could pull up and view my medical records at any time prior to the pending court martial. Furthermore, the psychologist refused to provide care. He continued to be unwilling to provide care even after receiving clarification that permission had been given at higher levels in PACAF for keeping paper records. He left me without medical care when I needed it most.

Germany: The SAPRO program there is mediocre. The current SARC is excellent but the Victim Advocate situation is poor at best. At Mannheim, units are required to name a person to be the unit's victim advocate, and I understand that this may be an Army wide policy. The Air Force, by contrast, tends to rely exclusively on volunteers. Forcing individuals to be Victim Advocates is a terrible idea. In this time of crises, a victim needs someone who is knowledgeable and who wants to be there for them. They do not need to be re-victimized by a VA who would rather not be doing the job. At Mannheim, there are safeguards in place to weed out those who really don't want to be VAs, but I understand that is not an Army wide policy.

In addition, the Mental Health component of care in Germany is insufficient. One aspect of my current job is deploying, and in order to deploy, Red Cross staff are

required to meet military deployment standards. Because I had been diagnosed with Chronic PTSD and was on medication for this, I had to be evaluated by a Psychologist before being cleared to deploy. When I went in to the clinic in Heidelberg, my situation went from bad to worse. The doctor doing my intake was rude – firing off intense, personal questions without listening to the answers. One example of her poor intake skills is that she kept calling me Sergeant Torres – regardless of the fact that I told her multiple times that not only was I not a Sergeant, I was not in the military.

After the initial intake I was given an appointment to meet with another psychologist. During this first (and only) appointment he told me that I “was acting like a baby, and if I wanted to learn how to act like an adult he would help me.” Not only was this inappropriate from a clinical perspective, it was unprofessional and was simply an incorrect assessment. I was getting ready to go back to Korea for the trial – to be visibly shaken and upset was a natural and normal response for any individual – not an indication of being “a baby.” Had I not been a mental health professional myself I would have left and never gotten the care that I needed to recover. Instead, I knew he was out of line and sought care elsewhere. The problem is that not every victim will understand this and they will be further victimized by a system that wants them to “just get over it.” Consistently inadequate mental health care compounded an already traumatizing situation – making it worse rather than better.

4. Response from the Highest Ranking Commanders: Last year, the entire Korean peninsula received an email from General Bell speaking out against the rape of a Korean woman by one of our military members.

The rates of sexual assault are staggering in the military – and you can be sure that only a fraction of actual assaults are reported. Korea is no exception. And, with the high rate of sexual assaults, it wasn't the assault of our own people which drew General Bell's public outcry, but rather the assault of one Korean woman. I am under no circumstance saying that one rape is better or worse than another. I am just as outraged that the Korean woman was assaulted as I am about my own rape. Rape is a violation of a woman's basic human rights and it is wrong - period. However, the numbers of our own military/civilian personnel are great in comparison to the numbers of local nationals being assaulted and it was the assault of one local national that drew comment from General Bell rather than the assaults of many of our own.

A more recent example of this is the locking down of bases in Okinawa after the assault of a young Japanese school girl. Bases are not locked down in this manner when our own are assaulted.

I understand that there is an international incident piece to a local national being assaulted and that Commanders have to speak out, but our leaders should care just as much about us as they do the host country nationals and they should state that. There wasn't an American in Asia – military or civilian – who wouldn't give their lives for their country. That is why we were there, serving our country. In turn our commander should protect us to the best of his or her ability. As stated above, after the Korean woman was assaulted, General Bell sent out a peninsula wide email speaking out against the crime and after the Japanese girl came forward, the commander in Japan locked down the bases. Such actions are simply not taken when our own were assaulted, rather those issues tend to be brushed under the rug (the commander of the man who raped me actually asked if I would be okay with an Article 15 rather than going through with a court martial – which for non-military personnel reading this an Article 15 is non-judicial punishment and is essentially a slap on the wrist).

If senior leaders do not stand by our own personnel they are, in effect, indirectly sanctioning crimes against our own. Speaking out against sexual predators only when they attack a local national will not change the attitude that is pervasive in the military that sexual assault is okay as long as it's internal, hush hush, and you don't get caught. Few would probably say out loud that that is what they believe, but my experience is that it is the general attitude toward assaults. Those at the top shape the attitudes and actions of those beneath them with their public response.

5. Response from Military Personnel: The commanders are not the only ones that need to re-think attitudes and reactions toward sexual assault. There was a case last year: US v Captain Tom Still. Captain Still admitted to several people that he raped the victim, but in trial he was acquitted on the rape charge but found guilty of fraternization.

After the trial was over, many people went to party at the squadron bar to celebrate his acquittal. This simply makes the situation of victims more complex and difficult than it already is. People are going to be less inclined to come forward when something happens if they hear others saying they went to a party because of an acquittal - it sets the wrong tone. Not to mention that a Captain in the United States Air Force was still found guilty of a felony charge and there was a party for him that the 'bigger' felony charge was dropped. This is not honorable behavior and it is unbecoming officers in the US military.

Command claimed that they did not know about the party, but a lot of people claimed to have gone to it. If commanders took a stronger stance against assault, things like this would be less likely to happen and we might be able to make progress in preventing sexual assaults. I learned while in Korea that I, as the victim, was the person that made others feel uncomfortable – not the perpetrator. Until that attitude changes, we will not see an improvement.

So, what could be done about this?

6. **Change the SAPRO policy** (DoD 6495.02) so that civilians can make a restricted report in sexual assault cases. This is an extremely important change that needs to be made as soon as possible. Civilian employees/dependents and contractors make up a huge number of Americans living OCONUS with the military and as such we have no where else to go but to the military for help after an assault. We need to be afforded the same protection as those in the military.

7. **Standardize the SAPRO Program** DOD wide so that victims are cared for around the world in the same way. Create and maintain an email list of all current SARCs and Victim Advocates to aid in continued training and dissemination of program updates. Create a standardized training program for all SARCs and VAs DOD wide so that services are consistently rendered to those in need no matter where they are.

8. **Seriously review the SAPRO program** in each branch of service and at the academies. There was a recent government report that found that the DoD has "only minimally" addressed congressional interest in how well sexual assault prevention programs are working at the nation's military academies. This review can no longer be simply lip service. Real change is needed.

9. **Re-evaluate and update the prevention portion of SAPRO.** The current prevention program is insufficient and does little to keep this crime from occurring. New studies should be conducted to determine current best practices and a new prevention program established. Everyone from senior commanders to incoming personnel should receive new and updated training on preventing sexual assault and what sexual assault actually is. Required annual training should be different every year so that it is up to date and actually engages attendees rather than being something to sit through yet again. Also, mental health professionals need to be

trained to deal with this issue specifically so that they can meet the needs of the victim in a military environment with sensitivity and as enlightened professionals.

10. **Enact reforms**, such as those proposed in H.R. 3990 or similar legislation, which would enhance protections for civilians stationed on military bases overseas. All those who serve this country – both military and civilian – deserve to be protected while rendering their service.

11. The system is broken and it is time that more significant changes are enacted and that commanders are held accountable for the actions of those beneath them. Although this topic is of a very personal nature to me, I don't just view it from the stand point of a victim. I also view it from the stand point of a professional clinical social worker. I know this isn't a pleasant subject, but I feel compelled to advocate for issues that should have been different for me and should be better for the next person. With sexual assault it is not if it will happen again - it is when, especially in the current military environment.

The military has come a long way in the last ten years in dealing with sexual assault, but much work remains. Women – both civilian and military - serve this country honorably and should be respected – not marginalized. Understand that I have the utmost respect for the military and I appreciate the service of those that have answered their nation's call to duty. I understand that most people serve honorably. But, that does not negate the fact that there is a very large problem that must be dealt with effectively and decisively if we are to create a better military for the future where women can protect their country without having to fear the people they serve with.

12. POC for this memorandum is the undersigned.

Respectfully,

//SIGNED//

Ingrid S. Torres MSW, CSW

30 July 2008