

Appendix E: 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) 2022 (FY22). Given the wide variety of users that contact SHL, we limited our analysis sample by screening out sessions where there was clearly no military affiliation of the user, perpetrator, or victim.

# **Usage and Outreach**

In FY22, 35,501 active users (27,050 online users and 8,451 phone users) contacted SHL for services (see Figure 1).<sup>1</sup>

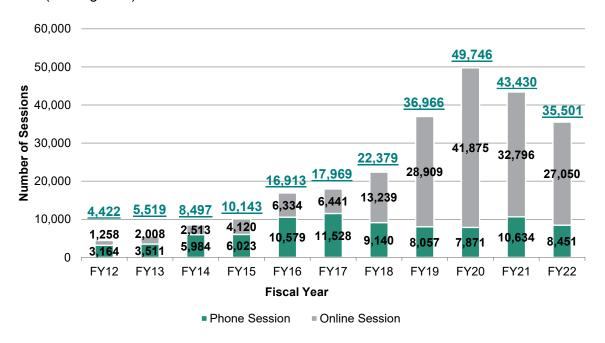


Figure 1. SHL Online and Telephone User Sessions

Additionally, the SHL team continued to promote awareness of SHL as a unique resource that helps victims, their family and friends, and SAPR programs in the field by conducting outreach

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<sup>&</sup>lt;sup>1</sup> SHL was able to improve data collection to delineate between active and inactive sessions. "Active chats" refer to chats in which one or more messages were sent by a user, whereas "inactive chats" are those in which a user did not send messages after connecting. The FY21 and FY22 data shown in Figure 1 include only active users, whereas years prior include both active and inactive users.

activities at individual bases and installations. This year, the SHL team led 68 events and increased online outreach efforts.

## Phone and Online Sessions

The data in this section is 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 during 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.

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. As such, analyses rely on information disclosed during a session and exclude cases with unknown information.

An important statistic is that three in ten victims had not disclosed their assault to anyone before visiting the SHL. Further, of those who discussed adult sexual assault, the majority had not yet reported to a military authority. The FY22 findings demonstrate how SHL serves as an important bridge to victim assistance, reporting, and recovery. Key FY22 findings are summarized below and are based on 2,239 in-depth session assessment 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 1,484 sessions in which an event was discussed and user/victim relationship was known, 87 percent identified themselves as victims (N=1,290). 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 (35 percent) were men.

#### **Events Discussed**

- Sessions were primarily focused on incidents of rape and sexual assault (82 percent), while some also involved issues such as physical assault (4 percent), sexual harassment (5 percent), abuse not otherwise specified (6 percent), technology-facilitated abuse (2 percent), and stalking (0.4 percent). Qualitative data also revealed instances of hazing.
- SHL continues to help people dealing with both recent situations and past trauma from many years ago. Of the 716 sessions that referenced the timeframe of the assault, more than half (52 percent) of assaults occurred within the last month of the individual contacting SHL, while 22 percent occurred more than five years ago.
- While most events discussed took place when the victim was an adult, nearly one out of six (16 percent) involved a victim who disclosed he/she was a minor at the time of the incident (e.g., allegations of incest and other forms of child sexual abuse child). 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 881 sessions that referenced the frequency of assault, 17 percent involved situations
  that were "repeated and still occurring." The ongoing nature of assault varied by the
  type of event considered to be of primary importance and emphasis in the session.
  While 11 percent of sexual assault incidents were considered ongoing, victimization was
  ongoing for 53 percent of cases in which sexual harassment was the primary event, and
  for 62 percent of cases in which physical assault was the primary event.
- Victim-alleged perpetrator relationship was discussed in two-thirds of sessions involving
  an event (68 percent). Of those that disclosed a relationship, alleged perpetrators were
  commonly categorized as military coworker (21 percent), family member other than
  spouse (17 percent), intimate partner/spouse (20 percent), friend/acquaintance (12
  percent), senior Service member (12 percent), and stranger/person briefly known (8
  percent). While infrequent, perpetrators occasionally included friends/partners of a
  family member (3 percent), medical or service providers (2 percent), and non-military
  authority figures (2 percent).
- When the gender of the alleged perpetrator was disclosed (N=757), alleged perpetrators were primarily men (92 percent).
- The alleged perpetrator's status as a minor or adult was revealed in less than half of events discussed (43 percent). In these cases, alleged perpetrators were mostly adults (95 percent), and less often minors (5 percent).

#### **Disclosure**

The majority of victims (53 percent) discussed whether or not they had previously disclosed their assault to any other party. Of those that discussed disclosure, nearly one-third (30 percent) indicated they were disclosing an incident for the first time on SHL, while more than two-thirds (70 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 below, 39 percent of online users, compared to 15 percent of phone users, disclosed for the first time on SHL.

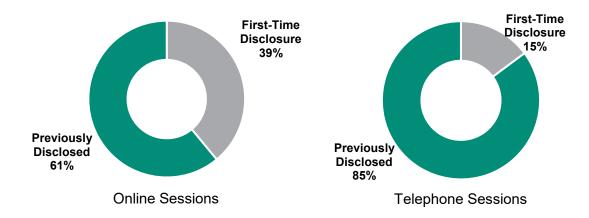


Figure 2. Disclosure by Type of Interaction

Analyses of those who had previously disclosed revealed a mix of disclosure recipients (i.e., persons to whom the victim disclosed), indicating both formal and informal support. Of victims who discussed disclosure recipients, more than half (60 percent) disclosed to a formal support provider such as SAPR personnel or a medical or mental health professional, and nearly one-fourth (24 percent) to a friend. Family members and intimate (or former) partners were also frequently mentioned (23 percent and 12 percent, respectively).

Additional data explored victims' disclosure experiences. About half of victims who previously disclosed (47 percent) discussed the reactions of those to whom they disclosed. Many of these users discussed negative reactions (59 percent), such as instances where they were treated differently, where recipients of the disclosure dismissed their allegation, took control of the allegation away from the victim, or blamed the victim for the sexual assault. Other users discussed positive reactions (22 percent), such as being offered emotional support and being believed, and being offered tangible aid or informational support. The remaining users discussed some combination of positive and negative reactions or did not provide enough information to determine whether the reaction was positive or negative.

### **Reporting Concerns**

Users frequently contact SHL to discuss reporting-related concerns and connect to resources that might ultimately lead to an official report. SHL fulfills victims' needs to disclose in a safe context, receive validation, and express their concerns safely and securely. As such, SHL helps to build confidence in the reporting process for victims who are reluctant to use military resources.

To provide a focused examination of reporting-related concerns, analyses were based on a sample of 907 users who identified as victims of adult sexual assault. Within this sample, the majority of cases where military affiliation was known involved both a military-affiliated victim and military-affiliated alleged perpetrator at the time of the event. 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:

 Just under half of victims (48 percent) stated that they had not yet filed a report, underscoring that SHL serves as an important resource for providing victim assistance, understanding reporting options, and learning about recovery. Only 10 percent of users had already made a report to a military authority, while 42 percent did not disclose their reporting status.

- Victims discussed multiple motivations for reporting. Of the 103 victims who discussed their motivations for reporting, those most frequently mentioned were: to stop the alleged offender from hurting others (37 percent), to punish the alleged offender (32 percent), to stop the alleged offender from hurting the victim again (27 percent), and to seek mental health assistance (26 percent).<sup>2</sup>
- Barriers to medical care were also discussed and were often intertwined with reportingrelated 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 being reported while seeking medical care. Some users, particularly those without access to transportation, discussed the lack of accessible medical care.

### **Barriers to Reporting**

Of the 907 users who identified as victims of adult sexual assault, about one in six victims (16 percent) discussed perceiving one or more barriers to reporting their incident. Of these 147 victims who discussed barriers to reporting, nearly two-thirds (60 percent) discussed one or more barriers that reflected a lack of confidence in the system, including concerns about not being believed (32 percent), the report not being kept confidential (27 percent), and that nothing would be done about their report (29 percent). Additionally, 37 percent of users discussed fear of retaliation. Retaliation fears included reprisal (62 percent), cruelty or maltreatment (46 percent), and ostracism (42 percent; users expressed more than one concern about retaliation). Qualitative data analyses identified themes relating to victims' reporting-related concerns, which included concerns about confidentiality and not knowing how to report.

# **Perceived Problems with Reporting**

Of the 907 users who identified as victims of adult sexual assault, 88 indicated they had made a report of sexual assault to a military authority. Of these 88, half discussed problems encountered during the process or as a consequence of filing a report. These 38 users who indicated having made a report noted they experienced problems such as lack of responsiveness to their allegation, lack of respect by responders, and perceived retaliation.

## **Topics Discussed**

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

- Nearly two-thirds (59 percent) of victims discussed specific emotions (e.g., anger, worry, sadness/despair) related to an assault. Mental health concerns (37 percent) were also frequently discussed. Two-fifths of users who brought up mental health topics also discussed mental health services/counseling. Anxiety, flashbacks related to the assault, and depression, for example, were also frequently discussed. Further, suicide was discussed in 5 percent of sessions where the user indicated being a victim.
- SHL staff frequently indicated working on problem solving or safety planning with users.
   SHL staff provided qualitative descriptions of problem solving and safety planning in 278
   sessions. Across problem solving and safety planning, common themes included
   discussing means of self-care to improve mental health, brainstorming ways to avoid
   interacting with the alleged perpetrator, talking about the potential impact of disclosing
   the assault to a third party, discussing contacting authorities/reporting, obtaining medical

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<sup>&</sup>lt;sup>2</sup> 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.

attention, understanding consent, and empowering the user to define their own experience.

### **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.

While in prior years, men were more likely than women to disclose their assault for the first time on SHL, this difference was no longer significant in FY22. Specifically, 29 percent of men and 25 percent of women disclosed for the first time to SHL.

Similarly, there was no significant difference between men and women about the timeframe of events. Men and women were equally likely to discuss past events (i.e., events that occurred one or more years ago).

## **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 1,290 sessions where the user identified as the victim:

- 26 percent of users accepted referrals to military resources in general;
- 18 percent specifically accepted a referral to a SARC;
- 6 percent of users stated they had already accessed or attempted to access military services prior to contacting SHL; and
- 24 percent of sessions involved a referral to civilian services.

#### **User Feedback**

FY22 user feedback was based on 74 phone and 2,580 online sessions for which users completed a comment card. Satisfaction ratings were obtained on a scale from of 1 to 5 on several domains, including ease of use, satisfaction with staffer knowledge and service, likelihood to recommend SHL, and intent to use resources provided. Average ratings across all phone and online users ranged from 4.28 (ease of use) to 4.03 (likelihood to use the resources provided). Of note, these are ratings from persons who received individualized assistance from SHL operators. These ratings are substantially higher than surveyed ratings of SHL, that may include others who simply accessed information and may not have received individualized assistance.

#### Additional Resources

## SafeHelpline.org

In FY22, SafeHelpline.org website was visited 5,438,671 times. This was a 4 percent increase from FY21 (5,209,682 website visits).

#### **SHL Educational Tools**

In FY22, SHL launched a new online self-paced educational program for service providers and allied professionals, *Brainstorming to Support Healing*. In addition, a video to educate survivors on the process of Sexual Assault Forensic Exams alongside a webpage with additional information was developed and viewed by 3,719 visitors. 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, Building Hope & Resiliency, How to Support a Survivor, and Safe Helpline 101. For FY22, there were 2,726 total website users for the online self-paced educational programs.

## 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, minimizing geographic and other barriers victims may encounter accessing in person peer support. On 15 November 2021, the structure of Safe HelpRoom changed from a 24/7 schedule to a regularly scheduled, topic specific format bi-weekly on Monday and Thursday 1900 to 2100. After the new Safe HelpRoom model was implemented, 126 users joined 41 sessions. The number of users in each session ranged from 1 to 8. The amount of time spent in a session ranged from less than a minute to one hour and 53 minutes (median = 2 minutes).

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. D-SAACP certified SARCs and SAPR VAs are trained as moderators and are able to host Safe HelpRoom sessions for their communities. A total of 174 SARCs and SAPR VAs registered for Local Safe HelpRoom, 96 of whom completed their moderator training.

## **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 the requirements of the Prison Rape Elimination Act (PREA). In addition to providing crisis intervention, information, and referrals, staff assist callers with Unrestricted, Anonymous, and Third-party reports. Specifically, staff facilitate Anonymous and Unrestricted reports via the DoD Sexual Assault Prevention and Response Office (SAPRO) and can provide warm handoffs to SARCs for Unrestricted reports. In FY22, SHL received 19 calls from users in military correctional facilities. Such calls are forwarded to SARCs identified as supporting correctional facilities.

# Limitations of SHL Data

- Analyses are based on a sample of users who contacted SHL; the sample is not representative of all SHL users or the DoD community at large.
- Assessment data are based on information that SHL users spontaneously discuss in session; SHL staff do not solicit information from users for research purposes.
- Analyses are based on disclosed information, while information not disclosed is
  excluded from analysis. This limitation may affect estimates; for example, men may be
  less likely than women to disclose their gender because of stigma. Online users who
  only "chat" with an SHL operator may therefore be disproportionately male but listed as
  "unknown" gender.