

# ARMY SHARP

# FOCUS

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Dr. Margaret Harrell, executive director of the Office of Force Resiliency in the Office of the Undersecretary of Defense for Personnel and Readiness, right, listens to National Organization for Victim Assistance (NOVA) staff members describe the review process for Department of Defense Sexual Assault Advocate Certification Program (D-SAACP) applications from military and DOD Civilian Sexual Assault Prevention and Response personnel on May 19. Harrell conducted a site visit at NOVA, where the (D-SAACP) Committee has helped to process more than 50,000 certification applications since 2013.

Photo Credit: Amaani Lyle, DOD Photo

## Sexual Assault Prevention, Response Advocate Certifications Grow

By Amaani Lyle, DOD News, Defense Media Activity

**ALEXANDRIA, Va.** — The Department of Defense's (DOD's) campaign to combat sexual assault is moving forward as reflected in the steady submission of applications from Sexual Assault Response Coordinators (SARCs) and Sexual Assault Prevention and Response (SAPR) Victim Advocates (VAs) for accreditation through the DOD Sexual Assault Advocate Certification Program (D-SAACP). Pentagon officials observed recently at the National Organization for Victim Assistance headquarters.

Since 2012, NOVA has been contracted with the department to manage the

certification process. The program professionalizes DOD sexual assault victim advocacy by ensuring that all SARCs and VAs are equipped to provide victim-centered assistance to survivors, from initial report through case conclusion.

Dr. Margaret Harrell, executive director of the Office of Force Resiliency in the Office of the Undersecretary of Defense for Personnel and Readiness, conducted a site visit at NOVA on May 19. She met Richard Barajas – NOVA's executive director, who is a retired chief justice of the 8th District Court of Appeals in Texas – and D-SAACP

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committee members. She also toured an office humming with activity as committee members reviewed more than 3,000 applications received that quarter from military members and DOD Civilians.

“Because the department takes so seriously the need to provide high-quality assistance to victims, it’s tremendously important for us to ensure that we have the right individuals as SARCs and SAPR VAs, and that they are trained, credentialed, and certified to the standards that are recognized as the very best,” Harrell said.

SARCs and SAPR VAs certified through D-SAACP join a rising cadre of professional advocates who uphold the highest standards of care and privacy and are dedicated to helping victims of sexual assault begin their path to healing, officials said.

Five years ago, the DOD Sexual Assault Prevention and Response Office (SAPRO), the military services and the National Guard convened a working group to explore the best approach for implementing a sexual assault victim advocacy certification program as required in fiscal year 2012’s National Defense Authorization Act. The group agreed to create D-SAACP using nationally recognized standards rooted in the civilian National Advocate Credentialing Program (NACP), launched in 2003.

D-SAACP was designed to meet and even exceed NACP standards, and its first application was received in September 2012 by an Air Force SARC. Since the program’s launch, NOVA’s assistance in processing tens of thousands of applications has been well received by the Pentagon and Capitol Hill, officials said.

#### **SELECTION AND CERTIFICATION**

All military and DOD Civilian SARCs and VAs must be certified through D-SAACP to provide sexual assault victim advocacy services. After selection for their roles, they must first complete their service’s NACP pre-approved initial victim advocacy training. Next, individuals complete either the DD Form 2950 or DD Form 2950-1 to initiate or renew their credentials.

Throughout the process, SARCs and SAPR Program Managers serve as key sources of information and guidance, even assisting applicants to ensure accuracy and completion of their application packages.

First-time applicants must submit two letters of recommendation. SARCs must submit references from their supervisor

experience in the field. These individuals take either paid or unpaid leave from their civilian employment to participate as committee members, officials noted.

Within five business days of the committee’s review of an application, the candidate receives an email announcing the results. About a month later, he or she receives an official certificate, a

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— **Dr. Margaret Harrell, executive director of the Office of Force Resiliency, Office of the Undersecretary of Defense for Personnel and Readiness**

and commanding officer, while VAs are required to submit references from their supervisor and SARC.

Applications are collected on a quarterly basis, with the next submission deadline scheduled for July 31. Each application is carefully evaluated for completeness prior to being evaluated by the D-SAACP Committee.

“We work nonstop around-the-clock to try to get all applications printed, processed and entered into our database, making sure candidates are notified quickly if there is something missing,” said Neeley Hughey, D-SAACP’s deputy program manager. “This way, we can get it corrected before the D-SAACP Committee convenes.” Hughey explained the multistep application management process to Harrell during an introductory brief. First-time and renewal applications are reviewed by at least two civilian subject matter experts who have a minimum of four years of victim advocacy

letter from the director of SARPO, and a personalized wallet card declaring their certification.

#### **EXPANDED SKILLSETS, IMPROVED CARE**

Once people are certified, their credentials need to be renewed every two years. 2016 marks the second year that SARCs and VAs are applying to recertify their credentials.

Program participants can achieve four levels of certification that signify their breadth of experience in working with victims. Thirty-three percent of SARCs who renewed their credentials in 2015 were certified at a higher level – a promising sign that military and DOD professionals who come alongside victims are expanding their skill sets and are able to deliver improved support as a result, officials said.

Certification renewal requires 32 hours of victim advocacy continuing education.

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Ideally, officials said, coursework should be conducted in person whenever possible, and it should augment the individual's skills and knowledge, versus replicating prior training.

Service sexual assault prevention and response offices can recommend an array of continuing education options. A strong transcript for certification renewal generally includes two required hours of ethics and a mix of victim advocacy, prevention and response coursework, officials said, adding that candidates are encouraged to stay at the cutting edge of victim care by selecting learning opportunities that explore emerging issues and trends.

"The level of engagement we are seeing from the services is exciting to us – it's clear that ... DOD seeks qualified people who will stand ready to help survivors of sexual assault in the military," said Jeanette Adkins, chair of the D-SAACP Committee. "They want people to be trained and prepared, and we've seen that happening since the program evolved."

Adkins also noted that what began as a collateral duty has grown into a much more proactive volunteer effort among service members, with remarkably

positive effects based on people simply wanting to help others heal.

"Moreover, we're seeing folks decide to become dual-credentialed under both the military and civilian programs as they transition to the civilian world as an advocate," Adkins said. Victim advocacy can grow beyond a job responsibility and into a rewarding vocation for many. In the past year, D-SAACP saw 58 DOD VAs bridge their certification over to NACP and pursue a civilian career in victim advocacy upon their discharge from the military.

As a sexual assault program director for more than 32 years, Adkins said, she wouldn't hesitate to hire a SARC or VA. "I'd bring them on board immediately, because I know that they have met the standard in training, continuing education and on-the-job experience," she said.

#### **ADVANCING VICTIM SUPPORT**

Hughey said she has noticed a tidal change in the candor and open discussion about sexual assault; dialogue, she said, has shed much-needed light on the issue. "We're seeing people share stories and even singers – such as Lady Gaga – write songs about their experiences as

sexual assault survivors. This is creating a greater impetus for organizations and people to get involved and come alongside victims of sexual assault," Hughey said. "Certified [SARCs and VAs] can be the voice for a survivor when that person may not yet have the strength or the courage to speak up."

Hughey said she hopes that victim advocacy can become more commonplace. "If I was talking to you at a party and you asked me what I did and I replied, 'I'm a Victim Advocate,' you would know exactly what that means," Hughey said. "It would be as if I said I was a nurse or a social worker or a doctor."

"To see [D-SAACP] come this far in the last four years is just amazing," she added. "There are so many leaders and members of the DOD community who are passionate and strive to not only 'know their part' but 'do their part,' too."

Full story: <http://www.defense.gov/News-Article-View/Article/783419/dod-sexual-assault-prevention-response-advocate-certifications-grow>

## **APG SHARP Summit Focuses on Readiness and Accountability**

By Mary B. Grimes, CECOM Public Affairs

**ABERDEEN PROVING GROUND, Md.** — Readiness and accountability set the tone for the third annual Aberdeen Proving Ground (APG) Sexual Harassment/Assault Response and Prevention (SHARP) Summit held May 10 in Mallette Auditorium.

With the auditorium filled near capacity, noncommissioned officers, Department



Communications-Electronics Command Commanding General and Aberdeen Proving Ground (APG) Senior Installation Commander, Maj. Gen. Bruce Crawford, addresses the audience during the early stages of the 2016 APG SHARP Summit on May 10 at Aberdeen Proving Ground, Md.

Photo Credit: Philip Molter, CECOM Public Affairs

of Defense (DOD) Civilians, Senior Army Officers, as well as members of the Senior Executive Service (SES) from locations across DOD, joined in day-long panel discussions aimed at promoting

greater awareness, and gaining fresher insights into myriad SHARP-related topics and trends. The discussions were designed to support the program's theme for this year: Not in My Army – From Buy-In to Ownership.

U.S. Army Communications-Electronics Command (CECOM) Commanding General and APG Senior Installation Commander, Maj. Gen. Bruce T. Crawford welcomed attendees, as well as SHARP supporters and organizers, and extended his sincere appreciation to keynote speaker Lt. Gen. Robert L. Caslen, Jr., 59th superintendent, U.S. Military Academy West Point for his participation in this high-profile SHARP initiative.

The early morning summit began with an introductory video showcasing a variety of SHARP-driven events and activities conducted over the past year. For many of those who were unable to attend the

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recently held APG SHARP Poetry Slam, the summit allowed them an opportunity to hear several of the actual poets presenting their artistic creations. Ranging from profound to sobering, the video helped to build a foundation upon which the summit could continue.

"When I look across the footprint, and look at who's here today, I think we've got everybody well represented," said Crawford in his opening remarks. "So, as we think about the subject, and the overall importance of this subject, it's not about what only makes this community special, but the fact that you're here today, I believe in my heart of hearts, this is what makes our nation great."

Crawford went on to say that a lot of hard work and energy had gone into this SHARP effort, and given all that had gone into this particular subject, leadership chose to move from 'Buy-In' to 'Ownership.' "A lot of great work has gone into readying our formations, and readying our workforce, and our Army to include our Civilian employees. I ask you to think, and put yourself beyond what we talk about here today, and I want you to think about tomorrow. Where do we go from here? The way I described moving from 'Buy-In to Ownership,' and some of you have heard me say this, but I think it is appropriate at this time, is 'buy-in' means I like what you're doing, but 'ownership,' and what's going to be required to get us beyond where we are today, to really get at the root cause, for some of the challenges, means I'm willing to help you. That's where I believe we need to go. And that's when we ultimately win."

"I'm very passionate about the elimination of sexual harassment and sexual assault in our formations," Caslen said during his keynote address. "I'm passionate about it at the United States Military Academy, and I'm passionate about leadership because that's what leaders do, and to see this assembled group, to have a summit like this, and to see so many leaders and so many other people [who] are here today, I give you a lot of credit and I'm very proud to be a part of it."

Caslen continued his presentation

– touching on the matter of unintended consequences and how they are some-

While the summit clearly represented the APG leadership's commitment to posi-

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— Lt. Gen. Robert L. Caslen, Jr., 59th superintendent,  
U.S. Military Academy West Point

thing that every leader has to understand. "Our actions and our words, regardless of what you think they mean, have consequences," he said. "The importance [of] leaders is that leaders build teams. Leaders edify. They build people up. Leaders unite. They take diverse elements and bring them together as one.

"My job is to build people up and to be inclusive. Leaders are in the business of being inclusive, and making everybody on that team feel that they are a valued member of the team. Making everybody feel that they are respected, making everybody feel that they can contribute, and making everybody feel that they are secure both emotionally and physically, and that's what leaders do. It is the leadership and command climate that we as leaders present in our organizations, so that there is not sexist behavior, there is not favoritism of one over another. Everybody in our group is treated properly and with respect, and that's what leaders do."

tive and unwavering support of SHARP sensitivities and demands, it also drove home the point that they recognize there remains much work to be done.

This awareness was perfectly demonstrated by the following group of survivors and panelists:

**Panel 1 – Innovation/Issues/Trends:**

Sgt. Maj. Stephen Bowens, Headquarters, Department of the Army (HQDA) SHARP Office; Ms. Samantha Ross, U.S. Military Academy; Chief Peter Anders, Millersville University Police Department; and Dr. Jessica Gallus, HQDA SHARP Office.

**Panel 2 – Civilian Lines of Effort:**

Ms. Laura Crawford, HQDA SHARP Office; Mr. Dexter Brooks, Equal Opportunity Employment Commission; Lt. Col. Kyson Johnson, HQDA Office of The Judge Advocate General; and Ms. Bette Stebbins-Inch, Office of the Secretary of Defense, Sexual Assault Prevention and Response Office.

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The Innovation/Issues/Trends panel discusses SHARP Program details during the 2016 APG SHARP Summit on May 10 at Aberdeen Proving Ground, Md.

Photo Credit: Philip Molter, CECOM Public Affairs

**Panel 3 – Leadership Focus:** Ms. Lauren Ishmael, Joint Program Executive Office for Chemical and Biological Defense; Col. James Davis, APG Garrison Commander; Maj. Rheanna Felton, Office of the Staff Judge Advocate, Joint Force Headquarters National Capital Region/Military District of Washington; and CSM Matthew McCoy, CECOM Command Sgt. Maj.

**Survivors Telling Their Story:** Col. Jack Usrey, Ms. Artenze Hall, and Ms. Melissa Myers.

Their topics addressed the way ahead in more depth and the challenges confronting SHARP in today's environment. It is an environment that speaks to the continuous need for support of the Army's readiness and accountability efforts. Nowhere was this more evident than in the words

of those survivors who used the SHARP Summit as an opportunity to share their personal stories and experiences with sexual assault and sexual harassment. Their courage to speak out was met with tremendous audience admiration and applause.

While this year's APG SHARP Summit drew to a close, the challenge to remain focused on readiness and accountability did not. "There is no point where we can get to where we can say, this is no longer a problem," said Crawford. "So, I ask you to think beyond today, and think about what happens about 1700 hours this afternoon, when the summit is done. I want you to leave here with the mindset that there are 365 summits. In order for us to get ourselves to where we need to be – accountable to the nation – moving from 'Buy-In to Ownership,' this can't be treated as a one-off event, and so that's my message to you all today."

By all accounts it was clear, the APG SHARP Summit successfully fostered ownership at every leadership level by providing the necessary tools and information to take effective action to attack the problem of sexual harassment and sexual assault.

Full story: <https://www.army.mil/article/167726>

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**Sgt. Maj. Stephen E. Bowens,  
Army SHARP Program  
Sergeant Major**

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**SHARP Commanders'  
Best Practices:**

<https://www.milsuite.mil/book/community/spaces/SHARP/commanders-best-practices>

**SHARP Community  
of Practice:**

<https://www.milsuite.mil/book/community/spaces/SHARP>

# Reclaiming Your Life is Purpose of PTSD Program

By Elaine Sanchez, BAMC Public Affairs



U.S. Public Health Service Capt. Richard Schobitz and Melissa Ramirez conduct a planning meeting for the next session of Brooke Army Medical Center's Intensive Outpatient Program for Post-Traumatic Stress Disorder on June 2.

Photo Credit: Robert T. Shields, U.S. Army Photo

## JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas —

Army Spc. Jen Smith\* struggled with the aftermath of a sexual assault for nearly six months before she hit rock bottom. Plagued by nightmares and depression, Smith told her supervisor she was contemplating suicide. "I was at the end of my rope and that was my cry for help," she said. "I knew something had to change."

Smith was referred to Brooke Army Medical Center's (BAMC's) Intensive Outpatient Program for Post-Traumatic Stress Disorder (PTSD), which proved a game-changer for the Soldier. "It was like my prayers had been answered," she said.

Since attending the program last year, "My life and my attitude have changed," Smith said. "I went from complete isolation to going out and having fun with friends again. Life isn't perfect, but the program has given me an amazing foundation to build from."

BAMC's six-week program launched two years ago to offer short-term, focused care to service members with PTSD resulting from traumatic experiences such

as combat, childhood abuse, or sexual trauma. Providers have seen tremendous success combining individual and group sessions with evidence-based treatments, explained U.S. Public Health Service Capt. Richard Schobitz, the program's chief. "The program is making a tremendous impact and is changing lives for patients with PTSD," he said.

When they first begin the program, many patients are suicidal or struggling with substance and alcohol abuse. The resultant depression and anxiety can lead to crippling isolation, Schobitz noted, as well as nightmares, insomnia, panic attacks and outbursts of anger. "Patients with PTSD are less apt to engage with family and friends and do enjoyable activities, such as going to birthday parties or the pool with their kids," he said. "Some stop leaving their homes at all. We focus on helping our patients recapture the joy in their lives."

Providers encourage patients to end the isolation and re-engage with the world around them through therapies called Prolonged Exposure and Acceptance and Commitment. They take trips downtown and to department stores, and re-learn how to navigate crowds. They also focus on mindfulness, or being present in the moment, Schobitz said, an important aspect of Acceptance and Commitment Therapy.

"PTSD patients often dwell in the past or have anxiety about the future," he said. "Walking around gardens at the Warrior and Family Support Center, observing nature, just being present in the moment, can be very healing. We want patients to feel their emotions, not fight them." Providers also encourage patients to identify and take steps to achieve their values, such as being a better spouse or parent.

Smith is among the nearly 100 service members who have attended the program. The success has been impressive across the board, Schobitz noted, both

anecdotally and statistically.

At the conclusion of a recent female-only cohort, the scores on the Post-Traumatic Diagnostic Scale, or PDS-5, a self-report measure used to measure the severity of PTSD symptoms, decreased by an average of 49 points. This is important as PDS-5 scores range from 0 to 80, with 80 reflecting the most severe symptoms, noted Melissa Ramirez, a licensed clinical social worker with the program.

Other cohorts have reported a nearly 25 point drop on the PDS-5, she said. "A drop of 10 is significant," she said. "We're doubling that on average in only six weeks. "These results are very rewarding," she added. "We see service members who are five to 30 years post-trauma, and it's had a major impact on their lives. We are seeing people regain the joy in their lives, reconnect with their loved ones ... they still have moments of challenge, but now they can better handle it."

Ramirez said what's most striking is the difference in their appearance post-program. Providers take a photo of patients at week 1 and during the final week. "There's a profound difference in their face," she noted. "In the final week, they look well-rested, less stressed, happier, more relaxed. The impact is highly visible."

A year out from the program, Smith has good days and bad, but feels confident she now has the tools to cope. "I still see counselors to keep myself on track. But I'm doing so much better than I would have done otherwise," she said. "My biggest takeaway is life does go on. It gets better. "It's important to step forward and get help," she added. "People do care. If you don't find the help you need right away, keep asking. Keep on searching for what's going to help you."

Full story: <https://www.army.mil/article/169078>

**\*Note:** Smith's name was changed to protect her privacy.



## Command Highlights: June 2016

*A look at what the Army Commands are doing in their SHARP Programs.*



### UNITED STATES ARMY INTELLIGENCE AND SECURITY COMMAND (INSCOM)



The 207th Military Intelligence Brigade (MIB) (Theater) is a new brigade in Vicenza, Italy taking a new approach to bystander intervention. The 207th MIB(T) is focusing its efforts on putting a positive spin on the bystander intervention message while incorporating the brigade's heraldry with, "This is MY team!" and "SEE, STRIKE, KNOW." "This is MY team!" encourages Soldiers and Civilians to take ownership of not only changing the culture to one that does not condone sexual harassment and sexual assault but goes one step further to foster an inclusive unit that actively promotes intervention and prevention. The words "SEE, STRIKE, KNOW" are emblazoned on the 207th MIB(T)'s distinctive unit insignia (shown above). The brigade has capitalized on the insignia with the mnemonic: SEE the behavior as a problem; STRIKE before the situation becomes sexual harassment or sexual assault; KNOW you took care of your teammate. Soldiers associate the insignia not just with the brigade, but with intervention and prevention.



### UNITED STATES ARMY SPACE AND MISSILE DEFENSE COMMAND/ARMY FORCES STRATEGIC COMMAND (USASMDC/ ARSTRAT)

- USASMDC/ARSTRAT held its first SHARP Summit in Colorado Springs, Colorado in January, which included internal staff, as well as local Army and Air Force Sexual Assault Prevention and Response personnel. The summit featured renowned guest speaker Anne

Munch, and was approved for 12 hours of continuing education units by the Department of Defense Sexual Assault Prevention and Response Office.

- ScreamFree Leadership presentations (April-May 2016) were featured at both headquarters locations, in Huntsville, Alabama and Colorado Springs, Colorado, by founder and best-selling author Hal Runkel. Staff was captivated with his laugh-out-loud approach. They learned about authentic self-representation, responsibility "to" versus "for" people, and responsiveness versus reactivity.
- Joint annual training events in June featured comedian Bernie McGrenahan's Comedy is the Cure. This was a collaborative, out-of-the box approach to mandatory training. It was a 3-for-1 opportunity to experience a quality presentation and get credit for the mandatory message on safety prior to the Safety Expo kick-off, SHARP Part 1 face-to-face, and suicide prevention trainings.



### UNITED STATES ARMY FORCES COMMAND (FORSCOM)

During April, SFC Miguel A. Figueredo, 181st Multifunctional Training Brigade (MFTB) Sexual Assault Response Coordinator (SARC), conducted town hall meetings with female Soldiers of the 181st Infantry Brigade (BDE) at Fort McCoy, Wisconsin; 1-340th Transportation Support Battalion in Minnesota; and 2-361 Transportation Support Battalion in South Dakota. SFC Figueredo conducted these audience-specific meetings in order to identify areas of concern and training opportunities. SFC Figueredo stated, "The [SHARP] Program is not intended to be managed from a desk, but to be a proactive initiative that increases trust and allows the

brigade SARC to expand understanding of the brigade commanders' vision and support."

The 181st Infantry Brigade is committed to ensuring all Soldiers, Civilian employees, and Family Members live and work in an environment free of sexual harassment and sexual assault.

**Editor's Note:** SHARP Program Managers can submit highlights to Cherisse Wells at: [cherisse.m.wells.ctr@mail.mil](mailto:cherisse.m.wells.ctr@mail.mil) by the 10th of each month for inclusion in the next issue.

## BY THE NUMBERS

# 33%

The number of SARCs who were certified at a higher level when they renewed their credentials in 2015 through the DOD Sexual Assault Advocate Certification Program (D-SAACP). This is a promising sign that military and DOD professionals who work with victims are expanding their skill sets and are able to deliver improved support as a result.

SEE ARTICLE: DOD SEXUAL ASSAULT PREVENTION, RESPONSE ADVOCATE CERTIFICATIONS GROW

VISIT D-SAACP: [HTTP://WWW.SAPR.MIL/INDEX.PHP/D-SAACP](http://www.sapr.mil/index.php/d-saacp)

# SHARP Hosts Webinar: Reactions to Rape, Short and Long-Term Reactions with a Focus on the Gray Areas and on Treatment of PTSD

By Julianne Metzger, SHARP Communications & Outreach



Col. (Ret.) Elspeth Cameron Ritchie, MD, MPH

Photo Credit: <http://elspethcameronritchie.com/>

The SHARP Program Office hosted a webinar on May 26, titled “Reactions to Rape, Short and Long-Term Reactions with a Focus on the Gray Areas and on Treatment of PTSD,” presented by retired U.S. Army Colonel Elspeth Cameron Ritchie, MD, MPH.

Ritchie is a forensic psychiatrist with special expertise in military and Veterans’ issues and is currently Chief of Mental Health for the community-based outpatient clinics at the Department of Veterans Affairs in Washington, D.C. Prior to this assignment, she was the Chief Clinical Officer, Department of Behavioral Health of the District of Columbia. Ritchie retired in 2010 after holding numerous leadership positions in Army Medicine.

Ritchie trained at Harvard, George Washington University, Walter Reed, and the Uniformed Services University of the Health Sciences and has completed fellowships in preventative and disaster

psychiatry. She is a professor of psychiatry at the Uniformed Services University of the Health Sciences, Georgetown University, and the Howard University School of Medicine. She has over 250 publications, mainly in the areas of forensics, disaster, suicide, ethics, military combat psychiatry, and women’s health issues.

Having served around the world for the Army – including Cuba, Iraq, Korea and Somalia – Ritchie is an internationally recognized expert who brings a unique public health approach to disaster and major combat health issues.

## SEXUAL ASSAULT HAPPENS

“All sexual assault is not the same,” said Ritchie. “As in the civilian world, there are patterns that are distinct [in the military].” Peer-on-peer date rape and the abuse of power were the two sexual assault scenarios Ritchie saw most often while on active duty. Sexual harassment and sexual assault are more likely to occur when personnel are geographically or socially isolated such as when overseas or at secluded training environments, Ritchie said.

Alcohol use in peer-on-peer assaults is exceedingly common. “A very common scenario is, ‘I woke up with him on top of me,’” said Ritchie. Often in these cases, the Soldiers are stationed in a foreign country where strong alcohol is available. “In Korea, [there] was a party of folks who would go up to what was ... called ‘hamburger hill’ ... and they would drink tea kettles [that] had soju and juices in [them]. They ... go back to the barracks together and ... something happened,” said Ritchie.

Abuse of power, such as a sexual assault among Soldiers of unequal rank usually begins with a predator

grooming a victim. “One of my first cases was at Aberdeen Proving Ground and that is a good illustration,” said Ritchie. The drill instructors sexually abused recruits regularly – through coercion, restricting privileges for sexual favors, and preying on susceptible recruits. “They would touch a recruit and see how she reacted, [they picked] vulnerable recruits ... who just wanted to graduate.”

Vulnerable recruits are not uncommon in the military. “We know that between one-third and one-half of women who come into the military to the enlisted ranks have a history of prior sexual assault or abuse,” said Ritchie. “They often come into the military as an escape, but they may then psychologically be more likely to be preyed on by somebody who senses their vulnerability.”

Ritchie discussed effective sexual assault prevention methods. First, individuals should try to avoid circumstances in which the likelihood of sexual assault increases. For example, avoid isolated or dark areas on post. Second, the Army must continue to teach how positive consent works and the consequences of being accused of sexual assault.

“Don’t assume anything – always, always have positive consent, and remember that a sleeping, unconscious, or incompetent person cannot consent,” said Ritchie. For example, one person may think the sex is consensual, but the other person may be intoxicated, may not give a clear ‘yes’ or it may not be clear in their own mind that the sex is consensual.

## REACTIONS TO RAPE

There can be long-term and short-term reactions to sexual assault. “These symptoms cause impairment in social

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and occupational functioning,” said Ritchie. In the short term, victims might exhibit illogical behaviors and beliefs. Victims might experience disbelief, shock, and guilt; many sexual assault victims will say or think statements such as, ‘It was my fault,’ or ‘I want to forget this,” said Ritchie. “I’ve seen people who were virgins before, who feel sort of cheapened and say ‘I’ve lost it anyway.’ They just try to be normal. They can isolate themselves or do the opposite.”

Some victims might not show outward symptoms at all, or act contrary to the stereotype of a victim. There’s a belief that people should stay inside and live a monastic life, said Ritchie. People sometimes ask, “Well, if she really was raped, why does she continue to go out on dates? Why does she wear sexy clothes?” But many victims will want to forget what happened, said Ritchie. They may also continue with dating or maintain intimate relationships, wanting to erase what has happened to them entirely.

Victims might also be concerned with outside perceptions and reactions of others. Soldiers fear repercussions of reporting such as being sent home from deployment, poor promotion rates, or being discharged from the service. Often they don’t want their units or families to find out that they’ve been assaulted. Ritchie observed a pervasive pattern of fear and delayed sexual assault reporting. “[Some Soldiers] won’t come forward by themselves because they think that no one would believe them and it would ruin their military career,” said Ritchie.

#### POST-TRAUMATIC STRESS DISORDER (PTSD)

PTSD is a medically documented mental disorder that develops in some people who have seen or lived through a shocking, scary, or dangerous event. Its symptoms include flashbacks and intrusive thoughts, social isolation, physiological arousal, and “fight or flight.” PTSD can also manifest in physical symptoms such as chronic pain, headaches, or stomach issues. For victims with PTSD, sights, sounds, smells, or even

feelings they experience in daily life can trigger memories of their assault. These triggers can cause intense emotional and physical reactions.

“One thing we do know about sexual assault and PTSD is that PTSD from sexual assault is about the worst there is,” said Ritchie. “A difference between combat and sexual assault: combat you know you are going into battle, you’re

reactions common to most rape victims immediately following and for months or years after a rape. It includes disruptions to normal physical, emotional, cognitive, and interpersonal behavior.

The theory was first described by psychiatrist Ann Wolbert Burgess and sociologist Lynda Lytle Holmstrom in 1974. “They looked at the reactions to the rape a year after it was reported, and they found

**“A difference between combat and sexual assault: combat you know you are going into battle, you’re trained, you’ve got your buddies, you’ve got your weapon. On the other hand, with sexual assault, usually you’re alone, it’s very surprising, there’s shame, there’s stigma, there’s a feeling of blaming yourself; so that makes sexual assault especially difficult.”**

— Col. (Ret.) Elspeth Cameron Ritchie, MD, MPH

trained, you’ve got your buddies, you’ve got your weapon. On the other hand, with sexual assault, usually you’re alone, it’s very surprising, there’s shame, there’s stigma, there’s a feeling of blaming yourself; so that makes sexual assault especially difficult.”

Other indicators of PTSD can manifest as depression, irritability, difficulties with intimacy, and sleep issues, said Ritchie. Victims will frequently display comorbidities such as substance abuse, depression and physical injuries. They might also have suicidal thoughts or attempts. In the extreme, long-term patients may develop diabetes and obesity, and experience pain, unemployment and homelessness, said Ritchie.

#### RAPE-TRAUMA SYNDROME (RTS)

RTS is a cluster of psychological and physical signs, symptoms and

physical reactions like stomachaches, nausea, headaches and emotional reactions, which included avoidance of settings where the rape had occurred,” said Ritchie. “[The theory] identified victims that go to the emergency room because they were raped, so this was a setting that people were more willing to report right away. [It] was a good, groundbreaking, piece of work.”

“In my opinion, [RTS] has been overused in legal settings,” said Ritchie. Prosecutors sometimes use RTS evidence to disabuse jurors of damaging misconceptions arising from a victim’s apparently unusual post-rape behavior. “The question becomes, ‘Does the person have Rape Trauma Syndrome?’ If they had it, then they must have been raped. If they don’t have these symptoms, then they could not have been assaulted.”

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## TREATMENT FOR PTSD

Psychotherapy, which covers a range of different methods, and pharmacotherapy have been scientifically proven to alleviate symptoms of PTSD. "The problem is that service members do not like these approaches," said Ritchie. "They don't like talking about the trauma over and over. Or they don't like being on medication or the side effects of the medication."

Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction, to help a person change and overcome problems in desired ways. "Many people don't like talking about the trauma, and so they don't go back [to therapy]," said Ritchie. "If they make it through the whole therapy, about two-thirds of them get better, but only about one-third of those get through [the whole therapy]."

Medications can help regulate the biological responses that PTSD can cause. SSRIs, Selective Serotonin Re-Uptake Inhibitors or Serotonin-Specific Reuptake Inhibitors, are a class of drugs that are typically used as antidepressants in the treatment of major depressive disorder and anxiety disorders. The Federal Drug Administration has only approved SSRIs sertraline (Zoloft) and paroxetine (Paxil) for the treatment of PTSD.

However, other SSRIs are commonly used for PTSD. Bupropion (Wellbutrin) is often well tolerated without the weight gain of other medications and can also reverse sexual side effects of PTSD. Less typically, anti-psychotics are often used as treatment augmentation both for depression and PTSD.

## OTHER FACTORS TO CONSIDER

Some medications to treat PTSD may cause unacceptable weight gain. "What's important here for the commanders in the group is to know that if somebody is struggling with weight on the [physical fitness] test, it might be because they are on these medications, and they should take that into account when they are looking at the possibility of discharging somebody from the service for unacceptable weight," said Ritchie. The most important strategy is to make sure the physician and the Soldier discuss and know weight gain can be an issue when beginning treatment, and work to avoid gaining 30 or 40 pounds, said Ritchie.

There are many sexual health issues with PTSD related to sexual assault that can affect the victim. "Victims might socially isolate themselves, avoid sex and intimacy, or be promiscuous," said Ritchie. Sexual side effects are also common with the use of SSRI medications used to treat PTSD. These sexual health issues should be monitored and addressed by a victim/patient's primary care provider.

Sleep issues, such as insomnia and nightmares, are also common with PTSD. Improving sleep is critically important to recovery, so clinicians may consider prescribing standard sleep medications. Many sleep medications have side effects, so patients and clinicians should carefully review the medications. For instance, some medications may cause sleepwalking, lead to addiction, or interact with alcohol or other medications.

Other therapies, which might not be scientifically proven to be effective, can be beneficial to the patient, said Ritchie. These include acupuncture, stellate ganglion block, yoga, canine therapy,

mindfulness/meditation, and technologies such as virtual reality. "They don't like to talk about what happened, but they might relate very well to a horse or a dog," said Ritchie. "There is a variant called 'virtual reality,' which is self-administered by computer. The patient can titrate, or adjust, as they need to, how much exposure they receive." The common denominator in all these therapies is engagement with the patient in their own wellness, said Ritchie.

"When I talk to patients, I talk about three buckets: a bucket for medication, a bucket for psychotherapy, and a bucket for everything else," said Ritchie. "And we go through [and discuss] what's in everything else, and we work together to design a treatment that's right for that patient."

## CONCLUSION

Dr. Ritchie concluded the presentation by answering questions. SHARP hosted a morning and afternoon session totaling 334 participants.

## SHARP'S NEXT WEBINAR

SHARP hosted the webinar "Working with Lesbian, Gay, Bisexual, and Transgender (LGBT) Victims of Sexual Assault," presented by Heather L. McCauley, ScD, MS on June 16. It will be covered in the next issue of the SHARP Focus Newsletter. Look for the SHARP Webinar announcement/invitation to sign up for future SHARP webinars.



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# SHARP Hosts Webinar: Transforming Trauma – How to Do This Work and Not Completely Lose Our Minds

By Cherisse Wells, SHARP Communications & Outreach



Ms. Laura van Dernoot Lipsky, founder and director of The Trauma Stewardship Institute

Photo Credit: <http://traumastewardship.com/>

The SHARP Program Office hosted a webinar on Mar. 29 titled, “Transforming Trauma – How to Do this Work and Not Completely Lose Our Minds,” which was presented by Ms. Laura van Dernoot Lipsky. Lipsky is the founder and director of *The Trauma Stewardship Institute* and author of “Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others.” She has worked directly with trauma survivors for over three decades and has trained a wide variety of people, including zookeepers and reconstruction workers in post-Hurricane Katrina New Orleans, community organizers and health care providers in Japan, U.S. Air Force pilots, Canadian firefighters, public school teachers, and private practice doctors. Lipsky has worked locally, nationally, and internationally and is known as a pioneer in the field of trauma exposure.

Through the use of cartoons from “The New Yorker,” stories, and quotes, Lipsky offered an engaging presentation designed to convey the cumulative toll or impact of ongoing exposure to suffering or trauma when that exposure is a part of one’s work. She provided information on vicarious/secondary trauma, addressed the trauma exposure response, and discussed what individuals can do to help create a sustainable way to do one’s work.

## VICARIOUS TRAUMA AND CUMULATIVE TOLL

Lipsky explained that vicarious trauma – also known as secondary trauma, vicarious post-traumatic stress [disorder], and compassion fatigue – manifests when we’re out in the world and we’re trying to help make the world a better place, to repair the world, and as a result of the work we’re doing or the lives we’re living at home, we’re exposed to suffering, hardship, crisis, trauma of humans, other living beings, and the

like a fundamentally different place over time as a result of what you have seen or heard, or witnessed. Because of the manic pace of our work and lives, it can be hard to have insight into how we’re affected by these regularly occurring circumstances over time.

There are some important things to note when looking at the possibility of vicarious trauma within ourselves. Lipsky said to be sure to come from a spacious place where you are not being self-deprecating or self-effacing. She also noted that, as humans, we have a very hard time maintaining introspection, so we want to make sure we don’t shift focus on to others and use this knowledge against anyone else. Employ curiosity and let go of how you think you should feel. It’s important to notice, for example, if the “highlight of your day at work is when you don’t have to do your job,” so that you can work on whatever may be manifesting, said

## As humans, we have a very hard time maintaining introspection.

planet itself, and this exposure takes a “cumulative toll” on our well-being. This cumulative toll can affect us not only as individuals, but can affect “our organizations, institutions, communities, and society as a whole.”

Vicarious trauma goes far beyond burnout. There is a permanent shift where your world view comes to look

Lipsky. Vicarious trauma can be hard to gauge because it is slow moving over time. It’s not an acute incident. It stems from a cumulative toll of day in and day out exposure.

Lipsky said it is also important to note that the discussion around vicarious

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trauma should always be held in the larger context of systematic oppression. Both acute and secondary trauma are intimately tied to the fact that we're in a society with issues of supremacy, racism, sexism, homophobia, heterosexism,

Lipsky said, "This is where you lose your ability to go fluidly between your sympathetic nervous system and your parasympathetic nervous system ... and you remain in a hyper-alert state all the time." Given the wisdom, information,

to require detoxing and creating space internally so you are able to reregulate your nervous system and move anything that's accumulated inside of you out.

Starting a gratitude practice is also

**“[Hypervigilance] is where you lose your ability to go fluidly between your sympathetic nervous system and your parasympathetic nervous system ... and you remain in a hyper-alert state all the time.”**

— **Ms. Laura van Dernoot Lipsky, founder and director of The Trauma Stewardship Institute**

ageism, etc. If we were in a society where none of that existed, there's so much of what we tend to that wouldn't exist – much of the harm that we have to come in and help tend to, reconcile and heal is a direct result of systematic oppression and the intergenerational legacy of that oppression.

Lipsky shared her own personal story of the revelation that she was experiencing vicarious trauma as a result of the cumulative toll of her experiences throughout her career and then opened the floor for others to express how their work and lives have been affected by the work they do in aiding others. In telling their stories, it was revealed that participants were expressing examples of trauma exposure response.

#### **THE TRAUMA EXPOSURE RESPONSE**

A trauma exposure response is defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet. These thoughts, actions, and reactions can be seen as warning signs that you are experiencing vicarious trauma.

One response is hypervigilance.

and experience you have, you acquire a heightened sensitivity and tend to see things all around you in a way that others do not.

Another response is addiction. While one can be addicted to substances such as caffeine, sugar, nicotine, alcohol, and pharmaceuticals, one can also be addicted to adrenaline, or a need to be right, to be needed, to criticize others, etc.

Other trauma exposure responses to notice include chronic exhaustion and physical ailments, anger and cynicism, minimizing, avoidance, inability to empathize or numbing, a sense that one can never do enough, diminished creativity, and feeling helpless and hopeless.

#### **HOW TO SUSTAIN**

There are practices that you can incorporate into your daily life to sustain your well-being through the challenging work of assisting those who have experienced trauma and suffering. One example, Lipsky highlighted, is to engage in some kind of a regular practice, about every 24 hours, where you have an intention of cultivating your ability to be present in life. That practice is going

helpful. You can set alarms on your phone throughout the day (maybe 4-6) where you allow yourself to stop and think of anything that you can be grateful for or that you notice is going well. Another good practice is to do some form of daily exercise, where you can get your heart rate up for at least an average of 20 minutes a day.

Lipsky said there are countless things you can pull into your day that don't take additional finances, and don't take additional time. One last suggestion she stressed was the importance of finding something that's meaningful to you outside of your job to be able to have that larger context and help shift where you put your internal focus.

#### **CONCLUSION**

Lipsky concluded the webinar by responding to participants' questions and thanking SHARP for the opportunity to share her knowledge. SHARP hosted a morning and an afternoon session totaling 297 participants. Look for the SHARP Webinar announcement/ invitation to sign up for future SHARP webinars.

# SHARP Community Outlook

**DISCLAIMER:** This information is provided for awareness and does not constitute endorsement of outside groups and their activities by the United States Army or the SHARP Program Office. Those interested in attending the conferences/training listed, should obtain approval in accordance with Army Directives.

## JULY

**11-13**

**Federally Employed Women National Training Program**  
Hilton Anatole, Dallas, TX  
Host: Federally Employed Women  
For information: <https://www.few.org/training-education/national-training-program/>

**25-29**

**2016 National School Safety Conference**  
Orlando, FL  
Host: School Safety Advocacy Council  
For information: <http://www.schoolsafety911.org/event.html>

**26**

**Fort Lee SHARP Summit**  
Fort Lee, VA  
Host: Fort Lee

**26-27**

**2016 National Symposium on Sex Offender Management & Accountability**  
Kansas City, MO  
Host: U.S. Department of Justice, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking (SMART)  
For information: <http://smart.gov/symposium.htm>

**28**

**SHARP Webinar: BOUT that Life: Bystander Intervention for Communities of Color**  
Host: Army SHARP Program Office  
Session 1: 1100-1200 ET  
Session 2: 1400-1500 ET

## AUGUST

**SHARP Webinar**

Date: TBD  
Host: Army SHARP Program Office

**8-12**

**USARPAC SHARP Program Training Summit**  
Ford Island, HI  
Host: U.S. Army Pacific (USARPAC) SHARP Program

**9-11**

**U.S. Army Reserve Internal Review Training Symposium**  
Orlando, FL  
Host: U.S. Army Reserve Command

**14-17**

**42nd NOVA Training Event**  
Atlanta, GA  
Host: National Organization for Victim Assistance (NOVA)  
For information: <http://www.trynova.org/2016-nova-training-event/>

**16-17**

**U.S. Army Medical Research and Materiel Command and Fort Detrick SARC & VA Training**  
Fort Detrick, MD  
Host: U.S. Army Medical Research and Materiel Command and Fort Detrick

**29**

**Army War College SHARP Summit**  
Location: TBD  
Host: Army War College

**31 - SEPT. 2**

**2016 National Sexual Assault Conference**  
Washington, D.C.  
Host: National Sexual Violence Resource Center  
For information: <http://www.nsvrc.org/nsac>

## SEPTEMBER

**28-29**

**SHARP Program Improvement Process Forum**  
Potomac, MD  
Host: Army SHARP Program Office

# RESOURCES



## SHARP Website

[www.preventsexualassault.army.mil](http://www.preventsexualassault.army.mil)  
[www.army.mil/sharp](http://www.army.mil/sharp)



## DOD Safe Helpline

Call 877-995-5247;  
text 55-247 (inside the U.S.)  
or 202-470-5546 (outside the U.S.);  
or go to: <https://SafeHelpline.org/>  
or download mobile app at <https://SafeHelpline.org/about-mobile>.

This is a crisis support service for members of the DOD community who are victims of sexual assault. Available 24/7 worldwide, users can "click, call or text" for anonymous and confidential support.



## VA Military Sexual Trauma Information

<http://www.va.gov/health/NewsFeatures/20120319a.asp>

## TELL US...

Please share success stories about the positive impact SHARP has had on you or within your community, including events and outreach activities. We'd like to include your stories in future issues of the SHARP newsletter. Please send submissions to Cherisse Wells at: [cherisse.m.wells.ctr@mail.mil](mailto:cherisse.m.wells.ctr@mail.mil). Thank you!