

**Prepared Statement of Christine Hansen, Executive Director, The Miles Foundation
Personnel Subcommittee, Senate Armed Services Committee, February 25, 2004**

Thank you. Good morning, Mr. Chairman and members of the subcommittee. Thank you for inviting me to provide information, analysis and recommendations relative to the challenges of interpersonal violence for victims, survivors and advocates serving the military community .

My name is Christine Hansen, Executive Director, The Miles Foundation. The Miles Foundation is a private, nonprofit organization providing services to victims and survivors of interpersonal violence associated with U. S. Armed Forces; coordinating and navigating civilian and military service providers and professionals; conducting and supporting research; furnishing training and technical assistance to military personnel and civilian community based programs; initiating public education campaigns; and serving to ensure that public policy is well-informed and constructive.

The Foundation has provided services to over 11,000 survivors of intimate partner violence and over 6,000 survivors of sexual violence associated with the military.

I would like to summarize my written statement and request that it be submitted for the record.

I would like to focus upon some important statistics relative to prevalence, survey data and reports, current state of affairs and recommendations for change.

According to the Department of Defense, one-sixth of one percent of deployed female servicemembers are victims of an attempted or completed rape. A survey conducted by researchers within the Veterans' Administration concluded one third of female servicemembers deployed during Desert Storm and Desert Shield were challenged by physical sexual harassment, with thirteen out of 160 respondents reporting sexual assault. The comparative analysis, conducted by the researchers, indicates that the rate was a ten fold increase above the civilian rate during the same time period.

The Department of Defense has acknowledged 88 reported cases of sexual misconduct in the current theater of operations. The Miles Foundation has received reports of 68 cases of sexual assault, predominantly in Iraq and Kuwait. Eleven survivors have reported the incidents to military authorities including command, chaplains, military criminal investigators and security forces.

The common threads or challenges include:

- accessibility and availability of medical care and services including testing for STDs, HIV, pregnancy;
- availability of emergency contraception and medication;
- accessibility and availability of mental health counselors and/or rape trauma specialists;
- accessibility and availability of chaplains;
- accessibility and availability of victim advocates, victim witness liaisons, and attorneys;
- availability of information as to the rights of victims;
- accessibility and availability of rape evidence kits and trained personnel to perform examinations and evidence collection;
- lack of or incomplete criminal investigations;
- administrative hearings conducted by command;
- characterization of an attempted or completed rape as "fraternization" and/or "adultery";
- presence of pornography;
- safety, citing the ongoing presence of alleged assailants and weapons;
- fear of adverse career impact;
- fear of adverse impact on security clearances; and
- retaliation or retribution by peers and command.

In addition, survivors have shared information and insight relative to:

- lack of privacy for performing daily routines;
- lighting in and around the tent cities;

- isolation;
- existence of a "sexually charged atmosphere";
- safety concerns relative to staging areas for convoys;
- collection and processing of DNA samples;
- jurisdictional issues, on post or off post incidents and reporting requirements; and
- battle buddy system for enlisted female personnel with limited application to female officers.

Sexual trauma within the military community is a force protection issue impacting deployment, readiness and cohesion. Victims routinely experience post-traumatic stress disorder symptoms including anxiety, depression and intrusive thoughts.

The other point is that there is an overlap between sexual and domestic violence among the ranks. Several studies cite the overlap, noting that one third of female veterans reporting physical assault by an intimate partner also report being sexually assaulted.

To address the force protection issues, I propose the following, not to reinvent the wheel, but rather to build upon an existing program within the military departments; and to adopt the best professional practices within the civilian community, such as sexual assault nurse examiners (SANEs).

The victim advocate/victim service specialists program within the military departments, as authorized by Congress in 1994 and supported by authorization and appropriation, would be enhanced by the development of an Office of the Victim Advocate in order to restore access to services for victims and survivors. The Office of the Victim Advocate would serve as headquarters program manager; and mirror similar offices within local and state governments, such as the State of Connecticut and City of New York.

The Office of the Victim Advocate would:

- contract victim advocates/victim service specialists within the military departments;
- serve as headquarters program manager;
- adapt best professional practices of criminal justice and social services in the civilian community to the military including, but not limited to, sexual assault nurse examiners, sexual assault response teams and domestic violence response teams;
- establish protective provisions and protocols, including a privacy privilege or nondisclosure policy;
- coordinate and navigate services among the military departments and civilian community;
- advise and consult with command relative to services, safety and accountability; and
- report to the Secretary of Defense and Congress on the current state of affairs as well as propose initiatives to enhance the response of the military departments to interpersonal violence.

On behalf of victims, survivors and the advocates who serve this special population, thank you for the opportunity to present this testimony. The establishment of an Office of the Victim Advocate; staffing and funding for victim advocates/victim service specialists; and the adoption of best professional practices will go far towards restoring access to services for victims, safeguarding military personnel, families and partners, and encouraging victims to seek help, treatment and prosecution of assailants.

STATEMENT OF CHRISTINE HANSEN, EXECUTIVE DIRECTOR, THE MILES FOUNDATION

Introduction

Mr. Chairman and members of the Subcommittee, I am Christine Hansen, Executive Director of The Miles Foundation.

The Miles Foundation is a private, nonprofit organization dedicated to providing comprehensive services to victims and survivors of interpersonal violence associated with the U.S. Armed Forces; coordinating assistance, support, advocacy and networks for criminal justice professionals and human service providers; furnishing professional education and training to military personnel and civilian community-based professionals and service providers; conducting research and analysis; serving as a resource center for policymakers, advocates, journalists, students, researchers, and scholars; initiating community education campaigns; and serving to ensure that public

policy is well-informed and constructive.

The Foundation has provided services to over 11,000 survivors of intimate partner violence and over 6,000 survivors of sexual violence since 1996.

I am pleased to testify today on behalf of victims, survivors and the advocates serving this special population, the military community.

I am going to summarize my statement and ask that it be accepted into the record. Before I begin, I want to thank Chairman Chambliss, members of the subcommittee and staff for providing a public forum in which the challenges for military personnel, families and partners are presented. I am grateful for the opportunity to outline recommendations to enhance the response of the military departments to interpersonal violence among the ranks.

I would also like to acknowledge the work and support of numerous colleagues including advocates and organizations dedicated to addressing sexual and domestic violence within special populations, such as the National Coalition Against Domestic Violence, National Network to End Domestic Violence, National Alliance of Sexual Assault Coalitions, National Organization for Women and Amnesty International.

Sexual violence associated with the U.S. Armed Forces periodically gains public attention due to sexual misconduct scandals, including Tailhook, Aberdeen, Fort Leonard Wood, Okinawa, Air Force Academy, and most recently, the current theater of operations (Hansen and Rosen, 2003; Hansen, 2004).

The daughters and granddaughters of pioneers who packed parachute bags for the boys in World War II are among the fifteen percent of women serving in Operation Iraqi Freedom, War on Terrorism, and Rebuilding Iraq.

In honor of women veterans, active duty women, women who serve on the homefront and women who dream of military service, an examination of the prevalence, investigations, policies, laws, services and treatment for victims and offenders of interpersonal violence within the military community will be presented. The information will hopefully assist with the development of legislative and administrative protocols to enhance services and provide justice to those victimized within this special population.

Statistics: Research Data, Reports and Screening

The Department of Defense has assessed the prevalence of sexual assault between five to six percent of female active duty servicemembers (Bastian et al., 1995). The experiences of female active duty members in the past year found that nine percent of women in the Marines, eight percent of women in the Army, six percent of women in the Navy and four percent of women in the Air Force experienced an attempted or completed rape (Bastian et al., 1995). Fifty-two percent of female respondents reported sexual harassment in the same survey (Bastian et al., 1995).

A recent survey conducted within the Veterans' Administration concluded that thirty percent of female veterans have experienced an attempted or completed rape during active duty (Sadler et al., 2003).

The disparity between prevalence rates within the military departments and the Veterans' Administration relates to methodological differences, specifically the anonymity for respondents and protocols for the protection of human subjects (Bostock and Daley, 2001 and 2004). Survey responses are available to command in the active duty services. Anonymous surveys are preferred for determining the prevalence of intimate partner violence, sexual harassment and assault among active duty military women (Campbell et al., 2003). Prevalence and evaluation studies should be conducted under the principles guaranteeing confidentiality to victims as specified by statute.

In addition, the preliminary findings resulting from the screening of veterans under the Veterans' Millennium Health Care Act (Veterans' Millennium Health Care Act, 1999) indicates that 22,456 male and 19,463 female servicemembers have experienced sexual trauma during active duty. The screening encompasses 1300 medical centers serving 1.67 million veterans (Snel, 2003).

Data collected by the Department of Defense Inspector General indicates eleven percent of seniors and three percent of freshmen at the Air Force Academy have been victims of an attempted or completed rape (McIntyre, 2003). This rate is disproportionately high for the population of female cadets, comprising sixteen percent of the

cadet corps. The sexual assault rate may be twenty-five percent greater than the rate on college campuses (Fisher et al., 2000; Hansen, 2004).

Please note the Inspector General survey contained a narrow, legal definition of rape, rather than a scientific or behavioral set of questions. A prevalence or evaluation study conducted utilizing the state of the art in civilian studies may result in accurate data, generalizability and comparative analysis.

Statistics: Deployments

According to the Department of Defense, one-sixth of one percent of female servicemembers experience sexual trauma during deployments (Lumpkin, 2004).

A survey of female Persian Gulf War veterans concluded that thirteen, or eight percent, of female respondents were sexually assaulted. In addition, one third of the respondents reported physical sexual harassment (Wolfe et al., 1992 and 1998). The rate of victimization experienced by women servicemembers deployed during Desert Storm and Desert Shield represents nearly a ten fold increase over rates obtained using female civilian community samples (Wolfe et al., 1992 and 1998).

The Department of Defense has acknowledged 88 reported cases of sexual misconduct in the current theater of operations.

The Miles Foundation has received reports of 68 cases of sexual assault occurring in Iraq and Kuwait. Eleven survivors have reported the incidents to military authorities including command (3); chaplains (3); military criminal investigators (2); military police/security forces (2); and judge advocate general (1).

The number of incidents should not be considered finite as colleagues at local rape crisis centers and shelter programs are providing services to survivors returning from the theater of operations. In addition, cases may overlap among the Foundation, local service providers and Veterans' Administration.

The common threads or challenges include:

- accessibility and availability of medical care and services including testing for STDs, HIV and pregnancy;
- availability of emergency contraception and medication;
- accessibility and availability of mental health counselors and/or rape trauma specialists;
- accessibility and availability of chaplains;
- accessibility and availability of victim advocates, victim witness liaisons and attorneys;
- availability of information relative to the rights of a victim;
- accessibility and availability of rape evidence kits and trained personnel to perform examinations and evidence collection;
- lack or incomplete criminal investigations;
- administrative hearings conducted by commanders;
- lack of information as to the status of criminal and/or administrative investigations;
- characterization of an attempted or completed rape as "fraternization" and/or "adultery";
- presence of pornography;
- safety, citing the ongoing presence of alleged assailants and weapons;
- fear of adverse career impact;
- fear of adverse impact on security clearances; and
- retaliation or retribution by peers and command.

In addition, victims and survivors have shared information and insight relative to:

- lack of privacy for performing daily routines;
- lighting in and around the tent cities;
- isolation;
- existence of a "sexually charged atmosphere";
- safety concerns relative to staging areas for convoys;
- collection and processing of DNA samples;

- jurisdictional issues, on post or off post incidents and reporting requirements; and
- battle buddy system for enlisted female personnel with limited application to female officers.

Demographics and Case Studies

The demographic characteristics among the cases reported to the Foundation include a significant number of female officers and noncommissioned officers. The characteristics may correlate to issues of privacy, fear of adverse career impact and availability of resources.

The risk associated with rank (enlisted v. officer) has been found in several studies documenting domestic violence among active duty military women (Caliber Associates, 1996; Coyle and Wolan, 1996; Bostock and Daley, 2004).

The absence of confidentiality is a deterrent to victims reporting abuse to military authorities. This lack of confidentiality may be even more an issue for officers than enlisted women. Although victimization should not adversely affect a woman's career, there is widespread concern as to its impact (Campbell, 2003; Defense Task Force on Domestic Violence, 2002).

In addition, the emergence of female officers seeking services with the Foundation may indicate a hidden problem among female enlisted personnel.

Talia was sexually assaulted by a fellow soldier while deployed in the Persian Gulf. She was, belatedly, flown back from her unit for medical leave and long term counseling to cope with rape trauma. The rape evidence kit was turned over to local police for DNA analysis due to a backlog of six months or more. She has been unable to obtain information relative to the status of the investigation due to transfers and reassignments of military criminal investigators.

Kelsey was sexually assaulted by an escort while serving in Operation Iraqi Freedom. She has received no immediate or subsequent medical treatment for an injury occurring during the assault. She has not received testing for STDs, HIV and/or pregnancy. She will engage testing facilities and counseling with civilian authorities in the near future.

Augie was sexually assaulted by a colleague while being transported between units. She was driven to a secluded place. She was threatened with charges of adultery and fraternization upon reporting the assault.

Lisa was sexually assaulted by a male soldier following his viewing of pornography with fellow servicemembers. She received medical attention from medics at a combat support hospital. She has not received counseling for the trauma. She has been denied access to attorneys until her return from theater.

Acquaintance, Date and Gang Rapes in the Military Community

According to the most recent survey within the Department of Defense, eighteen percent of the Army women experienced sexual coercion while five percent experienced sexual assault (Bastian et al., 1995).

The survey of female veterans, however, indicates that thirty-seven percent of the women who reported an attempted or completed rape also reported being raped more than once, while fourteen percent of the attempted rape or completed rape victims reported being gang raped (Sadler et al., 2003)

Intersection of Sexual and Domestic Violence

The overlap of physical, sexual and emotional abuse is routinely found in studies and case histories of survivors. Research relative to active duty military women has cited this overlap concluding that one third of female veterans reporting physical assault by an intimate partner also reported being sexually assaulted (Murdoch and Nichol, 1995). In another study, researchers discovered that psychological abuse related significantly to psychological distress in active duty military women (Rosen, Parmley et al., 2002). The overlap in types of abuse supports the argument for a broad definition of domestic and/or sexual violence within the military (Campbell, et al., 2003).

Risk Factors: Hostile Environment, Hypermasculinity, and Prior Victimization

The military environment is more powerfully associated with risk than individual factors, encompassing young women entering male dominated working groups at lower levels of authority; sexual harassment by officers; and unwanted advances on duty and in sleeping quarters (Sadler et al., 2003).

The norms currently prevalent within military organizations include a configuration of norms regarding masculinity, sexuality and women that have been found to be conducive to rape, including element of hypermasculinity, adversarial sexual beliefs, promiscuity, rape myth acceptance, hostility toward women and possibility the acceptance of violence against women (Morris, 1996). Morris suggested that military cohesion is associated with a culture of hypermasculinity including the objectification and denigration of women through the consumption of pornography and pervasive use of sexist language. Bonding tends to occur around stereotypic masculine characteristics, such as dominance, aggressiveness, risk taking, and attitudes that favor sexual violence toward women and that reflect distrust, anger, alienation and resentment toward women. Morris concluded that norms reflecting hypermasculinity among servicemembers are imparted during the informal acculturation process encompassing the consumption of alcohol, pornography, bragging about sexual activity and attending strip shows (Morris, 1996; Mercier and Mercier, 2000; Rosen et al., 2003).

An example of the insidious hostility towards women is evident at the Air Force Academy. Sixty-eight percent of the female cadets were victims of sexual harassment, according to the survey by the Inspector General. The survey also revealed the depth of hostility citing one in four male cadets do not support women attending the service academy. The birth of these cadets occurred well after the military academies began accepting women in 1976. Traditional sex roles for men and women are supported by male cadets at the military academies; and egalitarianism appears to lessen as cadets and midshipmen ascend through the ranks, according to earlier studies (Robinson Kurpius et al., 2000; Adams, 1984; Cecil, 1996; Gill et al., 1997; Stevens and Gardner, 1987). The "Bring Me Men" sign posted, until recently, on Academy grounds served as a symbol.

Victimization and Revictimization

Numerous studies have been conducted within the military departments which detail the victimization of servicemembers prior to military service (Rosen and Martin, 1998; Merrill, Newell, Koss et al., 1998; Merrill, Thomsen et al., 2001; Stander, 2001; Bostock and Daley, 2004). The studies indicate that individuals who have been challenged by sexual or child abuse prior to recruitment are more vulnerable to revictimization. I would urge caution as to distorting this evidence with notions of instability of victims or adopting the "asking for it" mentality. The studies have yet to determine the reason for vulnerability.

A recent case at the Naval Academy further illustrates the challenges for victims of sexual violence within the military. Naval prosecutors withdrew charges prior to the convening of a court-martial due to prior victimization of the victim (Associated Press, 2003). The victim decided not to permit questioning during the proceedings concerning previous sexual trauma. Civilian judicial authorities would impose a rape shield or consider relevance. The decision by military authorities does not provide equal protection under the law.

Barriers to Reporting

The barriers to reporting for active duty, cadets and family members within the military include mandatory reporting procedures, lack of privacy and confidentiality of communications, fear of adverse career impact and fear of being charged with disciplinary infractions such as alcohol, drugs, fraternization or adultery.

Three fourths of the women who were raped in a survey by the Veterans' Administration acknowledged that they did not report the incident to a ranking officer. One third of the respondents cited not knowing how to report as the reason for not reporting (Sadler et al., 2003).

The survey conducted by the Inspector General in response to the sexual misconduct scandal at the Air Force Academy notes that one in six cadets are not aware of the protocols for reporting sexual assault. Further, cadets reported that the fear of reprisals and retribution as the reason for not reporting. The fear of being punished by command officials, such as, by being punished by having to march the Terrazzo for hours, was cited by 25.2 percent of the female respondents.

A comparative analysis of the Inspector General data with a recent survey of college students indicates significant differences among the populations relative to the fear of reprisals and reasons for not reporting. The fear

of reprisal correlates directly to the assailant for victims on college campuses, whereas the fear of reprisals from peers, colleagues and command authorities traumatizes Academy assault victims.

Privacy Privilege and Nondisclosure Policy

The lack of confidentiality within the military has been greatly debated following the *Jaffee v. Redmond* decision of the U. S. Supreme Court. The American Psychiatric Association, military personnel and families have advocated for the adoption of privacy standards in order to facilitate mental health diagnosis and treatment within the Services (Darcy and Summers, 2002).

The psychotherapist-patient privilege in cases of sexual assault, domestic violence and child abuse is precluded by the rules of evidence within the military, Manual for Courts-Marital (Rule 513). The limitations of the privacy privilege for victims of domestic and sexual violence have been highlighted in reports by the General Accounting Office (General Accounting Office, 2000), the Defense Task Force on Domestic Violence (Defense Task Force on Domestic Violence, 2001, 2002, and 2003), and *Report of the Panel to Review Sexual Misconduct Allegations at the U. S. Air Force Academy* (Department of Defense, 2003).

The adoption of a nondisclosure or privacy privilege has also been recommended by several task forces including the Defense Task Force on Domestic Violence and the Fowler Commission. Congress has encouraged the Department of Defense to adopting a nondisclosure policy in order to address this barrier to seeking help, resources and treatment (Wellstone, 2002; Sense of Congress, 2004).

Good order and discipline or justice

Our society exists upon a foundation of law, policy and protocols. The establishment of a foundation of law and procedure will result in the creation of a climate providing protection to victims and due process to alleged offenders. The precedents in this field include the enactment of state and Federal statutes, such as the Violence Against Women Act and its reauthorization (Hansen, 2004).

Civilian laws changed during the 1970's to recognize a broader range of conduct encompassing sexual assault including acquaintance, date and marital rape. The military case law resulting from the court-martials associated with Aberdeen Proving Ground expanded the definition of rape within the military to include acquaintance rape and abuse of power. Statutory changes have not followed.

Further, the lack of a rape shield (Rule 412), victim preference (Rule 306(b)) or character and evaluation of military service (Rule 306 (b)) provisions within the Manual for Courts-Marital detract from equal protection for survivors and due process for assailants within the military (Rosenthal and McDonald, 2003; Hansen, 2004).

A Congressionally mandated study of military sex crime investigations, *Adapting Military Sex Crime Investigations to Changing Times*, recommended guidance against command influence; autonomy for military criminal investigators; reorganization of military criminal investigative organizations (MCIOs) including the establishment of a headquarters program manager; development of installation level sex crime and domestic violence units; departmental oversight, following the abolishment of the Board of Investigators; special training and experience within MCIOs; consolidated training at Federal Law Enforcement Training Center (FLETC) with an advanced sex crime course; development of a manual for operational procedures; changes in titling including probable cause; compliance with DIBRS requirements and establishment of a data base; and establishment of a special agent misconduct reporting system and ethics. No specific recommendations have been implemented since the release of the report. The development and implementation of DIBRS remains an issue within the military departments (National Academy for Public Administration, 1999).

The *Report of the Commission on the 50th Anniversary of the Uniform Code of Military Justice* made specific recommendations relative to the impact of rank on rape cases and the influence of military commanders on criminal investigations. The recommendations included: modification of the role of the convening authority during pretrial proceedings; establishment of protections in death penalty cases; repeal of rape and sodomy laws; establishment of a Criminal Sexual Misconduct Article, similar to to the Model Penal Code; and independence for military judges. Congress recently extended the statute of limitations relative to child abuse (National Institute of Military Justice, 2001).

Recommendations to alter the culture through training, training, and more training may not result in policy and/or social change without a foundation of laws, policies and programs (Hansen, 2004).

Offender and System Accountability

Recommendations to assess military leadership's response to sexual violence acknowledges the impact upon force protection, readiness and cohesion. A review of disciplinary actions contained within personnel records would illustrate the response of leadership. The recommendation mirrors an accountability and personnel system outlined within *Improving the US Armed Forces Response to Violence Against Women: Recommendations for Change* (Miles Foundation et al., 1999). The Recommendations were sponsored by over eighty local, state and national organizations as well as several hundred victim survivors in 1999. The Defense Task Force on Domestic Violence and Fowler Commission also proposed the development of system accountability standards (Defense Task Force on Domestic Violence, 2002; Department of Defense, 2003).

Jurisdiction

The jurisdictional issues between civilian law enforcement and military installations warrant review. The traditional concept of a military installation as an area under complete Federal control has many exceptions. Four types of jurisdiction exist:

- Exclusive Federal Jurisdiction-The Federal government holds all authority in case of exclusive jurisdiction (18 U.S.C. 13). Offenses are handled only by the military or other elements of the Federal justice system. Civilian authorities can only enter upon invitation of the installation commander in order to serve process, such as Vandenberg Air Force Base, California.
- Concurrent Jurisdiction-State and Federal governments share authority over the area under concurrent jurisdiction, either may be first responders or prosecute offenders.
- Partial Jurisdiction-States may give the Federal government authority in some areas of law and reserve authority in others under partial jurisdiction.
- Proprietary-Interest Jurisdiction-Proprietary interest jurisdiction maintains the right of ownership and use of the land with the Federal government, however, all legal authority is assigned to the state, such as the housing unit at Subase, Groton, Connecticut (Hansen, 2003).

The Department of Defense, following recommendation by the Defense Task Force on Domestic Violence, is seeking to craft collaborative partnerships through the development of memorandums of understanding (Defense Task Force on Domestic Violence, 2002 and 2003; Hickman and Davis, 2003). Recommendations to develop memorandums of understanding between military and civilian services, programs and authorities require additional research. The disparity between military protocols and civilian statutes relative to definitions of sexual and domestic violence, mandatory arrests, equal protection and due process may prevent such collaborations (Taylor, 2003).

For example, the concurrent jurisdiction at the Academy provides that local law enforcement may investigate and prosecute crimes occurring on Academy grounds. However, the El Paso County Sheriff's Department has entered into a Memorandum of Understanding (MOU/MOA) which precludes civilian jurisdiction in sexual assault and domestic violence cases on the grounds. The MOU/MOA may deny these victims equal protection under the law, as well as enhance municipal and state liability (Hansen, 2004).

Recommendations

The decades of indifference to sexual and domestic violence within the military community warrant the establishment of an Office of the Victim Advocate (Miles et al., 1999; Hansen, 2004). We have learned much since the establishment of the victim advocate/victim service specialist program in the services (Victims' Advocates Programs in Department of Defense, 1994).

The disparity between services in the civilian and military communities has been noted by Congress (Wellstone, 2002; Summers and Hansen, 2000, 2001 and 2002; Hansen, 2001; Defense Task Force on Domestic Violence, 2002 and 2001). Congress has also authorized additional funding to support adequate staffing levels at military installations (Wellstone, 2002). Further, Congress recently restated its support of the program by encouraging the development of a victim advocate protocol and nondisclosure policy within the military departments (Sense of Congress, 2003).

The Office of the Victim Advocate would mirror offices of the victim advocate and child advocate established by numerous states, such as Office of the Victim Advocate and Office of the Child Advocate, State of Connecticut and Office of the Advocate, City of New York.

The goals of this legislative initiative are to restore access to services for victims of sexual and domestic violence associated with the military; establish protective provisions and protocols; correct omissions within Department regulations; correct unforeseen implementation problems, for example, personnel, staffing and funding.

The initiative also removes legal impediments that provide a perverse incentive for sexual and domestic violence victims to not report and stay with an abuser, rather than seeking help.

The Office of the Victim Advocate would:

- coordinate programs and activities of the military departments relative to services and treatment for victims;
- serve as headquarters program manager for the victim advocates/victim service specialists authorized by Congress (Victims' Advocates Programs in the Department of Defense, 1994);
- coordinate and navigate services for victims among military and civilian communities;
- evaluate the prevalence of interpersonal violence among the ranks;
- evaluate the programs established by the military departments providing services to victims of interpersonal violence;
- evaluate the delivery of services by the military departments;
- review the facilities of the military departments providing services to victims;
- review the hotline programs including command and installation hotlines, National Domestic Violence Hotline project, and Child Care Child Abuse Hotline;
- review disciplinary actions;
- establish system accountability standards;
- recommend to the Secretaries of the military departments policies, protocols, and programs to enhance accessibility of services;
- recommend changes to policies and procedures to address sexual misconduct, assault and intimate partner violence;
- conduct education and training within the military;
- develop protocols for accountability of commanders in response to incidents of violence;
- report annually to the Secretary of Defense relative to an assessment of the current state of affairs within the military departments related to victims as well as propose initiatives to enhance the response of the military departments;
- report annually to Congress relative to an assessment of the current state of affairs within the military departments related to victims as well as to propose initiatives to enhance the response of the military departments;
- serve or designate a person to serve on the fatality review panel established by the Secretary of Defense;
- conduct training and provide technical assistance to commands, Family Advocacy Program, victim witness assistance liaisons, commissions, medical personnel, law enforcement, security forces and Judge Advocate General corps; and
- conduct programs of public education.

The staff of the Office of the Victim Advocate would consist of:

- Director-a person with knowledge of victims' rights, advocacy, social services, and justice within state, Federal and military systems. The Director shall be qualified by training and expertise to perform the responsibilities of the office.
- Victim advocates/victim service specialists-positions authorized by Congress shall be contracted by and assigned to the Office of the Victim Advocate. Personnel shall be qualified by training, certification, and expertise to perform the duties of a victim advocate/victim service specialists within the military departments.
- Victim witness liaison personnel-shall be assigned to the Office of the Victim Advocate.
- Staff-shall be provided to carry out the responsibilities of the Office of the Victim Advocate including, but

not limited to, sexual assault nurse examiners, community liaison, trauma specialist, behavioral specialist, et al.

The Office of the Victim Advocate would have access to:

- Name of a victim receiving services, treatment or other programs under the jurisdiction of the military departments, and the location of the victim if in custody;
- Written reports of sexual harassment, sexual misconduct, sexual assault, spouse abuse, intimate partner violence, child abuse and neglect prepared by military departments;
- Records required to maintain the responsibilities assigned to the Office of the Victim Advocate;
- Records of law enforcement, criminal investigative organizations, health care providers, command and Family Advocacy Programs as may be necessary to carry out the responsibilities of the Office of the Victim Advocate.

The Office of the Victim Advocate would support and:

- Establish levels of care and services which mirror civilian communities, including sexual assault response teams, sexual assault nurse examiners, domestic violence response teams and enlightened criminal investigators;
- Establish protocols to provide for the safety of victims during administrative and criminal investigations, including protective orders and safe havens;
- Reform the Uniform Code of Military Justice (UCMJ) to expand the definition of rape, beyond reasonable resistance (by force and without consent), and age of consent;
- Reform the UCMJ to encompass the recent Supreme Court ruling relative to sodomy;
- Reform the Manual for Courts-Marital (MCM) to provide privacy for victims of sexual and domestic violence (Rule 513);
- Reform victim preference within the MCM (Rule 306(b));
- Establish a rape shield for victims of sexual violence within the MCM (Rule 412);
- Reform the MCM to preclude the character and military service of an alleged assailant in cases of domestic and sexual violence as a factor in disciplinary actions by commanders (Rosenthal and McDonald, 2003);
- Reform the Servicemembers Civil Relief Act in order to provide sufficient opportunity for the service and enforcement of civilian orders of protection;
- Establish a registry for the reporting of sexual assault and domestic violence incidents, disciplinary actions and military justice outcomes;
- Establish a registry for sexual offenders associated with the military including notification of Federal and state law enforcement officials;
- Adopt a privilege for sexual and domestic violence victims noting that without confidentiality many victims will refuse to report an attack, driving the problem "underground;"
- Craft choice for victims when reporting an incident to a victim advocate, psychotherapist or chaplain;
- Provide transportation to a hospital and/or court, and any necessary support, to a victim who chooses to receive a rape kit examination or protection order; and
- Training (Hansen, 2004).

Conclusion

Women who chose to serve and endure military training, as well as those who dream of service, deserve a thorough quest for truth, corrective actions and the establishment of a mechanism to provide for the safety and protection of victims of sexual and domestic violence associated with the U.S. Armed Forces. The reestablishment of a zero tolerance policy is not a sufficient anecdotal sign of progress. Victims remain fearful for their safety and privacy, as well as desire justice and social change.

On behalf of victims, survivors and the advocates who serve this special population, thank you for the opportunity to present this testimony. We have learned much since the establishment of the victim advocate program within the Department of Defense. The establishment of an Office of the Victim Advocate will go far toward ensuring the original purpose and legislative intent of the victim advocate/victim service specialist program; restoring access to services and treatment; encouraging victims to seek help; safeguarding victims; and prosecuting assailants.

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