



Appendix D: Safe Helpline Data



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The Department of Defense (DoD) Safe Helpline (SHL) is the Department’s crisis support service specially designed for members of the DoD community affected by sexual assault. SHL is secure, confidential, anonymous, and available 24/7 worldwide. Its availability ensures that survivors, their families, and other DoD stakeholders impacted by sexual assault have a place to safely talk about their experiences, express concerns, and obtain information. As such, SHL is often a first step in the reporting process and a key source of support for victims who might not otherwise reach out for help through military channels, as well as a point-of-entry for victims before making an official report of their assault to a Sexual Assault Response Coordinator (SARC) or Sexual Assault Prevention and Response Victim Advocate (SAPR VA).

This summary provides an overview of users served and services provided by SHL in Fiscal Year (FY) 2021 (FY21). Given the wide variety and growing number of users that contact SHL, this year we limited our analysis sample by screening out sessions where there was clearly no military affiliation of the user. While this change resulted in a decrease in our overall sample of military users, the data we will report out in this section is much more relevant to the experience of users from the military community. What follows are “snapshots” of experiences by SHL users that happened to disclose relevant information in the course of their conversations with SHL staff. Since each of these “snapshots” involves different subsets of SHL users, we caution against drawing broad conclusions about the experiences of all persons using the helpline or military sexual assault victims in general. While some user demographic and experience data are captured and summarized in this report, SHL does not record personally identifying information about users that contact the service for anonymous assistance, nor does SHL report out information that could potentially identify individual users.

Usage and Outreach

In FY21, 43,430 users (32,796 online users and 10,634 phone users) contacted SHL for services (see Figure 1). Again, the decrease in users noted between FY20 and FY21 is largely due to efforts to describe just those users from the military community.

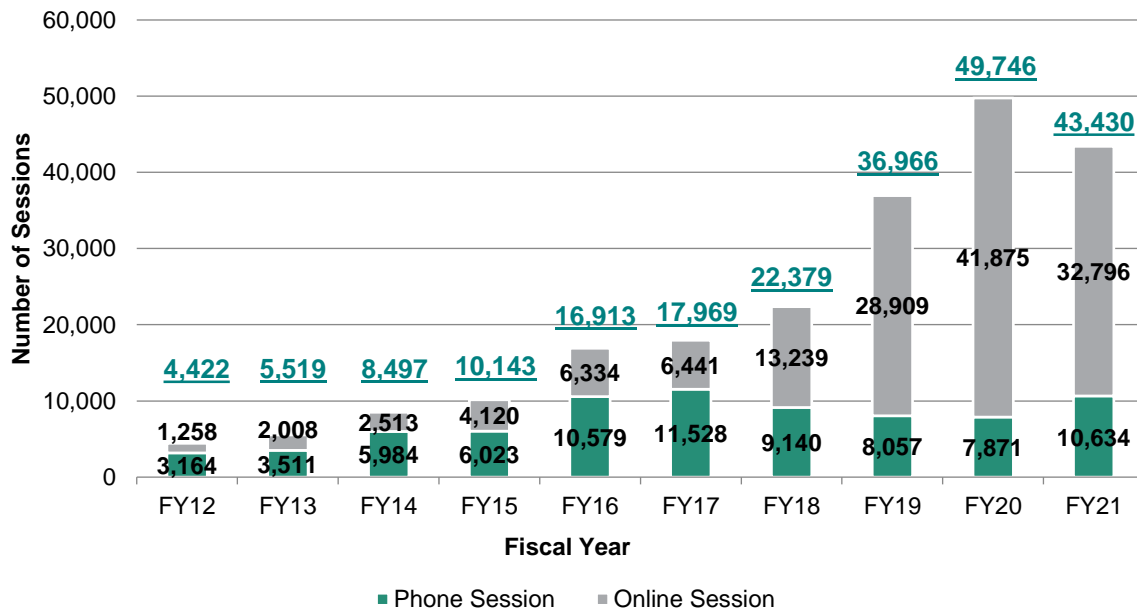


Figure 1. SHL Online and Telephone User Sessions

Phone and Online Sessions

The analysis of users and services provided is based on anonymous data obtained through calls and online chats. Information is never solicited. As a result, SHL staff do not always know if callers are currently a Service member, a retired or separated member, or in some other status. Users either called SHL or engaged in a chat session with one of the service's operators. Key FY21 findings are summarized below and are based on 2,913 in-depth session assessments forms completed by staff immediately at the end of online or phone sessions.

User Characteristics

Users primarily identified themselves as victims contacting SHL to discuss issues related to their own sexual assault: Of the 1,991 sessions in which an event was discussed and the users' status was disclosed, 89 percent identified themselves as victims. In addition to victims, other users identified themselves as friends, family members, and intimate partners of victims. Allied professionals and SARCs seeking information about services also used SHL. Some users called on behalf of a victim to learn how they could provide support and help prevent re-victimization. While women were the most frequent users, the available gender data indicated that just more than one-third of phone users (33 percent) were men.

Events Discussed

- Sessions were primarily focused on incidents of rape and sexual assault (86 percent), while some also involved issues such as physical assault (4 percent), sexual harassment (4 percent), abuse not otherwise specified (4 percent), technology-facilitated abuse (1 percent), and stalking (1 percent).
- SHL continues to support people dealing with both recent situations and trauma from many years ago. Of the 978 sessions that referenced the timeframe of the assault, nearly half (49 percent) of assaults occurred within the month prior to the individual contacting the SHL, while 25 percent occurred more than five years ago prior to contacting the SHL.
- While most events discussed took place when the victim was an adult, nearly one out of five (17 percent) involved a victim who disclosed he/she was a minor at the time of the incident (e.g., incest, child rape, and child molestation). At the time of contact with SHL, 89 percent of users were believed to be adults, as assessed by staff.
- Data suggest that SHL is an important resource for those at risk for re-victimization. Of the 1,347 sessions that referenced the frequency of assault, 18 percent involved situations that were "repeated and still occurring."
- Victims in ongoing situations disclosed a variety of circumstances. The ongoing nature of the assault varied by the type of event considered to be of primary importance in the session. While 13 percent of sexual assault incidents were considered ongoing, about 43 percent of sexual harassment cases and 59 percent of physical assault cases were ongoing. It should be noted that SHL staff offer users who disclose immediate threats to safety a variety of services to prevent further harm.
- Victim-perpetrator relationship was discussed in two-thirds of sessions involving an event (62 percent). Of those that disclosed a relationship, alleged perpetrators were commonly categorized as military coworker (21 percent), family member other than spouse (18 percent), intimate partner/spouse (17 percent), friend/acquaintance (14 percent), senior Service member (14 percent), and stranger/person briefly known (7 percent).

- When the gender of the alleged perpetrator was disclosed (N=1,441), alleged perpetrators were primarily men (93 percent) and, infrequently, women (7 percent).
- The alleged perpetrator’s status as a minor or adult was revealed in approximately half of events discussed. In these cases, alleged perpetrators were mostly adults (96 percent), and less often minors (4 percent).

Disclosure

The majority of victims (64 percent) discussed whether or not they had previously disclosed their assault to any other party. Of those that discussed disclosure, more than one-third (34 percent) indicated they were disclosing an incident for the first time on SHL, while two-thirds (66 percent) had previously disclosed to someone else before contacting SHL. Disclosure in this context does not necessarily mean making an official report. It could simply mean that they told someone about their experience.

Online users were more likely than telephone users to disclose for the first time on SHL. As shown in Figure 2, 46 percent of online users, compared to 14 percent of phone users, disclosed for the first time on SHL.

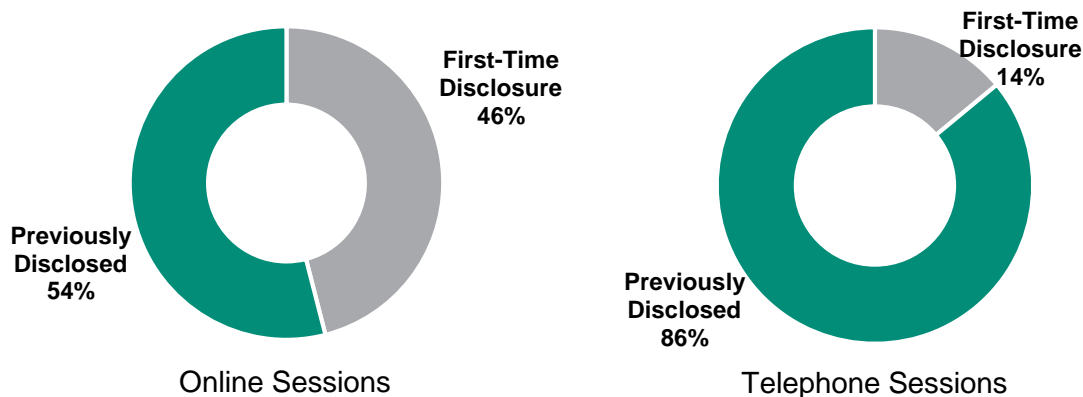


Figure 2. Disclosure by Type of Interaction

Reporting Concerns

Users frequently contact SHL to discuss reporting-related concerns and connect to resources that might ultimately lead to an official report. The helpline fulfills victims’ needs to disclose in a safe context, express concerns safely and securely, and receive support. SHL helps to build knowledge about the reporting process for victims who may be reluctant to use military resources.

To better understand user concerns, the Sexual Assault Prevention and Response Office (SAPRO) analyzed data from a sample of 1,237 users who identified as victims of adult sexual assault. Within this sample and when military status was known, data indicate the victim and alleged perpetrator were in the military at the time of the event for the majority of cases. The session assessment captures information about reporting-related concerns (e.g., barriers to reporting, motivations for reporting, and negative experiences in reporting). Key findings are as follows:

- More than half of victims (52 percent) stated that they had not yet filed a report, underscoring that SHL serves as an important resource for victim assistance, understanding reporting options, and learning about recovery. Only 11 percent of users

had already made a report to a military authority, while 37 percent did not disclose their reporting status.

- Of the 163 victims who discussed motivations behind their decision to report, the reasons most frequently mentioned were: to stop the alleged offender from hurting others (44 percent), to punish the alleged offender (28 percent), to stop the alleged offender from hurting the victim again (34 percent), and to seek mental health assistance (26 percent).¹
- Barriers to medical care were also discussed and often intertwined with reporting-related concerns. Some victims stated they did not seek medical care because they felt afraid or because they did not want anyone to know. Key themes from qualitative data included fear of a report being made by others due to seeking medical care and fear of the medical exam itself. Some users, particularly those without access to transportation, discussed the lack of accessible medical care.

Barriers to Reporting

About one in five victims (19 percent) discussed perceiving one or more barriers to reporting their incident. Of the 240 victims who discussed barriers to reporting, more than half (58 percent) discussed one or more barriers that reflected a lack of confidence in the system, including concerns about not being believed (35 percent), the report not being kept confidential (30 percent), and that nothing would be done (22 percent). Additionally, 37 percent of users discussed fear of retaliation. Retaliation fears included reprisal (73 percent), cruelty or maltreatment (39 percent), and ostracism (25 percent).

Perceived Problems with Reporting

Of the 139 victims who indicated they had made a report to a military authority, 52 percent discussed problems encountered during the process or as a consequence of filing a report. Of those who discussed problems, lack of responsiveness (50 percent), lack of respect by responders (40 percent), and being rebuked by a member of command (39 percent) were most frequently mentioned.

Of those 72 victims who perceived problems with the reporting process, 38 percent discussed perceptions of retaliation including reprisal (21 percent), ostracism (18 percent), and cruelty or maltreatment (11 percent). Users perceived retaliatory behavior from a variety of sources including someone in the chain of command (21 percent), the perpetrator (18 percent), or a coworker or someone in the user's unit (13 percent).

Topics Discussed

The assessment captured information about topics discussed and services provided for all sessions where the user identified as a victim. Key findings were as follows:

- More than two-thirds (68 percent) of victims discussed specific emotions (e.g., anger, worry, sadness/despair) related to an assault. Mental health concerns (51 percent) were also frequently discussed. Anxiety, flashbacks related to the assault, and depression were also frequently discussed. Other prominent topics included physical health concerns (23 percent), reporting options and legal issues (19 percent), and professional issues (13 percent). Negative emotions related to an assault often co-occurred with mental health concerns, professional issues, and physical health concerns.

¹ Percentages do not total to 100 percent because SHL staff were able to select more than one reason for reporting as disclosed by the user.

- About one in six users (16 percent, N=457) discussed the topic of suicide when contacting SHL. Some important differences emerged between users who discussed suicide and those who did not. For instance, users who discussed suicide were more likely to have discussed events that occurred over a year ago relative to users who did not. Additionally, staff were more likely to have longer sessions (greater than one hour) when the user discussed suicide. In cases where it is determined that the user is suicidal, SHL staff are mandatory reporters and are required to act to prevent harm to the caller when they have sufficient information in situations of imminent danger.
- The coronavirus pandemic exacerbated stress for victims of sexual assault in many ways. Shutdowns limited access to services and other forms of support. For some, the stressful environment also elevated existing mental health concerns. In addition, some victims indicated being quarantined with or near their alleged perpetrators leading to further safety concerns. During FY21, 6 percent (N=167) of users discussed coronavirus pandemic-related concerns. Of those who discussed such concerns, the most prominent topics included elevated mental health concerns (64 percent), difficulty accessing services due to shutdowns (36 percent), safety concerns regarding self-isolation or a quarantine (16 percent), economic concerns (14 percent), and reporting related concerns (2 percent).

Concerns of Men Who Disclose Victimization

SHL plays a key role in the Department's efforts to enhance support and resources for male Service members impacted by sexual assault. Staff receive specialized training in working with male survivors, which covers topics including social expectations, effects specific to male survivors, and scenarios and exercises to practice engaging with male survivors. SHL data provide insight into concerns unique to male victims, as one-third of phone users are men.

FY21 data expanded the Department's understanding of male SHL users in several areas. Men were more likely than women to disclose their assault for the first time on SHL. Specifically, 40 percent of men (compared to 26 percent of women) had not disclosed to anyone prior to contacting SHL. Men were also more likely to discuss past events, such as incidents that occurred one or more years ago, compared to women.

Referrals to Military Resources

While many users reach out to SHL to disclose their assault and seek emotional support, only a portion of users were ready to receive referrals to other service providers. Of the 2,913 user sessions analyzed:

- 29 percent of users accepted referrals to military resources in general
- 20 percent specifically accepted a referral to a SARC
- 15 percent of users stated they had already accessed or attempted to access military services prior to contacting SHL
- 29 percent of sessions involved a referral to civilian services

User Feedback

FY21 user feedback was based on 217 phone and 3,610 online sessions for which users completed a comment card. Average ratings were above a 4.0 on a scale of 1 to 5 on all domains, including ease of use, satisfaction with staffer knowledge and service, likelihood to recommend SHL, and intent to use resources provided.

Additional Resources

SafeHelpline.org

In FY21, SafeHelpline.org website was visited 5,221,304 times. This was a 152 percent increase from FY20.

SHL Educational Tools

In FY21, SHL launched two online self-paced educational programs, *Resiliency and Connection through Self-Care* and an updated *Safe Helpline 101* module. SHL also continued to attract users to the previously launched self-paced courses:

- *Suicide 101: Responding to Suicidal Ideation Among Survivors of Sexual Assault*
- *Transitioning Service Members*
- *Brainstorming to Support Healing*
- *Building Hope and Resiliency*, and
- *How to Support a Survivor*

Safe HelpRoom

Safe HelpRoom is an anonymous, moderated online group chat service available 24 hours a day, seven days a week. This resource allows individuals who have experienced sexual assault in the military to connect and support each other. Despite a high volume of participant entries in FY21, staff feedback indicated that it was relatively rare for two or more users to meaningfully engage in the Safe HelpRoom. With SAPRO approval, the new Safe HelpRoom approach began in November 2021.

In May 2018, the Department launched Local Safe HelpRoom, which leverages Safe HelpRoom technology and empowers local SARCs and SAPR VAs to operate their own online, moderated sessions. DoD Sexual Assault Advocate Certification Program (D-SAACP) certified SARCs and SAPR VAs are trained as moderators and are able to host their own sessions for their communities. A total of 65 SARCs and SAPR VAs registered for Local Safe HelpRoom, 25 of whom completed their moderator training.

In addition to connecting users to long-term care and treatment, with a user's permission, staff can offer to follow up at a later time with users to discuss recommended referrals and support users as they access care. SHL's follow-up support services have continued to be available for eligible users regardless of whether they filed a report. In FY21, 28 users accepted follow-up support.

Prison Rape Elimination Act Hotline

SHL serves as a hotline for individuals assaulted in military correctional facilities, playing a key role in the Department's implementation of requirements in the Prison Rape Elimination Act. In FY21, SHL received 10 calls from users in military correctional facilities. In addition to providing crisis intervention, information, and referrals, staff assist callers with both Unrestricted and anonymous reports. SHL staff facilitate anonymous reports, complete mandated reporting as required by law, and facilitate warm handoffs to SARCs supporting correctional facilities to allow inmates to make Unrestricted Reports.