



SERVICE INQUIRY  
ARMY PERSONNEL SERVICES GROUP

Service Inquiry into the support  
provided to British Army victims of sexual offences

PART ONE – THE REPORT

The requirement to carry out a Service Inquiry is mandated by statute in the Armed Forces Act 2006, by the Armed Forces (Service Inquiry) Regulations 2008 and/or by the policy laid out in Joint Services Publication 832.

The Armed Forces (Service Inquiry) Regulations 2008<sup>1</sup> require that a military Convening Authority must cause a Service Inquiry to be held in the event of the death of a Service Person, where it is considered '*that anything of consequence...may be learned*'. Joint Services Publication 832<sup>2</sup> describes that a Service Inquiry must also be convened in the event of serious injury to a Service Person, the death or serious injury of civilians on the Defence Estate or in conducting Service organised activity or following a safety-related occurrence. Joint Services Publication 832 also gives provision for a Service Inquiry to be conducted '*into any matter...where the Convening Authority determines that anything of consequence may be learned*'. A Service Inquiry does not attribute blame and has no power to attribute civil or criminal liability.

The purpose of a Service Inquiry is to establish the facts of a particular matter and make recommendations to prevent re-occurrence. It is an internal fact-finding investigation primarily to assist in maintaining operational effectiveness. However, its findings will likely be used for other purposes, particularly where deaths occur. These might include assisting the MOD in fulfilling its legal obligations, such as under the Management of Health and Safety at Work Regulations 1999; advising the Next of Kin and others of how the incident happened; and informing an inquest by His Majesty's Coroner.

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<sup>1</sup> [The Armed Forces \(Service Inquiries\) Regulations 2008](#), Regulation 4(1) (b).

<sup>2</sup> [JSP832.pdf](#)

16 Apr 25

**Service Inquiry – Support to victims of sexual offences**

The following papers are enclosed:

**Section 1** – Executive Summary.

**Section 2** – Context, Findings and associated Recommendations.

**Section 3** – Summary of Recommendations.

**Section 4** – Convening Authority comments.

**Section 5** – Reviewing Authority comments.

**Annex A** – Convening Order

**Annex B** – Convening Order - Revised

**Annex C** – Terms of Reference

**Annex D** – Victim Support Pathway (DRAFT)

**President**

*Lt Col* [REDACTED] *R SIGNALS*

**Panel Member**

*Maj* [REDACTED] *RIFLES*

**Panel Member**

*Maj* [REDACTED] *RLC*

## Section 1: Executive Summary

### 1.1 Introduction

1.1.1 This Service Inquiry (SI) was convened amidst ongoing work to tackle unacceptable sexual behaviour within Defence, with particular focus on how the Army supports victims of sexual offences. It followed three related work strands: a task aligned to the Defence Sexual Offences Strategy; a visit by the Deputy Chief of the General Staff (DCGS) to the charity Salute Her UK and a Service Complaint (SC) submitted by a Service person who had been the victim of a sexual assault. The SI was directed to review the support provided by the Army to Army victims<sup>3</sup> of sexual offences, considering the support in place now, the role of the chain of command in supporting victims, and the military factors associated with support.

1.1.2 The panel reviewed Army and Defence policies to understand the victim support provision in place within policy. In addition, the panel engaged with numerous organisations and individuals in roles that might be likely to support a victim of sexual assault. The SI also considered the support pathways available within comparable armies.

### 1.2 Summary of Findings

1.2.1 The inquiry reviewed Army and Defence policies and all organisations and areas that exist and might be likely to support a Service person who has been the victim of a sexual assault. It was the view of the panel that the support available within the Army and Defence, and from trusted external agencies, is fit for purpose. However, it is poorly communicated and coordinated and therefore does not offer adequate accessible support for all Army personnel.

1.2.2 The panel found that there are occupational factors that make it harder for a Service person to access support, particularly if located overseas. It was also found that there should not be a single recommended point of support, in order to provide for the differing experiences, preferences and situations of victims.

1.2.3 The inquiry concluded that there is a requirement for a new Victim Support Pathway that must be communicated widely to ensure that any victim, and those who may find themselves supporting a victim, can easily find the options available to them so that they can make an informed decision about their care. The panel worked with key stakeholders to create an initial pathway that can be developed and communicated.

### 1.3 Themes of Recommendations

1.3.1 The SI has identified 19 recommendations which can be grouped into the following main themes:

- a. Creation of a Victim Support Pathway, including areas for future development.
- b. Communication and education, ensuring that all personnel are made aware of available support options.

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<sup>3</sup> The term 'victim' is used in this report to refer to any British Army serving person, Regular or Reserve, who has made an allegation of a sexual offence against them, even if a judicial process has not been initiated.

## Section 2: Context, Findings and associated Recommendations

### 2.1 Section 2, Part One

#### Context

2.1.1 This Service Inquiry was convened following a number of coincident tasks and occurrences:

- a. **Tackling Sexual Offending in Defence Strategy.** The 2022 strategy included a task to 'implement a range of practical measures to help survivors feel safe at work/on the Defence estate'. This task was assigned to Head Army Personnel Support Group (APSG).
- b. **DCGS visit to Salute Her UK.** In February 2023 DCGS visited Salute Her UK, a charity supporting women who have served in the Armed Forces and who have been affected by sexual assault, bullying and harassment. This led to an increased awareness of the experiences of serving women and a request from DCGS to review the Army's role in supporting victims.
- c. **Service Complaint (SC).** In August 2023 a SC was submitted highlighting failures and limitations in the support available within the Army to victims of sexual offences. The content and requested redress within this SC will be discussed in detail within this report.

2.1.2 Additional work conducted by the Personnel Directorate Conditions of Service team, has defined a proposed wider 'Affected Personnel' work strand.<sup>4</sup> This work initially acknowledged the need to examine the support available to Service Personnel (SP) affected by investigative processes such as SIs and SCs. Following initial research, it was identified that 'Affected Personnel' could include SP falling into three key groups: victims, witnesses and those under investigation. With the convergence of the three factors described at Para 2.1.1, the SI Terms of Reference confirmed that the scope of this inquiry would be restricted to victims, and specifically victims of sexual offences.

2.1.3 There have been numerous publicised incidents of sexual harassment and sexual offences within the British Army, including those with particularly tragic outcomes. Attempts to improve behaviours and cultures within the Army, and therefore to reduce harassment and offending, have included measures such as the Zero Tolerance to Unacceptable Sexual Behaviours policy<sup>5</sup>, the Zero Tolerance to Sexual Offences and Sexual Relationships between Instructors and Trainees policy<sup>6</sup> and the introduction of a pan-Army cultural change programme ('TEAMWORK'). Despite these measures, it is unlikely that sexual offences will cease to occur, either committed by or against serving personnel. The prevalence of sexualised behaviours across society, with around 80% of girls saying that sexual assault happens 'a lot or sometimes' in schools<sup>7</sup>, highlights that the Army's recruits are likely to have been exposed to such behaviours prior to joining. The 2021 Ofsted Review of Sexual Abuse in Schools and Colleges also highlighted the barriers

<sup>4</sup> Ref DPer's note to DCGS 'Affected Personnel: Project Proposal', dated 27 Oct 23.

<sup>5</sup> [REDACTED], Zero Tolerance to Unacceptable Sexual Behaviour: A Victim/Survivor Focused Approach, dated 16 Jul 24.

<sup>6</sup> [REDACTED], Zero Tolerance to Sexual Offences and Sexual Relationships Between Instructors and Trainees, dated 10 Mar 24.

<sup>7</sup> [Ofsted Review of Sexual Abuse in Schools and Colleges](#), dated 10 Jun 21.

to reporting sexual harassment and violence by children and young learners. Many of the Army's recruits join soon after finishing school, so it may be expected that a part of the recruit population maintain the same feelings. Reported barriers highlighted in the review included:

- a. 'Worry that what happened next would be out of their control.
- b. Worry that they would be branded by their peers as a 'snitch' who got a peer into trouble.
- c. Worry that they would be ostracised from friendship groups.
- d. Worry that there would be damage to their reputation, for example through sexual rumours being circulated about them.
- e. Feeling that they would not be believed.
- f. Feeling that they might be blamed for doing things they were told not to do, for example sending nudes, even if they were pressured to do so.
- g. Feeling that nothing would be done.
- h. Feeling that things were so commonplace 'there's no point' in raising it'.<sup>8</sup>

2.1.4 Previous studies examining the impact of sexual offences within the Army, including 'Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life'<sup>9</sup> and the Army Sexual Harassment Report 2021<sup>10</sup>, have identified several similar themes that serve as barriers to victims reporting offences:

- a. Fear of negative repercussions: many individuals express concerns about potential backlash following the reporting of an offence, which may include ostracism or retaliation from peers and superiors.
- b. Lack of Trust in the Reporting Process: there is a pervasive lack of confidence in the effectiveness and impartiality of the reporting mechanisms. Victims often worry that their complaints will not be taken seriously or may be dismissed.
- c. Implementation of Zero Tolerance Policy: since the publication of these reports, the zero-tolerance policy regarding unacceptable behaviours has been introduced. Although these policies aim to address negative behaviour within the military, they have also led to new challenges, with victims fearing that reporting even minor offences may provoke excessively harsh consequences for the perpetrator.
- d. Cultural stigma: the prevailing military culture, characterised by a strong sense of pride, can foster feelings of shame and embarrassment among victims, further discouraging them from coming forward.

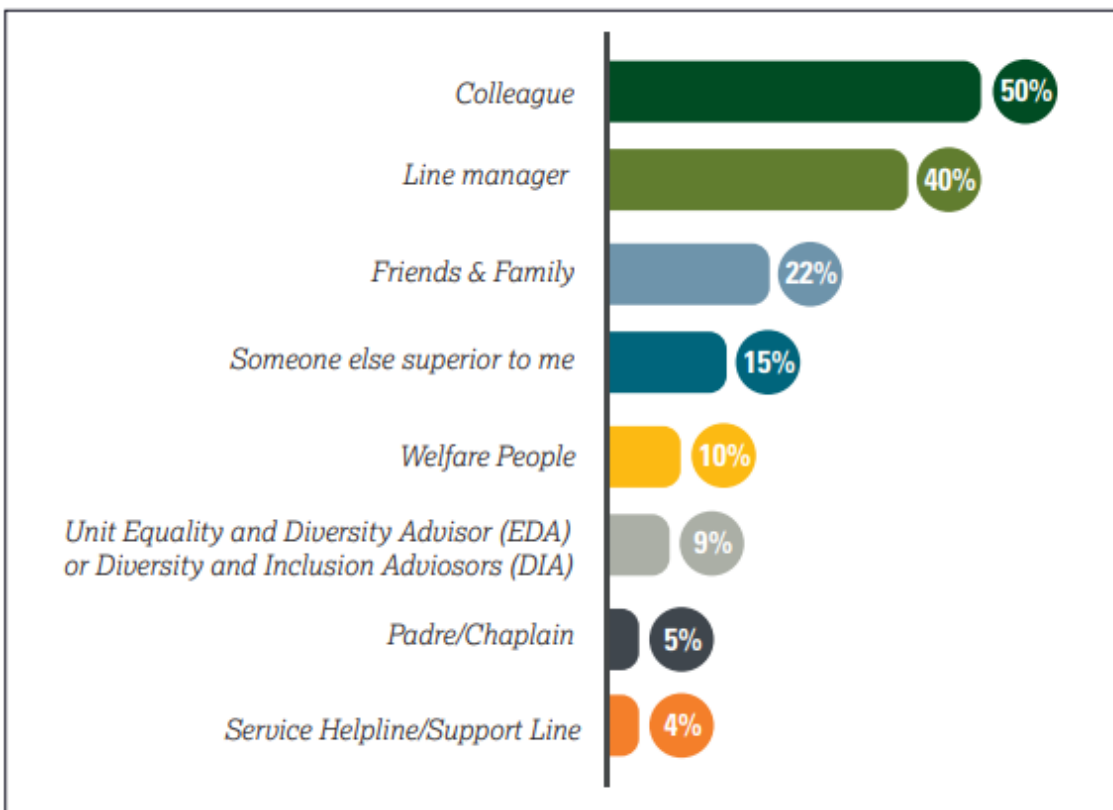
<sup>8</sup> [Ofsted Review of Sexual Abuse in Schools and Colleges](#), dated 10 Jun 21.

<sup>9</sup> [Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life](#), dated 25 Jul 21

<sup>10</sup> [Army Sexual Harassment Survey](#), dated 31 Mar 21.

- e. Perceived impact on career: victims may be apprehensive that reporting an incident could adversely affect their career progression or result in unfavourable labelling or perceptions within their unit.
- f. Insufficient support systems: there is a widespread perception that existing support systems for victims are inadequate, which deters individuals from seeking assistance or reporting incidents.
- g. Limited awareness of reporting options: victims often lack comprehensive knowledge of the available reporting channels and support services, which can impede their ability to report incidents. This issue is compounded by a lack of awareness within the chain of command, which undermines the experience of those who do choose to report.

2.1.5 The 2021 Army Sexual Harassment Survey highlighted that, of those who participated in the survey and believed they had experienced sexual harassment or assault, only 1% of officers and 2% of ORs had reported incidents to the Royal Military Police (RMP) and that the majority did not tell anyone at work. Of the approximately 1/3 of participants who had told someone at work, the responses showed that that personnel who experience an assault or harassment may tell a range of people, depending on who are most comfortable with. The results, displayed below in Fig 14 (taken from the survey), show the options that a victim may choose.



**Figure 14. Who Service Personnel Told at Work About the Upsetting Experience (n=244) (N.B. Data is only included for those who answered 'yes' they had a particularly upsetting experience and 'yes' to telling someone at work what was happening).**

2.1.6 The barriers discussed in these two reviews/surveys are supported by examples provided by a number of anonymous contributors ([SCSI E1](#)). It is acknowledged that

these examples have not been given as evidence directly to the panel but the panel believes that there is value in including them to highlight further examples where Service personnel have had poor experiences following sexual harassment or assault.

2.1.7 The barriers identified in both the 2021 Ofsted Review and the 2021 Army Sexual Harassment Report highlight that the likelihood of a victim accessing support or their ability to access support following a sexual offence is already impeded. This inquiry sought to assess the effectiveness of support systems within the Army, for victims themselves and for those responsible for their care. The necessity for this assessment was consistently demonstrated throughout the investigation stage with many subject matter experts showing an incomplete understanding of the support pathways available, largely attributed to the inconsistent and incomplete nature of the guidance provided. The following paragraphs will discuss the three originating workstrands in greater detail.

2.1.8 **Tackling Sexual Offending in Defence Strategy.** The strategy made a number of recommendations across 5 key areas: prevention; investigations and prosecutions; survivor support; partnerships and management information. Initially aligned against achievement timelines in 2023 and 2027, discussion at the Service Justice Executive Group<sup>11</sup> in 2024 acknowledged that some actions were proving to be beyond business as usual and aligned OF5/1\* action owners to key actions. As mentioned at para 2.1.1.a, Hd APSG was tasked to consider how the Army can ‘implement a range of practical measures to help survivors feel safe at work/on the Defence estate’. This task sits within the ‘survivor support’ section of the strategy where a number of relevant actions were also noted:

- a. ‘Ensure Sexual Assault Pathways with specialist services are followed for all survivors who have faced sexual assault’.
- b. ‘Raise awareness with survivors of external sources of support available’.

2.1.9 **DCGS Visit to Salute Her UK.** DCGS’s engagement with this charity highlighted the struggles that victims have faced following sexual offences. Initially founded to provide support to veterans, Salute Her ‘works to improve the lives of UK women in the Armed Forces, Veterans and Women at Sea by addressing the distinct and intersectional needs of women’<sup>12</sup>. The charity has conducted research amongst female veterans and has incorporated further US research into their findings, highlighting that women in the military are ‘at higher risk for exposure to sexual harassment or sexual assault than men’. Salute Her UK provides a number of services, described as follows on the charity’s website:

‘We take a holistic trauma-informed approach, addressing physical and mental well-being, relationships and wider social issues. Women can choose from a range of therapeutic activities – workshops, courses, groups and individual counselling, mental health therapy as well as virtual support. This means that their recovery is truly person-centred’.

2.1.10 Following DCGS’s visit to the charity, further engagement was conducted. This included a visit by charity personnel, including the CEO, to the Royal Military Academy Sandhurst (RMAS) and concurrent discussion with the Personnel Services team within the Army HQ Personnel Directorate. Although communication continued between the

<sup>11</sup> Chaired by the Chief of Defence People, the Service Justice Executive Group is part of the Service Justice System governance and assurance structure.

<sup>12</sup> [Salute Her UK](#)

Personnel Services team and Salute Her UK for a short period, the relationship was not formalised and communications ceased. The SI panel reached out during this inquiry but did not receive a response.

**2.1.11 Service Complaint.** In August 2023 a serving female officer, who will be referred to as Service Person 1 ('SP1'), submitted a Service Complaint (SC) in which she reported that she had been subjected to a serious sexual offence (rape) in the latter part of 2020. The content was thoroughly researched and sought to highlight failings, inconsistencies and difficulties in the support offered to serving victims of sexual offences. At the time of submitting the complaint SP1 had not wanted to pursue a judicial process against the accused but it is of note that the SC did not seek any redress in relation to the incident, nor against any individual people involved. Instead, SP1 sought to highlight the 'systemic failures which exist within the current Armed Forces sexual assault and harassment referral pathway', with the following headline recommendations and topics raised:<sup>13</sup>

- a. "A separate referral channel should be made available external to the CoC to improve access to victims to feel comfortable to report discreetly";
- b. "The current pathway is inadvertently creating a barrier to care for victims that do not wish to pursue legal action";
- c. "Bespoke training for sexual assault, abuse and victim support to best provide support for trauma informed victim centred care";
- d. "Self-referral signposting must be effective, relevant, current and regularly reviewed by DPHC and Welfare";
- e. "It is an unacceptable option for charities to be the sole point of care for the long-term management of military sexual trauma for serving personnel";
- f. "To date there is still no easily accessible information regarding pathways for care to victims";
- g. Articulated in SP1's opening statement, she specifically highlighted that the apparent failings were 'most notable in overseas locations and for those working as an attachment to a Regiment'.

**2.1.13 Focus of Service Inquiry.** Due to the severity of the issues raised in SP1's SC it was decided that this should form the basis of the inquiry, as outlined in ToR 1. It pointed towards significant issues with the accessibility of support for victims of sexual offences. In order to maintain the integrity and legality of the SC process, the full SC submission form (known as an 'Annex F') has not been included as evidence. A document containing the SP1's requested redress can be found within part 2 to this report ([SCSI E2](#)) with its inclusion approved by SP1.

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<sup>13</sup> Taken from SC submitted by SP1 in Aug 2023.

#### 2.1.14 Service Inquiry Terms of Reference.

**Term of Reference 1** – *Investigate the support available to military victims of sexual offences. This should include:*

- *A review of the current victim care pathway, including referral and signposting methods and the responsibilities of organisations involved.*
- *A review of the role of the military chain of command in supporting victims, and the resources provided to enable this role.*
- *A review of the occupational factors influencing the support required by victims within a military context.*
- *A review of assignment and co-location process.*

**Term of Reference 2** – *Investigate and assess specified support measures in place within the US Army (SHARP Program and 'In Her Boots') and USAF (SAPR), to consider the viability of implementing within the British Army.*

**Term of Reference 3** - *Consider and note other factors identified in the course of the inquiry.*

## 2.2 Section 2, Part 2.

### Findings

#### Term of Reference 1

*Investigate the support available to military victims of sexual offences. This should include:*

- *A review of the current victim care pathway, including referral and signposting methods and the responsibilities of organisations involved.*
- *A review of the role of the military chain of command in supporting victims, and the resources provided to enable this role.*
- *A review of the occupational factors influencing the support required by victims within a military context.*
- *A review of assignment and co-location process.*

**2.2.1 Review of current pathway.** The initial research phase of the inquiry sought to establish the policies in place, sources of support currently available and the 'entry points' to this support.

**2.2.2 Policy.** Several extant policies provide direction and guidance regarding support to victims:

a. **JSP 839.** JSP 839: Service Justice System – Services for Witnesses and Victims of Crimes<sup>14</sup> provides the MOD's overarching guidance to ensure that 'victims of crimes...know what information and support is available to them from reporting a crime onwards, from whom they are able to request help and assistance, and how to obtain this help and assistance'. Its main focus is support through a judicial process, and supporting information is held within a number of annexes. Most relevantly is the following:

- (1) **Annex A: Armed Forces Code of Practice for Victims of Crime (the 'Code')**. The Code details the entitlements of a victim and the services that must be provided by Service justice organisations.
- (2) **Annex B: Guidance to Commanding Officers and Victims When Dealing With Allegations of Serious Criminal Offences Including Sexual Offences.** This annex replicates [REDACTED], which was issued as interim guidance to assist Commanding Officers where a victim and an SP accused of a sexual offence were in the same unit. Now superseded, the annex also provides wider instruction, including a step-by-step guide for Commanding Officers to follow at Appendix 1. Notably, it is the only part of the JSP where CoCs or victims are signposted towards resources such as the NHS-run Sexual Assault Referral Centres (SARCs). Appendix 2 provides further advice for victims and highlights the difficult decision to report an offence.

<sup>14</sup> [JSP 839](#): Service Justice System – Services for Victims and Witnesses of Crime v1

(3) **Reporting Sexual Offences – what you can expect during an investigation (leaflet).** This leaflet was found by the panel on the JSP 839 DefNet page, listed below the main policy document, the ‘Code’ and Annex C. It is unclear whether this leaflet is part of JSP 839 and it is not referenced in the policy. It is a useful source of information for victims and provides information regarding the investigation process and the support available from resources such as the Victim Witness Care Unit (VWCU) and Independent Sexual Violence Advisor (ISVA) support. However, the latter section provides a link to an ISVA service that is only available to victims based in Sussex. Of note is that although no guidance or direction is given as to when this leaflet should be given to a victim, JSP 839 does direct that Annex C, a leaflet entitled ‘Reporting a crime in the Service Justice System – what you need to know’ must be given to victims of any crime.

b. The panel made the following observations:

(1) JSP 839 is an informative document and although the main policy document and most annexes are focused at judicial processes, Annex B in particular provides valuable guidance to victims and to any person<sup>15</sup> supporting a victim. However, the annexes are not suitably accessible and should be improved. Annex B is located in the same document as Annex A, along with Annexes D-H. None of the annexes are listed in the Table of Contents in the main policy document but are referenced throughout. Similarly, the annexes are not clearly labelled or signposted on the JSP 839 DefNet page; the information is therefore extremely difficult to find. The panel consider it unlikely that a junior soldier with limited MODNet/DefNet<sup>16</sup> experience would navigate to the information that can be found within App 2 to Annex B.

(2) The JSP refers to Unit Victim Liaison Officers, highlighting that ‘the primary role of the UVLO is to keep the victim informed of key events as their case progresses through the SJS. It is not the UVLO’s role to provide emotional support to the victim, they should be aware of the victim support agencies available and be able to provide advice to victims on how to contact them’.<sup>17</sup> It goes on to state that UVLOs ‘must be a trained and have appropriate experience’, without further guidance on either. It would benefit Commanding Officers if the DLE training package were signposted in the JSP, as well as clarity provided to confirm what ‘appropriate experience’ is.

**Observation 1.** JSP 839 would benefit from some amendments to make information easier to find and access.

c. **AGAI 62.** AGAI 62: Discipline Policy<sup>18</sup> provides guidance to ‘ensure that Service Justice in the Army is conducted in accordance with Service policy and the principles of natural justice; that it should be fair, open, reasoned and without unnecessary delay’. Principally focusing on how discipline processes should be

<sup>15</sup> Although Annex B is entitled ‘Guidance to Commanding Officers’ it should be considered relevant and useful to any SP in a position of responsibility.

<sup>16</sup> MODNet and DefNet are internal IT and Intranet systems available within the Army and Defence.

<sup>17</sup> JSP 839, p15, para 3.7.

<sup>18</sup> Army General Administrative Instruction, Volume 2, [Chapter 62, Discipline Policy](#), AEL 72, dated May 24.

applied following failings by service personnel, the AGAI provides guidance regarding victims in the following areas:

(1) **Victim Support.** The AGAI highlights that responsibility for support to serving victims sits with the CO of the reported perpetrator during a unit-led investigation and with the Service Police or Defence Serious Crime Unit (DSCU) where cases have been referred to these organisations. The AGAI reinforces that a Victim Liaison Officer must be appointed in all cases where there is a victim.

(2) **Career Management.** AGAI 62 describes the use of a 'M3D posting indicator'<sup>19</sup> that can be applied to a SP's records, whereby the Army Personnel Centre (APC) would consider their assignment or appointment to ensure that it remains appropriate. This will be discussed in greater detail in para 2.2.17.

d. [REDACTED] - **Zero Tolerance to Unacceptable Sexual Behaviour: A Victim/Survivor Focused Approach.** This policy was created in 2022 and published as a Defence Instructional Note (DIN) to 'ensure that victims of unacceptable behaviour trust that they can report such behaviour, that their report will be listened to, and that they will be supported through any investigation'.<sup>20</sup> It discusses that every allegation of unacceptable sexual behaviour (USB) should be investigated and that there should be a presumption of discharge from the Army of any SP found to have behaved in a sexually unacceptable manner. It also highlights that USB complaints can be submitted and investigated as a Service Complaint or under single Service arrangements (see para 2.2.2.f). If the former, the DIN confirms that the investigation will be independent of the chain of command. Although detailed guidance of the wider support available to victims is not given within this DIN, it does refer to the 'Code' (see para 2.2.2.a.(1)) and to the MOD's Sexual Harassment Booklet (see para 2.2.2.g), and highlights that victims can: speak to line managers/CoC; speak to D&I Advisors/Practitioners; call the Bullying, Harassment and Discrimination Helpline; confide in a colleague or speak to a medical professional (including visiting a Sexual Assault Referral Centre).

e. [REDACTED] - **Zero Tolerance to Sexual Offences and Sexual Relationships Between Instructors and Trainees.** Initially published alongside [REDACTED], this policy provides additional guidance on specific relationships, acknowledging that 'instructors or personnel in a position of authority who engage in sexual relationships with trainees or recruits are abusing their position of trust and may be committing an offence'. This policy directs that discharge is mandatory when an instructor is found to have engaged in a sexual relationship with a trainee or is convicted of a sexual offence.

f. **AGAI 67.** The Army's overarching discipline policy, AGAI 67 refers to much of the provision for victim support described in JSP 839. In addition it contains the

<sup>19</sup> 'M3D' is an informal name applied by Army Personnel Centre staff. The posting indicator process is not formally named.

<sup>20</sup> [REDACTED] - Zero Tolerance to Unacceptable Sexual Behaviour: A Victim/Survivor Focused Approach, dated 19 Jul 22.

<sup>21</sup> [REDACTED] - Zero Tolerance to Sexual Offences and Sexual Relationships Between Instructors and Trainees. This policy superceded [REDACTED].

single Service arrangements mentioned in [REDACTED], providing specific guidance relevant to sexual offences:

(1) Statements recorded from victims of sexual offences will not be released for civil or Service administrative proceedings without the express consent of the victim.

(2) [REDACTED] directs that USB should be investigated under Major AGAI Action (MAA). AGAI 67 expands on this, describing that ‘it is recognised that there may [be] some instances where, with the agreement of the victim(s), the behaviour can be addressed through informal resolution’.<sup>22</sup> The policy is clear that this may only take place where there has been genuine error, minor impact to the victim and the unit and where there is no trend of USB by the SP. It also describes that the CoC must determine whether informal resolution is appropriate.

g. **Sexual Harassment: What You Need to Know**<sup>23</sup>. This booklet was published in 2020 following publication of Air Chief Marshal Wigston’s 2019 review into ‘Inappropriate Behaviour in the Armed Services’, and provides guidance to all personnel in Defence to understand what sexual harassment is, how to report it and where to seek support. It was noted by the panel that this booklet was difficult to find. Although linked in [REDACTED], the link did not work, and DefNet searches did not lead to a centrally hosted location. The booklet makes one mention of contacting police if “you believe the harassment amounts to unlawful conduct” but otherwise does not specifically reference sexual offences or provide detailed guidance for victims of crimes. A number of supporting agencies, internal and external to the Army and Defence, are signposted, including the Army’s Speak Out helpline, Victim Support, Women’s Aid and Survivors UK.

h. **AGAI 110: Vulnerability Risk Management**<sup>24</sup>. The Army’s policy on management of vulnerable SP, AGAI 110 is part of the ‘Army’s preventative strategy to minimise the vulnerability to, and incidence of, suicide and self harm behaviours across the whole force’. Although it does not provide detailed guidance for those supporting victims of sexual offences, it identifies sexual assault as a specific risk factor and signposts readers towards the Victims Code (para 2.2.2.a), highlighting that ‘units must ensure that victims are supported in accordance with JSP 839.

**Observation 2.** Although extensive policy exists, in places it is unclear and difficult to find.

2.2.3 **Current Pathways.** One formalised pathway was discovered:

a. **‘Rape and Sexual Assault Military Pathway: Action following disclosure of a Sexual Assault’ (SCSI E3).** This pathway was found via the ‘Call it Out’ Unacceptable Behaviours Hub (CIOH), located on Defence Connect<sup>25</sup>. The panel

<sup>22</sup> Army General Administrative Instruction, Volume 2, [Chapter 67, Administrative Action](#), AEL 172, para 67.053, dated May 24.

<sup>23</sup> [Sexual Harassment: What You Need to Know](#), dated 2020.

<sup>24</sup> Army General Administrative Instruction, Volume 3, [Chapter 110, Vulnerability Risk Management](#), AEL 127, dated Aug 20.

<sup>25</sup> [Rape and Sexual Assault Military Pathway](#), dated Nov 23.

observed that this pathway was not easy to find; it was discovered while browsing the CIOH and no mention of it has been found in any other publication or communication. It is a pathway aimed at the Chain of Command (CoC) and, although it is 'victim focused' and refers to supporting a victim through signposting to relevant organisations and to use of compassionate leave, it relies on the victim having disclosed an assault to the CoC. The data from the 2021 Army Sexual Harassment survey and the chart at Fig. 14 (para 2.1.5) shows that a large proportion of victims may not do this.

**Observation 3.** There is no single, easy-to-find, pathway that is designed for victims to identify the support available to them following a sexual offence, particularly if they do not wish to disclose the offence.

**2.2.4 Other avenues.** The policies discussed provide considerable direction, primarily to Chains of Command, to ensure that action is taken following an offence. They provide a level of support to victims, and some specialist areas are mentioned (eg SARCs) but they do not provide a comprehensive view of what wider support may be available. Additionally, as discussed already, although the 2021 Army Sexual Harassment Survey highlighted that 40% of participants who informed someone of an incident did tell a line manager, many instead preferred to speak to a colleague, friends or family, and it is possible that 'line managers' included those still of a junior rank who may be unaware of Army and Defence level policies. The panel therefore considered it necessary to review the support available across a range of other areas. These are the people or organisations we considered it likely that a victim might approach, those who have a clear link (and possibly responsibility) to this subject and those who became apparent during the investigation.

**2.2.5 Police.** It is highlighted in several policies, leaflets and additional communications that victims can report a crime, including a sexual offence, to a range of policing options. These include the civilian police, Royal Military Police (RMP), Service Police Crime Bureau and the Confidential Helpline.

a. **Thresholds.** All offences under the Sexual Offences Act 2003 are under the investigative jurisdiction of the Defence Serious Crime Unit (DSCU). If a unit or General Policing Duties (GPD) RMP unit receive a report of a sexual offence it must be referred to DSCU for investigation, although a victim may decide that they do not want an investigation to be launched. If an incident does not meet a criminal threshold it is referred back for unit-level investigation, with RMP support if required. Therefore, the role of the RMP is not discussed further in this report.

b. **Victim Confidence.** SP1's SC highlighted specific reasons for being unable to report the alleged rape. These reasons were situational and not based on opinion or perception; the panel agreed that there was no merit in discussing them further for the purposes of the SI but it led to wider consideration of why a victim may not want to report an incident. The 2021 Army Sexual Harassment Survey showed that when considering what they thought would be the most effective way of stopping the behaviour, only 1.7% of participants had reported an incident to the RMP or other policing agencies. Informal feedback such as that discussed at para 2.1.6 (and within [SCSI E1](#)) shows that there is a lack of confidence in the police. Contributors raised that insufficient action was taken, that incidents are not reported through fear of recrimination (blame, gossip, mocking) and that they were

concerned Court Martial process will be stressful, difficult and may not be likely to lead to a conviction.

c. **Confidentiality.** Raised in SP1's SC was the difficulty in disclosing an assault without risk that the information would be passed on. Policing agencies are bound by the 1992 Sexual Offences Amendment Act and the 2003 Sexual Offences Act, directing that information regarding a sexual offence that is disclosed to the police would not be passed on.

d. **Reporting vs Informing.** SP1 discussed in her SC that she did not want to "pursue a formal investigation" or "seek criminal process". This further highlights that a victim may not want to engage with the police and suggests that victims may be missing out on an opportunity to be provided with support. It is not widely known that a victim can 'inform' rather than report, whereby a reported crime can be recorded, and a victim referred for support,<sup>26</sup> with no further investigation. During a visit to DSCU, the panel was educated that 'informing' can also be done via the Service Police's 'Confidential Helpline'. This also seems to be another poorly known about resource and all three panel members were able to confirm that they were unaware of the helpline or of the ability to inform of a crime without triggering an investigation.

**Observation 4.** All allegations of sexual offences will be referred to the DSCU. This is not widely known; greater knowledge may boost confidence in reporting or informing.

**Observation 5.** Although policing services (military and civilian) provide a confidential avenue, Army personnel lack confidence in engaging and are unaware that they can inform that an offence has occurred, and can access support without triggering an investigation.

2.2.6 **Victim Witness Care Unit (VWCU).** Established in 2023, the VWCU is a unit within Defence Serious Crime Command. With a remit to support victims of serious crime, the unit maintains a process to determine if a victim meets its threshold for support. Entitled victims would fall into one of the following groups (taken from [SCSI E4](#), slide 4):

- **'Vulnerable:** Victims/Witnesses under 18 and those likely to have reduced capacity to give evidence, incorporating a number of factors inc physical and MH [Mental Health].
- **Intimidated:** Victims/Witnesses whose relationship to the offender or their associates is likely to have an effect on the quality of their evidence.
- **Persistently targeted:** A Victim/Witness who has been deliberately targeted repeatedly as a direct victim of a sustained campaign of stalking, harassment or DA [Domestic Abuse].
- **Serious Crime:** Victims/Witnesses of the most serious crime ie hate crime, trafficking, terrorism, arson, false imprisonment, kidnap, wounding/GBH and sexual offences'.

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<sup>26</sup> E.g. to a SARC or to the Victim Witness Care Unit.

a. **Referral.** If a victim reports a serious crime to the Service Police they will automatically be referred to the VWCU and allocated a Victim Liaison Officer (VLO). A victim is also able to refer themselves prior to reporting an offence, and can be supported through the decision to pursue an investigation. The VWCU provide the following support:

- (1) A needs assessment to identify the support required to each victim, and maintain regular contact to ensure that the support given remains effective.
- (2) Coordinate referrals to support services, with the consent of the victim. The panel confirmed with Director VWCU that this could include examples such as the military medical chain. A VLO may think it appropriate that a victim be referred to DCMH, but would only take this step with the consent of the victim.
- (3) Act as a central point of contact through the Service Justice System.

b. **SI Panel Visit to VWCU.** The panel visited the VWCU and considered that it is a hugely valuable organisation. Between its establishment in Mar 2023 and interview with this panel in Sep 24 they had received 800 referrals from personnel across Defence ([SCSI E4](#), slide 8), all supported and coordinated by the 15 VLOs in the unit. It is of note that 97% of these referrals came through the DSCU with the remainder self-referrals prior to making a police report. As part of the DSCC, VWCU's primary role is to support victims through a judicial process. With limited resources (eg number of VLOs), it is not intended that they will provide support to victims who do not wish to pursue a case against a reported perpetrator for an indefinite period. Dir VWCU confirmed during the panel's visit that all victims will be offered support in the first instance, regardless of whether they wish to pursue a case. If a victim remains adamant that they do not wish to, the VLO will ensure that the victim is engaged with appropriate supporting agencies but will seek to establish longer term elsewhere. This may be with an organisation such as Army Welfare Services or Defence Primary Health Care and will be done with the victim's consent.

c. **VWCU Awareness.** By the research phase of this inquiry, the VWCU had been operational for 18 months. The panel president was aware of the unit from a previous assignment. The two panel members were unaware of the unit. The panel asked participants in wider research if they had heard of the unit, including the Army HQ Unacceptable Behaviours Team (which runs the Army's Speak Out helpline), the Army HQ Chaplains, the LWC Chaplain, a number of Commanding Officers and none had. A similar response was received from a canvas of a number of non-specialist military personnel as well as personnel who volunteered to provide feedback to the SI's proposed outputs. It is recognised that this is not a valid sample size but it highlights that the VWCU is not widely known about, including amongst some personnel in roles that could be considered particularly relevant.

**Observation 6.** The referral pathway of incident reporting > DSCU > VWCU highlights an effective route that enables support as well as potential investigation.

**Observation 7.** The VWCU provide a valuable service but there is limited awareness of the unit.

2.2.7 **Welfare Organisations.** A number of welfare organisations exist, providing different levels of care and support. None of these organisations are designed to offer specific or specialist support to victims of sexual offences.

a. **Army Welfare Services (AWS).** The AWS provides a 'comprehensive, professional and confidential welfare support service responsive to the needs of individuals, families and the chain of command in order to maximise the operational effectiveness of service personnel'<sup>27</sup>. Split into three pillars, business support, community support and personal support, the latter delivers specialist welfare. They provide support predominantly in areas such as bereavement, domestic abuse and safeguarding, often in areas that have become too complex for 'first line' unit welfare staff.

AWS operate a network of case workers, both military and civilian, who are either specialist welfare workers or social workers. Case workers are assigned on a case-by-case basis, but do not provide care for complex or serious trauma; they can provide emotional support and can facilitate a limited number of counselling sessions through external providers. The latter initially began as relationship support counselling and while its utility has expanded, it is typically done in consultation with a medical officer and focuses on teaching coping strategies through treatments such as cognitive behaviour therapy. If it is considered that a SP requires further support AWS would encourage them to engage with their military medical chain, including to seek a referral to the Defence Community Mental Health (DCMH).

The panel's discussions with AWS's Head of Personal Support (Hd PS) highlighted that their support is often driven by the SP to ensure that they maintain some agency over their situation; this extends to referrals and AWS frequently receives self-referrals from SP who do not want to engage with their CoC. Hd PS also confirmed that AWS do not provide global support to SP and have a remit restricted to the UK, Brunei, Nepal, Belgium, Germany and a small number of additional European locations covered by current operational deployments.

The panel considered whether AWS could act as a single, well-advertised, initial contact point for all victims of sexual offences and discussed this with Hd PS. It was considered that this would not be a viable option due to the lack of organic specialist capability and the lack of global coverage.

**Observation 8.** AWS are well placed to provide initial support to victims, and to signpost them to specialist organisations but should not be a single focal point for all victims.

b. **British Forces Social Work Service Overseas (BFSWS).** BFSWS provides social work services to MOD personnel and their families in a range of overseas locations<sup>28</sup>. Split into three 'zones', covering 'Overseas', Cyprus and the South Atlantic Islands, BFSWS's primary services include safeguarding, support to care leavers and advice to the chain of command. The panel conducted a Teams

<sup>27</sup> Sharepoint: [Army Welfare Services](#).

<sup>28</sup> Europe, Canada, Kenya, Belize, USA, Saudi Arabia, Cyprus and the South Atlantic Islands.

discussion with BFSWS personnel who confirmed that they do not provide specific support for victims of sexual offences, although their social workers are trained to provide counselling in a similar manner to AWS. Subsequent research highlighted that BFSWS Cyprus do in fact provide a 'Victim & Witness Support Service'<sup>29</sup>, with a 'free and confidential support service...for people affected by crime and traumatic events, regardless of whether you have reported the crime to the police'. However, through informal inquiries of personnel based in Cyprus, the service was not familiar to many. BFSWS confirmed that this service is exclusive to Cyprus and is not replicated in their other locations; it was also confirmed that this service does not include Forensic Medical Examination (FME), sometimes required in order to gather evidence for a later criminal case. The panel consider this service to be hugely valuable to those assigned to Cyprus and should be highlighted to SP based there.

**Observation 9.** BFSWS are well placed to provide initial support to victims based in some overseas locations but should not be a single focal point for all overseas victims.

**Observation 10.** The BFSWS Cyprus Victim & Witness Support Service is not widely known about and would benefit from greater advertising.

c. **Unit Welfare Officers (UWO).** UWOs are a useful resource and are often a 'first line' response to a range of situations due to their position outside of a SP's direct chain of command. UWOs complete a 2 week training course which includes a range of relevant content, including a 1 ½ day safeguarding package covering sexual assault, domestic abuse and domestic violence. The panel believes that a UWO's best attribute is being present in all units, but outside of any direct line management function. This enables them to be easily accessible for any SP and they therefore should be considered a key ally to SPs needing a source of advice and support. It is notable, however, that this is not always the case. SP1 observed in her SC that she felt unable to approach her UWO as she felt that he had previously made "antiquated misogynistic remarks". This suggests that there may be cases where a victim might feel that they are unable to approach a particular resource, especially noting the gender sensitivities that often accompany sexual offences.

d. **Confidentiality.** AWS and UWOs highlight that they can provide a confidential service ([SCSI E5](#), [SCSI E6](#)). The panel was unable to evidence that BFSWS operate an overarching confidentiality protocol, although BFSWS Cyprus's Victim & Witness Support Service is advertised as confidential. However, none of these is bound by a governing body and all are caveated by a requirement to report disclosures where there is risk to the individual (or others), where they are legally obliged to or where there is evidence of a detrimental effect on operational output.

**Observation 11.** The Army and Defence welfare organisations provide a valuable service and should be signposted as a source of advice for victims. However they do not provide sufficient specialist victim support or sexual offences expertise so should be considered as supporting resources.

<sup>29</sup> [BFSWS Victim & Witness Support Service.](#)

## 2.2.8 Medical Services.

a. **Defence Primary Healthcare (DPHC).** The panel discussed with SO1 General Practice, Army Healthcare, to discuss how any SP might be supported by the medical chain. It was confirmed that DPHC personnel are provided with training in how to support victims of sexual offences, with guidance laid down in DPHC [REDACTED]: Sexual Violence and Domestic Abuse<sup>30</sup>. This SOP describes actions to take during routine screening, seeking to identify victims who may not openly disclose an assault, as well as after a disclosure. In the case of a disclosure of sexual assault, DPHC staff are trained to discuss with the victim the value of attending a SARC, and specifically mentions that medical staff should highlight that this “does not mean automatic police involvement”. The [REDACTED] also provides guidance on how to reassure victims, and the resources available to them (including sexual health, welfare and mental health). It was noted that [REDACTED] does not make reference to the Victim Witness Care Unit as a source of advice and support.

The panel discussed with SO1 General Practice whether specialist practitioners should be a resource found within DPHC and were advised that this would not be the best way to support a victim. DPHC relies on specialist agencies such as SARCs where personnel practice in this area on a routine basis; this would not be the case within DPHC where medical personnel would struggle to gain credible experience, and therefore would lack the ability to provide the right level of support.

As mentioned in para 2.2.7.c. SP1’s SC highlighted that some personnel may feel unable or unwilling to approach some healthcare staff. This could include a unit Medical Officer, whom a SP may feel uncomfortable to approach due to professional relationship, gender etc. The panel confirmed with SO1 General Practice that SP are able to visit any Defence Medical Centre and that details of all locations are available via the MyHealthcare Hub on the Defence Gateway.

b. **Department for Community Mental Health (DCMH).** The panel met with SO1 Mental Health & Wellbeing, Army Healthcare, and subsequently with one of the Army and DCMH’s Consultant Advisors in Psychiatry. The panel asked if DCMH held the expertise and specialist knowledge to provide mental health care to a victim of a sexual offence. The opinion of the Consultant Advisor was that DCMH were well placed to deal with trauma, including severe trauma, and that a range of treatment options were available depending on health conditions such as Post Traumatic Stress Disorder (PTSD), adjustment reactions and adjustment disorders. It was considered that it would be rare for a patient to be referred to another health provider (eg the NHS) following a sexual assault, but that specialist charities may be signposted for wider support, for the same reasons raised by SO1 General Practice in para 2.2.8.a of a lack of regular exposure, and therefore experience and expertise, of DCMH practitioners.

SP1 raised in her SC that the medical treatment options offered to her were not successful and that she disengaged with the process. SO1 General Practice discussed that a patient has the right to ask for a second opinion or to decline treatment, in all areas of military healthcare. The Consultant Advisor reinforced this and highlighted that if a SP declined treatment or disengaged from DCMH

<sup>30</sup> [DPHC SOP 1-12-2: Sexual Violence and Domestic Abuse](#), dated Jun 24

care they would seek to reengage them or, if unable to, refer them back to DPHC to discuss alternative treatment options.

**Observation 12.** The Defence Medical Services, through DPHC and DCMH, are equipped to provide suitable medical care for victims who have suffered trauma through sexual assault.

c. **SARC.** SARCs provide 'medical, practical and emotional support to anyone who has been raped, sexually assaulted or abused'.<sup>31</sup> With specially trained medical personal and support workers, SARCs provide a range of services. The services provided may vary across different facilities and in different UK NHS areas, but generally includes FME, sexual health and counselling. SARC facilities are a crucial part of any sexual offences support pathway due to the FME capability; this is not a routine part of military medical care as it requires a non-standard training course but can be critical to a police investigation.

**Observation 13.** SARCs provide a capability that is not readily available within the Army and should be highlighted as a key provider of victim support.

d. **Military Sexual Trauma.** SP1 discussed 'Military Sexual Trauma' in her SC. This was raised with medical personnel and will be discussed along wider considerations of occupational factors in para 2.2.17.i.

e. **Confidentiality.** All medical personnel are bound by the Caldicott Principles, ensuring that 'people's information is kept confidential and used appropriately'.<sup>32</sup> This ensures that a victim's personal information will not be disclosed to any other person or organisation, including the chain of command, without consent.<sup>33</sup> If a SP's health following a sexual assault meant that they could not fully perform their military duties, including vulnerability and risk through mental health, a medical officer would engage with the chain of command through the Commander's Monthly Case Review<sup>34</sup> and Vulnerability Risk Management<sup>35</sup> processes, ensuring that the CoC were able to support the SP but without requirement to inform them of the reasons why. This means that the medical chain is one of the most secure routes available to victims who are not yet sure about disclosing what has happened to them; this is important to ensuring that victims are able to access support without feeling like they will be forced to formally report their assault.

**Observation 14.** The medical chain provides not only clinical support, but also the opportunity to give confidence to victims who wish only for support at first, and should be highlighted as a key resource.

2.2.9 **Armed Forces Chaplaincy.** The panel held meetings with SO2 Capability within the Army Chaplain General's department, and with SO1 Ethics at Land Warfare Centre. The role of Royal Army Chaplains' Department (RACHD) is to 'deliver pastoral care to everyone, provide or facilitate spiritual support and give moral guidance to the whole force and their families irrespective of faith, world philosophy or status',<sup>36</sup> with further detail

<sup>31</sup> [NHS: Help after rape and sexual assault](#)

<sup>32</sup> [The Caldicott Principles](#)

<sup>33</sup> Unless required by law under circumstances such as to prevent terrorism, during road accident collisions or to notify of infectious diseases.

<sup>34</sup> [Army General and Administrative Instruction, Vol 2, Chap 57](#), para 57.059.

<sup>35</sup> [Army General and Administrative Instruction, Vol 3, Chap 110](#).

<sup>36</sup> [The Role of Army Chaplains](#)

provided in AGAI 105: Role of the Chaplain<sup>37</sup>. AGAI 105 describes a Chaplain's involvement in areas such as Vulnerability Risk Management (VRM), stress management and resilience. There is no direction that specifically gives RACHD officers a defined role in support to victims. Governed by professional codes of conduct, through recognised faith organisations, and by the Chaplaincy Protocols for the Armed Forces<sup>38</sup>, chaplains<sup>39</sup> are widely recognised to be an available source of advice and support. However, in a similar vein to UWOs, this can be reliant on individual personalities and trust in this avenue cannot always be assumed. SP1 cited her perception that the chaplain in her location at the time of her assault "had a reputation for divulging confidential information" and the Army Sexual Harassment Survey showed that only 5% of participants reported an incident to a chaplain. Although this number seems low, it should be considered that Chaplains may not be perceived to be a natural route for reporting a possible crime.

a. **Confidentiality.** The Chaplaincy Protocols include Protocol E: Professional Confidentiality. Protocol E describes that 'each individual seeking chaplaincy support has the right to expect that a chaplain will not pass on confidential information...without specific consent or other lawful authority'. Exceptions are stated to include where legally required to or where there is perceived risk of harm to the individual or others, or if a serious criminal offence is reported.

**Observation 15.** RACHD personnel are qualified and covered by governance that enables them to provide support to victims, but a perceived lack of trust from some SP mean that they should not be a single signposted source of support.

2.2.10 **Chain of Command.** The responsibilities of the chain of command, and the support they are able to provide will be discussed in the next section (para 2.2.16).

2.2.11 **Speak Out.** Speak Out is a confidential helpline, with access via phone and email, operated by the Army's Unacceptable Behaviours team. It was established in 2011 and 'is part of a system to help all'<sup>40</sup>. It is advertised as a confidential helpline for anyone who is not content with how they are treated and who needs advice on how to deal with a bullying, harassment or discrimination (BHD), for themselves or others. The Speak Out helpline has been very successfully communicated, and is widely known about across all parts of the Army. It has become relied upon as a source of advice for a range of issues, beyond those of BHD to include calls regarding toxic leadership, unacceptable behaviours (including sexual) and SC. The helpline routinely receives approximately 175 calls and emails annually, resulting in an additional 250 follow-on actions and calls.

The Speak Out call handlers, a mixture of 4 Regular and FTRS personnel ranked from WO2 to Lt Col, receive in-house training and when engaged on a call, follow [REDACTED] that provides guidance for a wide range of calls. The panel confirmed that call handlers are not given specialist training to engage with victims of crimes or around the subject of sexual offences. Despite the lack of specialist expertise, the panel considers that Speak Out is sufficiently well-established and well-known that victims should be able to use it as a source of advice. However, the [REDACTED] currently lacks sufficient information for call handlers to be able to suitably signpost a victim; a greater range of options and guidance should be available to enable a call handler to fully support a victim.

<sup>37</sup> [AGAI 105: Role of the Chaplain](#)

<sup>38</sup> [Chaplaincy Protocols for the Armed Forces \(available via the Defence Intranet\)](#)

<sup>39</sup> Religious leaders of all faiths and including non-religious pastoral officers.

<sup>40</sup> [Speak Out](#)

a. **Confidentiality.** Speak Out operate under a code of confidentiality where they will not divulge the content of calls unless they perceive there to be risk of harm to the caller or other people, or if a crime is being discussed. It was noted that given that many callers do not provide personal details, it would often be difficult to act on such situations without the caller's consent. It was also noted that this code of confidentiality is internally defined; it is not endorsed by a professional or governing body.

**Observation 16.** Speak Out is a well-used resource by Army personnel. Although not resourced or trained to be specialists in sexual offences victim support, Speak Out should be highlighted as a viable source of support for victims.

**Observation 17.** The Speak Out call [REDACTED] does not currently contain sufficient information to enable an operator to fully support a victim of a sexual assault.

2.2.12 **Call It Out Hub.** The Defence 'Call It Out – Unacceptable Behaviours Hub', hosted on Defence Connect<sup>41</sup>, is owned by the MOD Conduct, Equity and Justice department. It provides advice on identifying unacceptable behaviours, signposts how to make a complaint or report a crime and lists a considerable number of avenues for support. Related to sexual offences, the Call It Out Hub signposts the VWCU, AWS, Speak Out, SARCs and a range of charities including Women's Aid, Survivors UK and Aurora New Dawn. It also provides comprehensive guidance on how to report a crime, signposting the Service Police Confidential Crime Line, highlighting that crimes can be reported to the civilian police and explaining what happens when a crime is reported and how investigations work. The Call It Out Hub contains a wide and well-presented range of options to SP.

**Observation 18.** The Call It Out Hub provides useful information for a wide range of SP. It should be considered within communications planning for victim support within the Army.

2.2.13 **Friends and Colleagues.** The Army Sexual Harassment Survey shows that 'friends and colleagues' are a common route when a SP experiences an inappropriate sexual incident, representing the preference of 22% of the participants. Friends and colleagues are critical sources of support, but are reliant on the information that they can access, especially if outside of the MoD. Noting the insufficient signposting of key policy and resources, it is unlikely that all are well informed and therefore not ideally placed to provide 'pathway' support.

**Observation 19.** Friends and colleagues must have easy access to and awareness of victim support resources in order to be a functional part of a support pathway.

2.2.14 **Charities.** There is a huge range of charities providing support to victims of sexual offences. This includes those that provide support to all versus those who support only women (e.g. Women's Aid) or only men (e.g. Survivors UK), those that offer immediate crisis care (e.g. Safeline) or longer term support (e.g. START) and those that provide support nationally (e.g. RapeCrisis) or those who service a particular area (e.g. Survivor Space Oxfordshire). SP1's SC indicated that charities are relied upon and this was supported by evidence from DCMH and DPHC. It was therefore appropriate for the panel to review support within the charity sector, and to consider their relevance within a pathway for Army sexual offence victims.

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<sup>41</sup> [Call It Out Hub](#)

a. **Independent Sexual Violence Advisor (ISVA).** Many charities provide an ISVA service, a capability that was put in place by Baroness Stern via the Home Office Violent Crime Unit in 2005. Acting impartially, ISVAs provide practical and emotional support, ensuring that victims understand the options available to them. In 2017 the Home Office published guidance intended to 'raise awareness and understanding of their work, and to support ISVAs, ISVA managers, organisations employing ISVAs and commissioners by clarifying the essential elements and scope of the role'<sup>42</sup>. ISVAs are now found in locations across the UK, although provision varies from area to area. The Army does not operate an organic ISVA capability but this support can be accessed by SP based in any area through Aurora New Dawn.

b. **The Survivors Trust.** During research, the panel became aware of numerous charities, all providing invaluable support to victims and survivors. With many of them providing specialist or localised services, it was difficult for the panel to identify how it would be possible to signpost victims in a coherent manner, particularly without risk of victims being provided with incorrect information that delays them accessing support. In many respects, The Survivors Trust provides this coherence function. It is a 'national membership organisation supporting specialist...services...[with] over 120 member organisations throughout the UK and Ireland who provide specialist support services to over 100,000 survivors each year'.<sup>43</sup> The Survivors Trust does not provide direct support to victims themselves but they provide information and access to a huge range of resources, highlighting geographic and specialist agencies, signposting to SARCs in all UK countries. The Survivors Trust provides infrastructure support and a network to the member organisations, and has developed a set of National Service Standards that all members comply with.

c. **Aurora New Dawn (AND).** AND is a Hampshire-based charity<sup>44</sup> providing support to survivors of domestic abuse, sexual violence and stalking. Although the charity itself normally has a geographic boundary, AND has entered into a partnership with the Army (and the Royal Navy) and has received funding from the Army Central Fund. As a result of this partnership, AND provide support to Army personnel based anywhere in the world. Through their Armed Forces Advocacy Service, AND offer the following services, with full details provided in their Service Specification ([SCSI E8](#)):

(1) **Direct Support.** One-to-one emotional support, needs assessment and development of support plans, support through reporting and judicial processes and additional referrals if required, by a full-time Armed Forces Advocate.

(2) **Case Consultancy.** Support to welfare personnel and to senior and frontline personnel, where either the Armed Forces Advocates have reached their caseload capacity or in cases of particular concern. AND is able to provide advice on support strategies, risk management and can contribute to multi-agency case management.

<sup>42</sup> [The Role of the Independent Sexual Violence Advisor: Essential Elements](#), Home Office, dated Sep 2017.

<sup>43</sup> [The Survivors Trust](#)

<sup>44</sup> [Aurora New Dawn](#)

(3) **Training.** AND provide training for up to 200 personnel per year, delivering packages on subjects such as domestic abuse and controlling and coercive behaviour. The panel was not able to confirm how training is allocated or applied for.

(4) **Confidentiality.** AND's confidentiality code is similar to that of other welfare organisations already discussed, where information may be disclosed to additional parties if there is perceived to be a risk of harm or where legally required to. AND make it very clear that Armed Forces Advocates will otherwise only disclose information if a victim gives their consent. The panel's initial concern with relying heavily on an external organisation was that a victim's support could sit entirely outside of military channels. Although the benefits of this option to victims is clear, this could prevent medical personnel and chains of command from being able to fulfil their Duty of Care<sup>45</sup> to support a potentially vulnerable SP. AND's Service Specification provides reassurance, and it acknowledges that 'the best way to support victims as effectively as possible is to work alongside key personnel and other agencies'. It discusses that an Armed Forces Advocate will ask for their client's permission to engage with relevant personnel.

**Observation 20.** The support provided by AND, with their specific Armed Forces Advocacy Programme, is invaluable and brings access to a dedicated capability not held elsewhere within the Army.

**Observation 21.** There are many charities providing support to victims. The Survivors Trust provides a coherent link to a wide range of organisations and should be considered a viable signposting route.

**Observation 22.** AND training is a valuable resource but is not sufficiently well understood.

2.2.15 **Summary of Current Pathway.** There are a range of policies providing, in places, thorough guidance to personnel ranging from the chain of command to medical professionals and victims. There is a wide range of support options available, both internal and external to the Army, catering for differing preferences and situations. However, there is a lack of coherence and accessibility of information, particularly for information aimed specifically at victims. There are also gaps in appropriate support, particularly for victims overseas.

**Observation 23.** A comprehensive suite of support options is available to all victims within the Army, depending on their preferences and situation.

**Observation 24.** Some support options are insufficiently known about by most SP and there is a lack of coherent, collated and easily accessible information.

**Observation 25.** Due to the variation in remit, geographical coverage and victim choice, there is no single military organisation which could act as a central point of contact for all victims of sexual offences.

## 2.2.16 Review of the role of the chain of command.

<sup>45</sup> [AGAI 110](#) – Vulnerability Risk Management, para 110.009

a. **Legal Requirement to Report.** Commanding Officers are legally required, under the Armed Forces Act (AFA) 06, to report a Schedule 2 offence that is disclosed to them. The AFA specifically directs Commanding Officers, as opposed to all officers, or those above a certain rank. The AFA states that ‘if an officer becomes aware of an allegation or circumstance within subsection (2),<sup>46</sup> he must as soon as is reasonably practical ensure that a service police force, or the tri-service serious crime unit is aware of the matter’.<sup>47</sup> The panel discussed whether the legal requirement to report a crime may prevent some victims from disclosing an assault to the chain of command. It is considered that this should give confidence that the chain of command will act appropriately upon disclosures, rather than to take no action or to seek to resolve informally, ‘taking no action’ being a concern raised in the Army Sexual Harassment Survey 2021. However, it highlights the importance of victims having several options in their support pathway, in case they are not yet ready to formally report.

It is of note that the Armed Forces Bill 2025 includes a recommendation to widen the responsibility to report crimes, beyond that of solely Commanding Officers. Sir Richard Henriques’ review into the framework, processes and skills that the Service Justice System requires for overseas operations<sup>48</sup> recommended that “a non-criminal Service offence of failure to report offences under sections 51 and 52 of the International Criminal Court Act 2001 (i.e. genocide, crimes against humanity, and war crimes) to the Service police should be created”. Although this is set under a specific operational context and would not apply to sexual offences as discussed in this report, the panel consider it noteworthy as it has led to further work within the MOD, directed by the Chief of Defence People, to seek to understand the implications of widening to all SP the AFA 06 direction mandating Commanding Officers to report all Schedule 2 offences. Given that this work is ongoing at MOD-level, the panel does not consider it necessary or appropriate to make any additional recommendations in this area.

b. **Legal Requirement to Protect Anonymity.** Although the AFA 06 means that a Commanding Officer would not be able to maintain confidentiality if a victim discloses a sexual offence, all personnel are bound by a legal requirement to protect a victim’s anonymity. The Sexual Offence (Amendment) Act 1992 gives a lifelong right to anonymity for all victims of sexual offences, prohibiting publication of a victim’s name, address, place of work or any image (still or moving) of them, including publication via social media. This means that even though a Commanding Officer is mandated to report a sexual offence to the police, they must still ensure that the victim is afforded their anonymity, including through discussion at unit CMCRs.

c. **Policy.** Paragraphs 2.2.2 (particularly sub-paragraphs a.(1), c.(2) and h) highlight direction and guidance to the chain of command. The panel consider that sufficient guidance is given, and that chains of command should be able to access the guidance without difficulty. The signposting from AGAI 110 to JSP 839 is particularly noteworthy, as AGAI 110 is a commonly used tool briefed to Unit Welfare Officers, Adjutants, Sub-Unit Commanders, Commanding Officers on the

<sup>46</sup> [AFA 06, Section 113, Subsection \(2\)](#): ‘an allegation is...within this subsection if it...would indicate to a reasonable person that a Schedule 2 offence has or may have been committed’.

<sup>47</sup> [Armed Forces Act 2006](#), Section 113.

<sup>48</sup> [Henriques Review](#) Into the framework, processes and skills that the Service Justice System requires for overseas operations, published Oct 2021.

Unit Welfare Officer Course, All Arms Adjutant Course, Sub Unit Commanders Management Course and the Commanding Officers Designate Course. The panel does not consider that additional policy is required.

**Observation 26.** The legal requirement for a Commanding Officer to report a crime may prevent some victims from disclosing an assault to the chain of command, highlighting the need for varied support options.

**Observation 27.** Direction and guidance to the chain of command is clear and fit for purpose.

2.2.17 **Review of occupational factors.** There are a number of factors particular to employment within the Armed Forces that may affect the support mechanisms that should be available to victims of sexual offences.

a. **Basing & Assignment.** The Army is spread across over 150 UK barracks and numerous overseas locations. To maintain capability and workforce across these locations, the nature of employment within the Army means that a SP is likely to change roles frequently, sometimes as often as every 2-3 years. SP are faced with having to form new relationships in each new assignment, and may not always know who/where their support options are in each location.

**Observation 28.** SP changing assignments frequently or in remote or dislocated locations may not be able to find immediate support close to them. Clear and accessible signposting is vital to enable SP awareness of the options available to them.

b. **Overseas Locations.** There are a large number of overseas military locations, ranging from permanent bases in areas such as Kenya to isolated single-person assignments such as in Defence Sections across the globe. In larger and more permanent locations, such as Cyprus, support resources such as Chaplains may be present, but in smaller locations this is often not the case.

(1) **Medical Provision and SARC Access.** Primary medical care for personnel based overseas is available either from local military medical centres, from partner nation facilities or in the host nation. Some telehealth options exist through contracted services or via the Defence Global Practice for those who are assigned overseas and do not have a local DPHC facility. Secondary care provision overseas is in host nation or through return to the NHS. There are a number of contracted intermediaries (such as OneHMG Healix) whose main role is to: signpost to local healthcare facilities; assess treatment plans; manage payment where possible and to provide support to evacuation or direct clinical advice as needed. Legal, policing and medical responses to sexual assault scenarios, and local medical provision, vary extensively. Specialist services such as FME are not guaranteed to be available although equivalent services are provided in some countries. SARC facilities are provided alongside the NHS, available within England, Scotland, Wales and Northern Ireland. In overseas locations language, understanding and knowledge of services may limit access for SP to FME or to benefit from the wider services offered by a SARC-type service.

The panel discussed this subject with medical and policing personnel to understand how personnel serving overseas can and should be supported. It was noted that JSP 839 states that ‘there is no SARC network outside the UK and so the forensic examination that would normally be conducted by a SARC, is organised by the Service Police and carried out by specially trained Service Medical Staff’.<sup>49</sup> However, in its investigations, the panel could find no evidence that this is in place. DSCU confirmed that they operate a Quick Reaction Force (QRF) comprising military police staff who are able to rapidly deploy worldwide to investigate crimes, but are not able to provide qualified medical staff. This is not purely a workforce issue as there are also indemnification, medicolegal, logistic and sampling challenges inherent in offering a forensic medical service overseas. The DMS Regional Director, responsible for firm base primary healthcare within DPHC practices overseas, but not operations or the diaspora, confirmed that there is no current deployable capability and that medical personnel who may be based overseas are not routinely trained in FME, although there is provision in some locations through arrangements with local providers.

Further to consideration of whether FME can be conducted in an overseas location, DPHC SOP [REDACTED] highlights an alternate option:

‘The provision of SARC or trained forensic medical examiners in overseas locations is currently limited and referral to any local services may jeopardise a UK investigation...If a Forensic Medical Examination is required and use of the local SARC is not advised, then DPHC Overseas RHQ and MP should be contacted for advice to decide on the appropriate course of action, which may include Aeromedical Evacuation for attendance at a UK SARC’.<sup>50</sup> The panel’s discussions with DSCU and with medical personnel recommended that recovery of a victim to the UK, following an assault overseas, should not be the preferred course of action in terms of collection of forensic evidence due to the chance of degradation of potential evidence while travelling. It is recognised that this is dependent on jurisdiction following an alleged offence and would rely on a specially trained workforce which would be difficult to fully resource, maintain and govern and which may provide incomplete coverage for the global diaspora and those on operations.

**Observation 29.** Access to FME for SP based overseas is not currently in place, despite JSP 839 stating that there is a mechanism for it to be conducted in the overseas location. In-country FME may be preferable over a return to the UK in order to preserve evidence.

**Observation 30.** Personnel serving in overseas locations have varied access to direct support. Clear signposting to available services is crucial.

(2) **Aurora New Dawn.** Although AND is a Hampshire-based charity, their agreement with the Army is to provide support to SP located anywhere in the world. In the case of personnel overseas, AND will support a victim remotely and help find appropriate local support elements where necessary.

<sup>49</sup> [JSP 839, Annex B, Appendix 1](#), dated 11 Nov 15.

<sup>50</sup> [DPHC SOP \[REDACTED\]](#), dated Jun 24.

**Observation 31.** AND's relationship with the Army can provide a dedicated service unavailable through internal departments, that can work smoothly alongside elements such as policing, medical and chain of command. Awareness must be raised to those serving overseas who may feel isolated and unable to reach out to other UK-based organisations.

c. **Deployment.** The requirement for SP to deploy away from their home-base, both within and away from the UK, can mean that personnel become isolated. This may be from their usual support mechanisms, including family as well as unit welfare chains, and may be to a location where alternate mechanisms are not in place. A SP who experiences a sexual assault while deployed may feel unable to approach unfamiliar personnel, or may be unaware of who they are. If a SP is a victim of an assault that occurred previously, a deployment may disrupt ongoing care or ability to contribute to a judicial process. It was noted that there is no current policy that guides Chains of Command to consider a victim's preference to deploy or not.

d. **Continuity of Care.** Annex B to JSP 839, at Step 14 and Step 15,<sup>51</sup> provides thorough guidance to Commanding Officers regarding arrangement of case conferences and career management. Case conferences should provide the opportunity for chains of command to discuss the support that a victim requires, and to consider the impact of deployments away from support mechanisms.

e. **Participation in a Judicial Process.** Queen's Regulations,<sup>52</sup> JSP 839, through the Victims' Code<sup>53</sup> and AGAI 65<sup>54</sup> give direction and guidance over the mandatory attendance at court if issued a summons, and rights of a victim to visit courts and to give evidence. The Chain of Command must support this and must bear this in mind when considering the deployment of a victim of a sexual offence.

**Observation 32.** Existing policies provide sufficient guidance to chains of command in order to manage deployment of victims, but this is reliant on the chain of command being aware that their SP has experienced a sexual offence.

f. **Dislocation.** Frictions between accommodation (military and privately owned) and working location can exacerbate dislocation from unit resources. SP1's SC highlighted her vulnerability in being accommodated on a different camp to her workplace. This is not unique but is more prevalent in some locations where unit accommodation is in short supply resulting in 'Attached Arms'<sup>55</sup> or lodger units being accommodated elsewhere. This can lead to SP feeling isolated and either unaware of how to access support, or feeling uncomfortable approaching unfamiliar people.

g. **Accommodation.** SP1 highlighted several occasions in her military career where she experienced unwanted and uninvited attempts from other SP to enter her bedroom in her Service Single Living Accommodation (SLA). This included 7 attempts within a 2.5 year period from a range of ranks (soldier and officer),

<sup>51</sup> [JSP 839, Annex B, Appendix 1, para o - p.](#)

<sup>52</sup> [Queen's Regulations for the Army, Amdt 44, Chap 7, Para 7.028](#), dated 27 May 22.

<sup>53</sup> [Annex A to JSP 839: Armed Forces Code of Practice for Victims of Crime](#), dated 11 Nov 15.

<sup>54</sup> [Army General and Administrative Instruction, AEL 157, Vol 2, Chap 65, Para 65.010](#), dated Feb 23.

<sup>55</sup> A term often used to describe SP such as a REME team attached to an Infantry Bn, or specialists such as Medical Officers.

despite being accommodated in a building intended only for officers. Anecdotally, this is an occurrence cited by women in the Army as a problem, with informal reports suggesting that some SLA rooms do not have functional locks on doors to prevent unwanted access. The Defence Accommodation Strategy, incorporating the Defence Minimum Standards,<sup>56</sup> and subsequently reflected in JSP 464,<sup>57</sup> provides direction that 'individual rooms must have the ability to be locked and secured by occupant(s)'.

Although taking place after completion of the main investigation stage of this inquiry, the panel consider it appropriate to note that the Army's Director of Basing and Infrastructure has recently reinforced this policy by issuing a letter to Heads of Establishment (HoEs) ([SCSI E9](#)). In this letter, he reminded HoEs of the requirement to fix any shortfall in the Defence Minimum Standard no later than 48hrs after it being reported, and highlighted that where accommodation cannot be made secure the SP must be moved to an alternate room that does meet the minimum standard or to alternative accommodation that may include the use of a hotel room. The panel does not consider that further work is required in this area at this point. However, it is also noted that this aligns with cultural improvement; personnel should not need a lock on their door to be safe from sexual harassment and assault. Although detailed examination of cultural improvement was not in scope for this SI, it was noted by the panel that work in this area is ongoing through initiatives such as Op TEAMWORK.

h. **Chain of Command Duty of Care.** Further to the discussion at paras 2.2.2 and 2.2.16. it is of note that, unlike in most civilian employments, the military chain of command has a duty of care for their subordinates and a mandated requirement to manage risk, through policies such as JSP 839 and AGAI 110. The panel considered that this could cause friction when recognising a victim's preference, and right, not to report an assault and to seek support from external agencies, which would result in the chain of command remaining unaware of a victim's potential vulnerability. The panel's belief is that a victim's preferences must remain the priority, in order to reduce the risk that a victim does not seek support at all, but consider that a support pathway must include support options internal to the Army, highlighting which provide a confidential environment, while concurrently showing external support organisations.

i. **Military Sexual Trauma.** In her SC redress, SP1 asked that the Armed Forces recognise the term 'Military Sexual Trauma', describing that specialist charities should not be relied upon to support military personnel who may be required to deploy on operations. SP1 also discussed the ability of DCMH to provide specialist support, recommending that 'specialist training for sexual assault abuse and victim support be delivered to best provide support'. Military Sexual Trauma is a term developed in the United States and was defined by the US Department of Veterans Affairs to describe 'sexual assault or threatening sexual harassment experienced during military service'.<sup>58</sup> As discussed in para 2.2.8.b, it is the opinion of one of DCMH's Consultant Advisors that DCMH is fully able to provide treatment for trauma as a result of sexual assault and that recognition of this term is not required. Although recognised by the US Department of Veterans Affairs, it is not currently recognised in UK law or by the

<sup>56</sup> [Defence Accommodation Strategy; Defence Minimum Standard](#), dated Oct 22.

<sup>57</sup> [JSP 464: , Vol 2, Pt 1, Annex B to Chap 5](#), dated 3 Mar 25.

<sup>58</sup> [US Department of Veterans Affairs: Military Sexual Trauma](#)

Office of Veterans Affairs. Of note, the Consultant Advisor highlighted that Military Sexual Trauma is not currently recognised or defined in the International Classification of Diseases<sup>59</sup> and therefore by the NHS and DCMH. Having received this information and advice, the panel did not consider it necessary to further explore this topic as part of this inquiry.

j. **Review of assignment and colocation process.** The Defence Sexual Offences Strategy assigned the task to 'implement a range of practical measures to help survivors feel safe at work/on the Defence estate'. In addition to the measure described at para 2.2.17.g regarding security of SLA bedrooms, the panel consider a victim's ability to maintain some control over their working and living location to be key issue.

(1) **AGAI 62.** Para 2.2.2.c highlighted that AGAI 62 includes some consideration of assignment suitability. It outlines that this would normally refer to an alleged perpetrator to ensure that they comply with notification requirements or civil orders. In addition, AGAI 62 states that 'SP under investigation for a sexual offence...should not be employed in the same area as a victim and the CO may consider removal from appointment without prejudice if parties are required to be separated'.<sup>60</sup> Annex I highlights that victims may apply for a M3D tag to avoid them being posted to the same unit or location as a convicted SP, if the SP remains serving.

(2) **RAF Career Management.** By comparison, the RAF operate under a wider policy, Leaflet 806,<sup>61</sup> providing more detailed guidance on assignment considerations for victims of serious offences. This policy offers victims an 'Assignment Restriction Marker', using JPA (JPA ARM). Highlighting that a JPA ARM may be used even where a conviction has not been secured at Court Martial or criminal court, it ensures that a SP cannot be posted without consultation with relevant parties. Leaflet 806 discusses that an ARM may be used for purposes such as to prevent a victim from being assigned to the same location as another party or to avoid a specific location.

**Observation 33.** Current Army policy provides guidance for SP during judicial processes, but not as a longer term method of supporting a victim's safety in the workplace. Precedent has been set by the RAF for the use of markers for wider circumstances.

<sup>59</sup> [International Classification of Diseases 11<sup>th</sup> Revision](#)

<sup>60</sup> Army General Administrative Instruction, Volume 2, [Chapter 62, Discipline Policy](#), AEL 72, para 62.259, dated May 24.

<sup>61</sup> [AP 3393 Vol 4, Leaflet 806](#): Assignment Restriction Marker for Victims of Serious Offences.

## Term of Reference 2

*Investigate and assess specified support measures in place within the US Army (SHARP Program and 'In Her Boots') and USAF (SAPR), to consider the viability of implementing within the British Army.*

**2.2.18 Comparable Programmes.** As part of her SC requested redress, SP1 requested that Defence establish a Sexual Harassment Assault Response and Prevention Protocol Program. Although SP1 did not refer to a particular organisation, this specific name refers to a programme in place within the US Army. The panel reviewed this programme alongside others mentioned by SP1 as well as the wider US Defense approach and the Australian Defence Force's Sexual Misconduct Prevention Response Office.

**a. United States Department of Defense Sexual Assault Prevention and Response Office.** The United States Department of Defense (DoD) operates a coordinated and centralised approach to sexual offences and support to victims. The DoD Sexual Assault Prevention and Response Office (SAPRO) 'represents the Secretary of Defense as the central authority charged with preventing sexual assault in the military and facilitating recovery for warfighters',<sup>62</sup> with a mission to 'provide unparalleled warfighter support, advocacy and recovery assistance – anytime, anywhere'.<sup>63</sup> The SAPRO coordinates with military and civilian organisations to develop policies and programmes, ensuring that they represent best practice. In 2021 the Secretary of Defense established an Independent Review Commission on Sexual Assault in the Military (IRC-SAM) which led to 82 recommendations; SAPRO is pivotal to the implementation of these. The SAPRO website provides an extensive range of resources for chains of command, personnel working within Sexual Assault Prevention and Response (SAPR) roles and for victims. In particular, the following resources are of note:

(1) **Safe Helpline.** The DoD operates a single helpline, operated by a contracted charity, to provide an anonymous and confidential service, available 24 hours a day from any location. The helpline provides individual support to victims as well as wider information and support to victims. It works closely with the military SAPR programmes to ensure coherence for all victims. The Safe Helpline is available by telephone, secure online chat portal and via a mobile app. The simplicity of having a single helpline, via a range of methods that would appeal to the differing preferences of varied victims, is considered by the panel to be a valuable approach to victim support.

(2) **SAPR Toolkits.** This resource includes a Commander's Checklist, guiding the chain of command through the response to disclosure of a sexual assault. It also includes safety plans, assessments and healthcare guidance for personnel in SAPR roles.

Supporting the SAPRO are individual single Service SAPR programmes: Army Sexual Harassment/Assault Response and Prevention (SHARP); Air Force SAPR; Coast Guard SAPR; Marine Corps SAPR; National Guard SAPR; Navy SAPR and Space Force SAPR. All follow SAPRO direction and policy, and contribute to the centralised efforts to reduce sexual assault and support victim recovery.

<sup>62</sup> [US Department of Defence Sexual Assault Prevention and Response Office.](#)

<sup>63</sup> Ibid.

Central to the SAPR policy and individual programmes is a network of Sexual Assault Response Coordinators (SARCs) and Victim Advocates (VAs). The first acronym should be noted – a SARC in this context does not provide the same function or facility as an NHS SARC medical facility. Instead, a Sexual Assault Response Coordinator will act as a single point of contact to support a victim in accessing emergency medical treatment, forensic exam, counselling, legal advocacy and, where a victim wants to, help in reporting an incident and support through a subsequent investigation. VAs act in a similar role, with a victim able to approach either for support.

A key characteristic of the SAPR programmes is the ability for a victim to choose to report an incident in two different manners, restricted or unrestricted reporting:

(1) **Restricted Reporting.** This allows a victim to disclose a sexual assault to a SARC, VA or to medical personnel without informing police (service or civilian) or the chain of command. A victim is eligible for: medical treatment; SAFE; counselling; chaplain services and legal advocacy. The programme highlights that expedited reassignment on compassionate grounds is not available with Restricted Reporting. A victim can change a restricted report to an unrestricted report at any point.

The ability for a victim to access support options such as counselling without having to initiate an investigation is a key benefit. Earlier discussion in this report has highlighted the barriers that victims face in reporting sexual assaults; the clearly displayed option of Restricted Reporting provides reassurance to victims that they can still get help even if they are not yet ready to face an investigation.

(2) **Unrestricted Reporting.** This method enables an investigation and for the chain of command to be notified. As well as the support available under Restricted Reporting, a victim is also eligible for additional services and protective measures, including temporary restraining orders.

(3) **Confidentiality.** SARCs and VAs provide a confidential service and are governed by Military Rule of Evidence (MRE) 514. MRE 514 ‘provides a victim with a privilege to refuse to disclose and to prevent any other person from disclosing a confidential communication made between the alleged victim and a victim advocate, if such communication was made for the purpose of facilitating advice or supportive assistance to the alleged victim...this privilege is available to victims who have suffered direct physical or emotional harm as the result of a sexual or violent offense’. Exceptions to confidentiality are similar to those in the UK, where legally required to or where there is believed to be risk to the victim or others.

b. **United States Army Sexual Harassment/Assault Response and Prevention (SHARP) Program.** The US Army SHARP Program sits within the Army’s Directorate of Prevention, Resilience and Readiness and describes itself as ‘an integrated, proactive effort by the Army to end sexual harassment and sexual assault within its ranks’<sup>64</sup>. The ‘prevent’ aspect of the programme incorporates policies and initiatives from across the Army, including the

<sup>64</sup> [US Army Sexual Harassment/Assault Response and Prevention Program](#).

appointment of investigating officers from outside the subject's formation, the ability of senior officers to issue Military Protective Orders to a subject soldier to ensure that contact with a victim or complainant is avoided and the ability of senior officers to decide that a SP accused of a minor sexual harassment can be rehabilitated rather than punished. Some of these policies are similar to those in place within the British Army while others reflect a different approach, particularly to the Defence's zero tolerance approach. The panel confirmed that work is ongoing to review this policy, and the British Army's wider response; it was therefore not considered appropriate to focus on this area.

As part of the 'response' element of the programme, SHARP provides clear guidance to victims and to those supporting them. This includes immediate support to victims, advice to seek a Sexual Assault Forensic Exam (SAFE)<sup>65</sup> and signposting to sources of help. As the programme was initiated, SARCs and VAs were predominantly serving US Army personnel, ranked from E7 Sgt First Class (SARC) and E6 SSgt (VA) upwards, and were scaled at approximately 1 SARC and 1 VA per brigade-sized formation.

In 2023, following the IRC-SAM, a restructuring of the programme was announced, realigning the SARC reporting chain and establishing civilian posts to ensure that SARCs and VAs are removed from the military chain of command. They will instead be aligned to the installation (eg garrison or camp) rather than directly to specific formations. This review, and a subsequent review into the Sexual Assault Response Workforce Model, identified that 'victim advocacy requires a fully dedicated sexual assault response workforce that has specialized skills, knowledge, and competencies',<sup>66</sup> and that 'these positions are vital to the safety, security, and well-being of victims and survivors and are more effectively supported through full-time civilian assets who are highly skilled and proficient in carrying out the essential functions of the position'.<sup>67</sup> This transition is currently in progress, and it is intended that all SARC posts, and the programme's administrative and leadership staff, will be staffed by civilian workers by the end of the 2027 financial year<sup>68</sup>. It is intended that military personnel will be able to fulfil a Victim Support Specialist (VSS) role, ensuring that victims do have a support route through uniformed points of contact. VSSs will particularly provide support in deployed, expeditionary or remote locations where civilian workers are not established.

The panel considered whether this is a model that the British Army (or wider Defence) should adopt. It would require significant resource, particularly to establish sufficient specialist civilian workforce posts to enable SARC coverage in all locations, as well as a central coordination and administration function. Although this could be considered as part of further work, the panel believe that it is of note that the IRC-SAM that led to the restructuring of the SHARP programme (and sister programmes in other Services) was launched by the Secretary of Defense at the direction of the President. The panel consider that a specialist review would be required to consider the implementation of a programme of this scale, noting that it would effectively require the establishment of a new organisation.

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<sup>65</sup> Referred to as Forensic Medical Examination elsewhere in this report.

<sup>66</sup> [United States Department of Defense: Sexual Assault Response Workforce Model](#)

<sup>67</sup> Ibid.

<sup>68</sup> With exception of a small number of duty SARC posts at remote locations.

The panel also considered that much of what is offered is available within the British Army and wider Defence already, with elements of the SHARP programme clearly identifiable in the remit of existing organisations, most notable within the capability provided by VWCU. The panel believe that there would be greater value in allowing VWCU to develop, noting that they have only been operational since 2023, before consideration of whether their remit could be widened to create additional aspects of the SHARP programme such as coordination of VLOs in locations across Defence.

**Observation 34.** The US DoD SAPRO, and supporting single Service SHARP/SAPR programmes are comprehensive and, as a centrally coordinated capability, provide a single support mechanism that the British Army and wider defence currently do not have.

**Observation 35.** Elements of the SHARP programme exist in current British Army and Defence structures.

**Observation 36.** The DoD Safe Helpline provides an easily identified single source of advice, although reporting and access to direct support must still take place via an alternate method.

**Observation 37.** The VWCU is well placed to consider expansion of their remit in the future, but should first consolidate their current operating model.

**Observation 38.** Creation of a British Army SHARP is beyond current resource and single Service remit and would require a specialist, ideally independent, pan-Defence review.

**Observation 39.** Restricted Reporting is a valuable option that may provide victims with the confidence to seek support.

**Observation 40.** The VWCU's VLOs can provide much of the support described in the 'response' aspects of SAPR programmes, but cannot currently fully replicate Restricted Reporting due to their intended remit of supporting victims through judicial processes.

**c. United States Air Force Sexual Assault & Harassment**

**Prevention/Response (SAPR) Program.** Although defined as a distinct point of investigation within the inquiry's Terms of Reference, the panel established that the United States Air Force SAPR Program is guided by the same DoD SAPRO guidance as the Army SHARP Program and that there is little difference between the two. The Air Force SAPR Program operates its own open source website, as does the Army SHARP Program, highlighting up front that a SP does not have to inform police or the chain of command in order to find support. The DoD Safe Helpline is also clearly signposted, along with guidance on reporting options (including Restricted and Unrestricted Reporting) and details of how to find a SARC.

**d. In Her Boots.** SP1 referred specifically to TF SASA's 'In Her Boots' programme, suggesting that it should be researched in order to compare 'best practice' approaches. 'TF SASA' is a self-named group of now-retired US Army

female officers and soldiers and stands for 'Task Force Sisterhood Against Sexual Assault'. Their published manual, *In Her Boots: Sexual Assault Prevention and Recovery Strategies* ([SCSI E10](#)), was borne out of an initiative started by two female officers, Col Janice Dombi and Maj Lisa Bass. What started as a one day conference eventually became a comprehensive programme of briefings, seminars and additional conferences within a deployed operational theatre. Although the founders tried to establish the programme in home base locations they were met with resistance and failed to gain traction. Following retirement of the founders they formed TF SASA into a business and *In Her Boots* is now a commercially available resource for commanders and units, providing advice and training through workbooks, workshops and books<sup>69</sup>.

**Observation 41.** *In Her Boots* is not a programme currently formally recognised or established within the US Army. It may have useful resource and guidance for UK personnel but there is no requirement to replicate it in the British Army.

e. **Australian Defence Force Sexual Misconduct Prevention Response Office.** The Australian Defence Force (ADF) established a Sexual Misconduct Prevention Response Office (SeMPRO) in 2013. Its primary role is to provide support and advice to victims, while also aiming to prevent sexual misconduct through education and training and by helping to shape Defence policy. Via a single helpline ('1800 SeMPRO') that is staffed by mental health professionals, the SeMPRO provides a confidential route to advice on whether to report an incident, links to healthcare and counselling services and immediate psychological support. Unlike the US programmes, the SeMPRO is not a reporting route, although they do highlight that a victim has the right to choose not to report an alleged offence.

In addition to support and advice services, SeMPRO contributes to the prevention of sexual offences by developing and delivering education products. This includes awareness briefings (similar to ITR Behaviours), workshops and an interactive information tool to provide information on disclosing, managing and reporting sexual misconduct.

The panel reached out to the ADF but were not able to engage directly with the SeMPRO. Publicly available SeMPRO annual reports were found, which provide a clear insight into the role the organisation is fulfilling. They also show analysis into demographics of callers and highlight aspects such as barriers to reporting. For example, the 2022-23 report shows that 50% of female clients requested assistance with a recent incident (within 12 months) compared with only 25% of male clients, showing that men often delay seeking help<sup>70</sup>.

**Observation 42.** Australian Defence Force personnel have access to a single, pan-Defence, easily accessible helpline that provides confidential advice without requirement to formally report an incident.

**Observation 43.** The Australian Sexual Misconduct Prevention Office annual reports provide valuable insight and analysis into prevention and response to sexual offences.

<sup>69</sup> [In Her Boots](#)

<sup>70</sup> [SeMPRO Annual Report 2022-23](#). Data shows percentages of clients supported since 2013.

**2.2.19 Multinational Comparison.** Two close peer-militaries now operate pan-Defence sexual assault/misconduct prevention and response organisations. Elements exist within UK Defence, through the Conduct, Equity and Justice department within Defence People, and through Defence Serious Crime Command and the Victim Witness Care Unit, but not under a clearly identified 'prevention and response' banner. This inquiry has focused primarily on the support available within the Army so insufficient analysis has been conducted at Defence level to form a judgement as to whether Defence should or could create a similar organisation. This inquiry will stop short of a formal recommendation to conduct further work into this area but will record an observation to reflect that Defence could consider a centralised prevention and response effort.

**Observation 44.** CDP should consider further study into the utility and viability of a pan-Defence, centralised and owned, prevention and response organisation.

### **Term of Reference 3**

*Consider and note other factors identified in the course of the inquiry.*

**2.2.20 Sexual Harassment Survey.** The most recent survey was the Army Sexual Harassment Survey, conducted in 2021 alongside the Royal Navy and Royal Air Force who conducted their own similar surveys. This survey gave SP the opportunity to share their experiences and provided valuable insight into aspects such as barriers to reporting and likely sources of support. Following the 2021 surveys, Defence requested that the single Services refrain from further individual surveys in order to publish a centralised, pan-Defence Sexual Harassment Survey. After considerable delay, a Defence survey was published in May 25. The results and analysis will not be available to the panel prior to completion of this inquiry.

**Observation 45.** Sexual Harassment Surveys provide valuable insights that can be used to develop support pathways and strategies.

### **Conclusion of Investigation and Findings.**

**2.2.21** During the course of this inquiry the panel found that there are numerous sources of support to be found within the Army and wider Defence. The panel engaged widely with organisations across these areas to confirm their remits, capabilities and their place within a victim support environment. It was evident that there are a variety of options that can suit a victim's preferences, and expertly trained personnel able to provide support medically, emotionally, professionally and through an investigation. However, despite significant resource and expertise, the opinion of the panel is that the support available is incoherent, lacks coordination and is not aimed at the whole range of personnel who could become victims. It is unlikely that junior soldiers, or the friends or similarly junior colleagues who may be supporting them, would know to look for JSP 839 or other policy and publications. It is the panel's opinion that a new pathway is required.

**Observation 46.** The British Army does not have a coherent, easily accessible source of advice for victims. A new Victim Support Pathway is required.

**2.2.22** A new Victim Support Pathway will require extensive communication to ensure that those who could become victims are aware of where to find support, before they need to find it. Any SP in a position where they may be able to provide support, due to their role

or as a trusted friend or colleague, must also be made aware, through education and training.

**Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses.

2.2.23 Following investigation and research, the panel conducted initial work towards developing a Victim Support Pathway (VSP). This enabled the panel to verify that existing and available support sources would be able to provide an effective and suitable pathway for victims. This work was completed and an initial VSP has been devised; it can be found at Annex C to this report. It is intended that this product can be used as a standalone source of information, or as a baseline for further products such as posters and a website. In addition, the panel consider that the VSP concept should be expanded to develop a pathway for victims of wider crimes.

**Observation 48.** The Victim Support Pathway concept could be expanded to provide a pathway for victims of a range of different crimes.

2.2.24 Once the pathway at Annex C had been developed it was shown to SP1, to stakeholders within key organisations and to a number of additional volunteers. The latter were a small group of service personnel, all of whom have experienced unacceptable behaviours during their career. Overall, the draft VSP was well received, with varied feedback which included valuable suggestions for improvement and development:

- a. "You have covered all communications. The trust element for me is difficult, calling all CoC our Allies. Having DSCU as an option is vital".
- b. "It already looks better than anything that is out there, as CoC and as a victim. Mixed views on RMP – a lot of soldiers won't engage".
- c. "Consider a video due to literacy rates. Think of access to info from a soldier perspective, QR codes are good for a younger generation. It is clear with a logical layout".

2.2.25 The panel considers that the DRAFT VSP is a viable product that can be used to develop a communications campaign and that can be further developed. It provides a clear, concise overview of available support options to inform a victim or any other military person who is supporting a victim.

## 2.3 Section 2, Part 3.

### Recommendations

#### 2.3.1 Recommendation 1. Victim Support Pathway.

- a. **Observation.** The following observations led to this recommendation:
- (1) **Observation 2.** Although extensive policy exists, in places it is unclear and difficult to find.
  - (2) **Observation 3.** There is no single, easy-to-find, pathway that is designed for victims to identify the support available to them following a sexual offence, particularly if they do not wish to disclose the offence.
  - (3) **Observation 4.** All allegations of sexual offences will be referred to the DSCU. This is not widely known; greater knowledge may boost confidence in reporting or informing.
  - (4) **Observation 5.** Although policing services (military and civilian) provide a confidential avenue, Army personnel lack confidence in engaging and are unaware that they can inform that an offence has occurred, and can access support without triggering an investigation.
  - (5) **Observation 6.** The referral pathway of incident reporting > DSCU > VWCU highlights an effective route that enables support as well as potential investigation.
  - (6) **Observation 7.** The VWCU provide a valuable service but there is limited awareness of the unit.
  - (7) **Observation 8.** AWS are well placed to provide initial support to victims, and to signpost them to specialist organisations but should not be a single focal point for all victims.
  - (8) **Observation 9.** BFSWS are well placed to provide initial support to victims based in some overseas locations but should not be a single focal point for all overseas victims.
  - (9) **Observation 10.** The BFSWS Cyprus Victim & Witness Support Service is not widely known about and would benefit from greater advertising.
  - (10) **Observation 11.** The Army and Defence welfare organisations provide a valuable service and should be signposted as a source of advice for victims. However they do not provide sufficient specialist victim support or sexual offences expertise so should be considered as supporting resources.
  - (11) **Observation 12.** The Defence Medical Services, through DPHC and DCMH, are equipped to provide suitable medical care for victims who have suffered trauma through sexual assault.

(12) **Observation 13.** SARCS provide a capability that is not readily available within the Army and should be highlighted as a key provide of victim support.

(13) **Observation 14.** The medical chain provides not only clinical support, but also the opportunity to give confidence to victims who wish only for support at first, and should be highlighted as a key resource.

(14) **Observation 15.** RACHD personnel are qualified and covered by governance that enables them to provide support to victims, but a perceived lack of trust from some SP mean that they should not be a single signposted source of support.

(15) **Observation 16.** Speak Out is a well-used resource by Army personnel. Although not resourced or trained to be specialists in sexual offences victim support, Speak Out should be highlighted as a viable source of support for victims.

(16) **Observation 20.** The support provided by AND, with their specific Armed Forces Advocacy Programme, is invaluable and brings access to dedicated capability not held elsewhere within the Army. Awareness of AND is currently insufficient.

(17) **Observation 23.** A comprehensive suite of support options is available to all victims within the Army, depending on their preferences and situation.

(18) **Observation 24.** Some support options are insufficiently known about by most SP and there is a lack of coherent, collated and easily accessible information.

(19) **Observation 25.** Due to the variation in remit, geographical coverage and victim choice, there is no single organisation who could act as a central point of contact for all victims of sexual offences.

(20) **Observation 26.** The legal requirement for a Commanding Officer to report a crime may prevent some victims from disclosing an assault to the chain of command, highlighting the need for varied support options.

(21) **Observation 28.** SP changing assignment frequently or in remote or dislocated locations may not be able to find immediate support close to them. Clear and accessible signposting is vital to enable SP to find out the options available to them.

(22) **Observation 30.** Personnel serving in overseas locations have varied access to direct support. Clear signposting to available services is crucial.

(23) **Observation 31.** AND's relationship with the Army can provide a specialist service unavailable through internal departments, that can work smoothly alongside elements such as policing, medical and chain of command. Awareness must be raised to those serving overseas who may feel isolated and unable to reach out to other UK-based organisations.

(24) **Observation 39.** Restricted Reporting is a valuable option that may provide victims with the confidence to seek support.

(25) **Observation 40.** The VWCU's VLOs can provide much of the support described in the 'response' aspects of SAPR programmes, but cannot currently fully replicate Restricted Reporting due to their intended remit of supporting victims through judicial processes.

(26) **Observation 46.** The British Army does not have a coherent, easily accessible source of advice for victims. A new Victim Support Pathway is required.

b. **Discussion.** Considerable support is available for Service personnel who are victims of sexual offences. There are a variety of options that can suit a victim's preferences, and expertly trained personnel are able to provide support medically, emotionally, physically, professionally and through an investigation. The majority of these can be provided internally through military organisations, with additional services available through trusted partnerships with specific charities or other Governmental organisations (eg NHS). However, despite significant resource and expertise, the support available is poorly cohered and communicated, making it inaccessible for victims and for those supporting a SP who has disclosed an assault.

c. **Recommendation.** The Personnel Directorate must create, develop and own a Victim Support Pathway for victims of sexual offences. This should be implemented and communicated by 1 Sep 25.

### 2.3.2 **Recommendation 2.** Command Course Training requirement.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** The Chain of Command and colleagues make up a significant proportion of those who a victim might disclose an assault to, evidencing a clear requirement for understanding the support available. Although the VSP should be communicated to all personnel within the Army, it is particularly important that those in leadership positions be reminded of it at key points in their careers.

c. **Recommendation.** The Personnel Directorate Professional Development branch, as the Training Requirement Authority, must set the requirement to deliver content on the support pathway for victims of sexual assault, for potential victims and for the chain of command to understand their responsibilities. The requirement must be included for the following courses and should be completed by 1 Apr 25:

(1) Commanding Officers' Designate Course

(2) Commanding Officer of Training Establishments Course

- (3) Sub-Unit Commanders Management Course
- (4) All Arms Adjutant Course
- (5) Army Leadership Development Programme

### 2.3.3 Recommendation 3. Command course content.

a. **Observation.** The following observations led to this recommendation:

- (1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** The chain of command and colleagues make up a significant proportion of those who a victim might disclose an assault to, evidencing a clear requirement for understanding the support available. Although the VSP should be communicated to all personnel within the Army, it is particularly important that those in leadership positions be reminded of it at key points in their careers. Suitable content is required to ensure that the VSP can be clearly articulated and explained to leaders at various levels.

c. **Recommendation.** The Personnel Directorate Unacceptable Behaviours Team must develop and assure course content to include education of the Victim Support Pathway to the correct standard in accordance with policy contained in ACSO 3248 for the following courses and should be completed by 1 Oct 25:

- (1) Commanding Officers' Designate Course
- (2) Commanding Officer of Training Establishments Course
- (3) Sub-Unit Commanders Management Course
- (4) All Arms Adjutant Course
- (5) Army Leadership Development Programme

### 2.3.4 Recommendation 4. Unit Welfare Officer training.

a. **Observation.** The following observations led to this recommendation:

- (1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** Unit Welfare Officers occupy a crucial place within any support pathway due to their simultaneous visibility within units and detachment from the chain of command. They are well known as a source of advice and they therefore must be fully aware of the VSP so that they are able to guide a victim through their options.

c. **Recommendation.** The Personnel Directorate Conditions of Service Team must educate service personnel appointed as Unit Welfare Officers on their responsibilities within the Victim Support Pathway. This should be completed by 1 Oct 25.

### 2.3.5 **Recommendation 5.** Chaplaincy training.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** Military chaplains obtain significant experience in relevant support areas prior to joining the RACHD but may not necessarily be aware of the support mechanisms available for victims of sexual offences. Chaplains occupy a crucial place within units due to their ability to hold a confidential conversation and their position outside of the chain of command. It is important that Chaplains are educated on all aspects of the VSP so that they are able to support a victim through their options.

c. **Recommendation.** The Armed Forces Chaplaincy Centre must educate all RACHD officers during special-to-arm training on their responsibilities within the Victim Support Pathway. This should be completed by 1 Oct 25.

### 2.3.6 **Recommendation 6.** Defence Medical Services training.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** Medical Officers are not trained on the full suite of support that is available to victims of sexual offences which may bias the clinical avenues open to them. There are a number of support avenues available to victims of sexual assault that can be explored in tandem to the medical chain so it is important that Medical Officers are informed as part of their initial trade training. Additionally, outside of the RAMS there is a lack of understanding of the distinction between clinical Medical Officers and Medical Support Officers. There is therefore also merit in including VSP training for Medical Support Officers who are likely to be approached outside of a clinical setting.

c. **Recommendation.** Defence Medical Services must educate all Medical Officers and all Medical Support Officers during special-to-arm training on their responsibilities within the Victim Support Pathway. This should be completed by 1 Dec 25.

### 2.3.7 **Recommendation 7.** DMS awareness of Aurora New Dawn services.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 20.** The support provided by AND, with their specific Armed Forces Advocacy Programme, is invaluable and brings access to specialist capability not held elsewhere within the Army. Awareness of AND is currently insufficient.

(2) **Observation 31.** AND's relationship with the Army can provide a dedicated service unavailable through internal departments, that can work smoothly alongside elements such as policing, medical and chain of command. Awareness must be raised to those serving overseas who may feel isolated and unable to reach out to other UK-based organisations.

b. **Discussion.** The Army's contract with AND is not widely known about but provides services that may be able to support and complement treatment provided by DPHC and beyond. AND's support includes counselling services that may be appropriate in some cases where a victim may experience a length DCMH referral timeline.

c. **Recommendation.** Defence Medical Services must update guidance to primary healthcare personnel to highlight that Aurora New Dawn may be used as a support service while victims who have been referred to DCMH are awaiting triage. This should be completed by 1 Aug 25.

#### 2.3.8 **Recommendation 8.** Consent training.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** The RMP's Consent Training package is delivered to all Army personnel at training establishments and is available to all units as part of the annual ITR Behaviours training package. Due to the relevance of its subject matter, including the impacts associated with unwanted sexual conduct, its potential reach to all SP and its delivery at an early stage of careers, it is an ideal platform to inform personnel of the VSP.

c. **Recommendation.** Provost Marshal (Army) must amend the consent training package to include details of the Victim Support Pathway. This should be completed by 1 Dec 25.

#### 2.3.9 **Recommendation 9.** ITR Behaviours content.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 4.** All allegations of sexual offences will be referred to the DSCU. This is not widely known; greater knowledge may boost confidence in reporting or informing.

(2) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** To ensure that all SP are able to find help if they are the victim of a sexual assault, the VSP should be communicated in areas with the greatest reach to all personnel. ITR Behaviours is an annual mandatory package for all SP, of all ranks and it is therefore a highly appropriate platform to convey the information within the VSP. Due to the reach of this training package, it is also a suitable education platform to ensure that SP of all ranks are aware of how sexual offences are dealt with when reported, in that they are all referred to DSCU rather than being investigated by General Duties Policing units.

c. **Recommendation.** The Personnel Directorate Inclusion Team must include the Victim Support Pathway into ITR Behaviours. It must be included in the mandatory Part 1 brief by Commanding Officers and should be implemented by 1 Feb 26.

#### 2.3.10 **Recommendation 10.** Communications plan.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 4.** All allegations of sexual offences will be referred to the DSCU. This is not widely known; greater knowledge may boost confidence in reporting or informing.

(2) **Observation 5.** Although policing services (military and civilian) provide a confidential avenue, Army personnel lack confidence in engaging and are unaware that they can inform that an offence has occurred, and can access support without triggering an investigation.

(3) **Observation 7.** The VWCU provide a valuable service but awareness of the unit is insufficient.

(4) **Observation 10.** The BFSWS Cyprus Victim & Witness Support Service is not widely known about and would benefit from greater advertising.

(5) **Observation 13.** SARCS provide a capability that is not readily available within the Army and should be highlighted as a key provide of victim support.

(6) **Observation 14.** The medical chain provides not only clinical support, but also the opportunity to give confidence to victims who wish only for support at first, and should be highlighted as a key resource.

(7) **Observation 16.** Speak Out is a well-used resource by Army personnel. Although not resourced or trained to be specialists in sexual offences victim support, Speak Out should be highlighted as a viable source of support for victims.

(8) **Observation 18.** The Call It Out Hub provides useful information for a wide range of SP. It should be considered within communications planning for victim support within the Army.

(9) **Observation 19.** Friends and colleagues must have easy access to and awareness of victim support resources in order to be a functional part of a support pathway.

(10) **Observation 20.** The support provided by AND, with their specific Armed Forces Advocacy Programme, is invaluable and brings access to specialist capability not held elsewhere within the Army. Awareness of AND is currently insufficient.

(11) **Observation 21.** There are many charities providing support to victims. The Survivors Trust provides a coherent link to a wide range of organisations and should be considered a viable signposting route.

(12) **Observation 24.** Some support options are insufficiently known about by most SP and there is a lack of coherent, collated and easily accessible information.

(13) **Observation 28.** SP moving around frequent assignments or in remote or dislocated locations may not be able to find immediate support close to them. Clear and accessible signposting is vital to enable SP to find out the options available to them.

(14) **Observation 30.** Personnel serving in overseas locations have varied access to direct support. Clear signposting to available services is crucial.

(15) **Observation 32.** Existing policies provide sufficient guidance to chains of command in order to manage deployment of victims, but this is reliant on the chain of command being aware that their SP has experienced a sexual offence.

b. **Discussion.** It is crucial that the VSP is communicated effectively to a wide audience across the Army. Army Communications Branch (ACB) are key facilitators in the success of this, with expertise and experience in determining the most effective methods to convey information. ACB can support the VSP owner with design expertise, ensuring that the VSP adheres to Army branding, as well as to create products that will visually appeal to and be remembered by the target audience.

c. **Recommendation.** Army Communications Branch (Internal Communications) must design and communicate a range of products to ensure that the Victim Support Pathway reaches the widest possible audience. This is to be launched by 1 Sep 25 and is to include:

(1) A VSP in a usable and modern product that can be used as the basis for further communications.

(2) An open-source website to host the VSP and associated content, to allow access from non-military platforms and personal devices.

(3) VSP posters to be displayed on unit Behaviours and Culture/Inclusion notice boards, as well as a 'toilet door' product, to include a QR code taking users to the website.

- (4) A business-card sized product showing key VSP data, to include a QR code taking users to the website.
- (5) Promotion of the VSP through multiple internal communications channels, directed by current Internal Communications policy and communications strategy.
- (6) Assistance to the Unacceptable Behaviours Team in creating an internal (Defence Connect/Army Intranet) page to act as a secure landing site for the VSP.

#### 2.3.11 **Recommendation 11.** Army Welfare Services VSP awareness.

- a. **Observation.** The following observations led to this recommendation:
  - (1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.
- b. **Discussion.** The Army Welfare Services, as a key component in Army Welfare, must be fully aware of the VSP. With staff based over a wider geographic area, and with a defined relationship with Unit Welfare Officers, they are in an ideal position to support victims. It is important that all staff are aware of the VSP and are able to use it to signpost and support victims.
- c. **Recommendation.** The Army Welfare Services must inform all AWS staff of the Victim Support Pathway, by 1 May 25.

#### 2.3.12 **Recommendation 12.** Speak Out [REDACTED].

- a. **Observation.** The following observations led to this recommendation:
  - (1) **Observation 16.** Speak Out is a well-used resource by Army personnel. Although not resourced or trained to be specialists in sexual offences victim support, Speak Out should be highlighted as a viable source of support for victims.
  - (2) **Observation 17.** The Speak Out call [REDACTED] does not currently contain sufficient information to enable an operator to fully support a victim of a sexual assault.
- b. **Discussion.** The Speak Out helpline, operated by the Personnel Directorate Unacceptable Behaviours team, is a well-used and well communicated source of support and advice for Army personnel. However, it offers call handlers limited information regarding sexual offences support so leaves them poorly equipped to support victims who call the helpline. By improving [REDACTED], held within the Speak Out [REDACTED], the operators would be able to better support and signpost victims. [REDACTED] should include the Victim Support Pathway and call handlers should be familiar with how to engage with DSCU, VWCU and AND in case a victim requires support in approaching any of these key organisations.

c. **Recommendation.** The Personnel Directorate Unacceptable Behaviours Team must update [REDACTED] to ensure that Speak Out operators have access to the Victim Support Pathway. This should be complete by 1 Aug 25.

#### 2.3.13 **Recommendation 13.** VSP Communications.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** The Victim Support Pathway must be communicated to as wide an audience as possible, including through the chain of command. The chain of command, and wider colleagues and personnel within military structures, are a likely source of support for victims so must be familiar with all options that a victim has available to them. Communications paths aimed at the chain of command are a useful platform to ensure that the VSP reaches a wide audience.

c. **Recommendation.** The Personnel Directorate Exploit team must promulgate the VSP via the DPer's DOWNREP and the CO's Newsletter. This should be complete by 1 Dec 25.

#### 2.3.14 **Recommendation 14.** VSP routine communication.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** Many Service personnel do not have regular access to the MODNet and the Defence Intranet. Although Defence Connect is widely used, via personal devices, it is not a guaranteed method of reaching all personnel and should be supported by other means. Standing Orders and Part 1 Orders are displayed in every Army unit and can be used to convey critical information. It would therefore be an appropriate platform for the Victim Support Pathway to be displayed on a routine basis, ensuring that the VSP will be regularly seen by personnel at all levels.

c. **Recommendation.** The Personnel Directorate Unacceptable Behaviours team must add the VSP to the Compendium of Standing Orders, ensuring that it is mandated for the VSP to be repeated on Unit Part 1 Orders quarterly. This should be implemented by 1 Dec 25.

#### 2.3.15 **Recommendation 15.** VSP communication – D&I noticeboards.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 47.** The Victim Support Pathway must be accessible to all service personnel and must be communicated widely. Personnel in key roles should be informed of the VSP through training courses, briefings and orders.

b. **Discussion.** Many Service personnel do not have regular access to the MODNet and the Defence Intranet. Although Defence Connect is widely used, via personal devices, it is not a guaranteed method of reaching all personnel and should be supported by other means. All Army units are mandated to maintain a 'Diversity and Inclusion' noticeboard, where personnel are signposted to resources such as D&I Advisors, policies regarding reporting and complaints procedures and Speak Out. This would therefore be an appropriate location to communicate the VSP.

c. **Recommendation.** The Personnel Directorate Inclusion team must update AGAI 75 to mandate that a VSP poster must be displayed on all unit D&I noticeboards. This should be completed by 1 Aug 25 with units informed to ensure compliance by 1 Dec 25.

#### 2.3.16 **Recommendation 16.** Victim assignment preferences.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 33.** Current Army policy provides guidance for SP during judicial processes, but not as a longer term method of supporting a victim's safety in the workplace. Precedent has been set by the RAF for the use of markers for wider circumstances.

b. **Discussion.** The nature of service in the British Army means that that SP are not always in control of their assignment location. With the Army's needs pre-eminent, it is not always possible for a SP to secure an assignment that matches their personal preferences. For example, in the case of victims of sexual assault, a SP may wish to avoid the location where an assault happened. Current assignment policy and practices includes provision for avoiding co-location of a victim and alleged offence, and allow a SP to express a preference but there is no process to officially recognise and approve a wider range of reasons for a preference and to assign accordingly. Conversely, the RAF has implemented a more detailed policy that allows for a SP to apply for an 'Assignment Restriction' marker in order to enable SP to feel safer.

c. **Recommendation.** The Personnel Directorate Discipline Policy branch should complete a scoping exercise to consider the use of the 'M3D posting indicator' to enable victim assignment preferences. This should be completed by 1 Dec 25.

#### 2.3.17 **Recommendation 17.** Overseas Forensic Medical Examination capability.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 29.** Access to FME for SP based overseas is not currently in place, despite JSP 839 stating that there is a mechanism for it to be conducted in the overseas location. In-country FME is preferable over a return to the UK in order to preserve evidence.

b. **Discussion.** JSP 839 states that there is mechanism for Forensic Medical Examination to take place in overseas locations, but this capability is not currently in place. Currently, a victim overseas would have to engage with the medical provider to gain an aeromed authorisation via the JCCC in order to return to the UK to attend a SARC, although it should be noted that some overseas locations (eg. Australia) may provide sufficient capability in-country. The panel discussed collection of forensic evidence with a range of stakeholders including SO1 General Practice (Army Health), SMO Fd Army and the DMS Regional Clinical Director (Overseas). In particular, questions focused on whether a victim based overseas should return to the UK to visit a SARC, or whether evidence should be collected in-country. The advice given confirmed that in-country FME collection should be the preferred course of action in order to prevent further degradation of the evidence during travel. However, medical professionals deployed or based overseas are not routinely trained in FME collection and there is no rapidly deployable capability. This means that a victim who suffers a sexual assault while overseas has extremely limited ability to request that evidence is collected should they wish to, or that they may have to rely upon local medical capabilities which may not operate to suitable standards for use in a judicial process. The panel also consulted with DSCU who confirmed that they operate a 'QRF' capability, of policing personnel who are able to rapidly deploy in order to investigate a serious crime that has occurred overseas.

c. **Recommendation.** The CDP Service Justice System Policing team must convene a multi-agency working group (WG) to consider and establish a forensic medical examination plan for sexual assaults occurring overseas. The WG should be convened by 1 Oct 25, with intent to establish a capability in 2026.

#### 2.3.18 **Recommendation 18.** Aurora New Dawn contract.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 22.** AND training is a valuable resource but is not sufficiently well understood.

b. **Discussion.** AND is an established and professional charity which the Army has funded to provide support to victims of sexual offences, however this is not widely publicised and therefore under used. For example, AND can support a SP internationally, 24/7 and provides unlimited 'through life' counselling sessions (post incident, pre-trial, post-trial and beyond). The Unacceptable Behaviours team should fully understand the AND contract to ensure that the Army is using it to best effect.

c. **Recommendation.** The Personnel Directorate Unacceptable Behaviours team must liaise with Regional Command to understand the Army's contract with Aurora New Dawn and to ensure that all aspects, including training and education, are being implemented to best effect. This should be completed by 1 Dec 25.

#### 2.3.19 **Recommendation 19.** JSP 839 amendments.

a. **Observation.** The following observations led to this recommendation:

(1) **Observation 1.** JSP 839 would benefit from some amendments to make information easier to find and access.

b. **Discussion.** JSP 839 is a useful source of advice and guidance to victims and to those supporting them. However, a number of amendments would help all parties find relevant information more easily:

(1) JSP Defence Intranet landing page: the annexes provide valuable information but are not clearly signposted or labelled, making it hard to navigate.

(2) UVLOs. This capability is mentioned frequently within the JSP, and highlights that the 'UVLO will be appropriately trained and supervised'. However, the JSP does not signpost what this training should be, or where/how to access it.

(3) Reporting Sexual Offences booklet. It is not clear whether this leaflet is part of JSP 839 and should be labelled more clearly. It contains a link to 'ISVA services' that is for a charity providing services only to victims based in Sussex.

c. **Recommendation.** The Defence People directorate, via the Conduct, Equity and Justice department, should update JSP 839 to improve victim access to support information. This should include a clearer Sharepoint page with clearly identified annexes, with improved links to SARCs and with clearer guidance on UVLO training. This should be completed by 1 Oct 25.

### Section 3: Summary of Recommendations

3.1 The recommendations from this Service Inquiry are as follows:

**Recommendation 1.** The Personnel Directorate must create, develop and own a Victim Support Pathway for victims of sexual offences. This should be implemented and communicated by 1 Aug 25.

**Recommendation 2.** The Personnel Directorate Professional Development branch, as the Training Requirement Authority, must set the requirement to deliver content on the aftercare pathway for victims of sexual assault, for potential victims and for the chain of command to understand their responsibilities. The requirement must be included for the following courses and should be completed by 1 Aug 26:

- a. Commanding Officers' Designate Course
- b. Commanding Officer of Training Establishments Course
- c. Sub-Unit Commanders Management Course
- d. All Arms Adjutant Course
- e. Army Leadership Development Programme

**Recommendation 3.** The Personnel Directorate Unacceptable Behaviours Team must develop and assure course content to include education of the Victim Support Pathway to the correct standard in accordance with policy contained in [REDACTED] for the following courses and should be completed by 1 Oct 25:

- a. Commanding Officers' Designate Course
- b. Commanding Officer of Training Establishments Course
- c. Sub-Unit Commanders Management Course
- d. All Arms Adjutant Course
- e. Army Leadership Development Programme

**Recommendation 4.** The Personnel Directorate Conditions of Service Team must educate service personnel appointed as Unit Welfare Officers on their responsibilities within the Victim Support Pathway. This should be completed by 1 Oct 25.

**Recommendation 5.** The Armed Forces Chaplaincy Centre must educate all RACHD officers during special-to-arm training on their responsibilities within the Victim Support Pathway. This should be completed by 1 Oct 25.

**Recommendation 6.** Defence Medical Services must educate all Medical Officers and all Medical Support Officers during special-to-arm training on their responsibilities within the Victim Support Pathway. This should be completed by 1 Dec 25.

**Recommendation 7.** Defence Medical Services must update guidance to primary healthcare personnel to highlight that Aurora New Dawn may be used as a support service while victims who have been referred to DCMH are awaiting triage. This should be completed by 1 Aug 25.

**Recommendation 8.** Provost Marshal (Army) must amend the consent training package to include details of the Victim Support Pathway. This should be completed by 1 Dec 25.

**Recommendation 9.** The Personnel Directorate Inclusion Team must include the Victim Support Pathway into ITR Behaviours. It must be included in the mandatory Part 1 brief by Commanding Officers and should be implemented by 1 Feb 26.

**Recommendation 10.** Army Comms Branch (ACB) must design and communicate a range of products to ensure that the Victim Support Pathway reaches the widest possible audience. This is to be launched by 1 Sep 25 and is to include:

- a. A VSP in a usable and modern product that can be used as the basis for further communications.
- b. An open-source website to host the VSP and associated content, to allow access from non-military platforms and personal devices.
- c. VSP posters to be displayed on unit Behaviours and Cultures/Inclusion notice boards, as well as a 'toilet door' product, to include a QR code taking users to the website.
- d. A business-card sized product showing key VSP data, to include a QR code taking users to the website.
- e. Promotion of the VSP through multiple internal communications channels, directed by current Internal Communications policy and communications strategy.
- f. Assistance to the Unacceptable Behaviours Team in creating an internal (Defence Connect/Army Intranet) page to act as a secure landing site for the VSP.

**Recommendation 11.** The Army Welfare Services must inform all AWS staff of the Victim Support Pathway, by 1 May 25.

**Recommendation 12.** The Personnel Directorate Unacceptable Behaviours Team must update their Standard Operating Procedure and call handlers notes to ensure that Speak Out operators have access to the Victim Support Pathway. This should be complete by 1 Aug 25.

**Recommendation 13.** The Personnel Directorate Exploit team must promulgate the VSP via the DPers DOWNREP and the CO's Newsletter. This should be complete by 1 Dec 25.

**Recommendation 14.** The Personnel Directorate Unacceptable Behaviours team must add the VSP to the Compendium of Standing Orders, ensuring that it is mandated for the VSP to be repeated on Unit Part 1 Orders quarterly. This should be implemented by 1 Dec 25.

**Recommendation 15.** The Personnel Directorate Inclusion team must update AGAI 75 to mandate that a VSP poster must be displayed on all unit D&I noticeboards. This should be completed by 1 Dec 25 with units informed to ensure compliance by 1 Jan 25.

**Recommendation 16.** The Personnel Directorate Conduct branch should complete a scoping exercise to consider the use of the 'M3D posting indicator' to enable victim assignment preferences. This should be completed by 1 Dec 25.

**Recommendation 17.** The CDP Service Justice System Policing team must convene a multi-agency working group (WG) to consider and establish a forensic medical examination plan for sexual assaults occurring overseas. The WG should be convened by 1 Oct 25, with intent to establish a capability in 2026.

**Recommendation 18.** The Personnel Directorate Unacceptable Behaviours team must liaise with Regional Command to understand the Army's contract with Aurora New Dawn and to ensure that all aspects, including training and education, are being implemented to best effect. This should be completed by 1 Dec 25.

**Recommendation 19.** The Defence People directorate, via the Conduct, Equity and Justice department, should update JSP 839 to improve victim access to support information. This should include a clearer Sharepoint landing page with clearly identified annexes, with improved links to SARCs and with clearer guidance on UVLO training. This should be completed by 1 Oct 25.

## **Section 4: Convening Authority comments**

### **Convening Authority**

4.1 Colonel Piers Ashfield as AH Pers Svcs, APSG was initially the Convening Authority for this Service Inquiry. Having left post on assignment, he was replaced by Col Ross Cleland in May 25.

### **Timelines**

4.2 Researching this Service Inquiry has been complex and extensive, as has analysing the evidence to distil the 48 Observations into 19 detailed recommendations. I am also conscious of the importance of working through the detail of each of the 19 recommendations with Senior Points of Authority to ensure each is deliverable and that responsibility is agreed. Inevitably this has taken time, but I am content that the staffing of this Service Inquiry report by the Panel has been completed thoroughly and in as expeditious a manner as practicable.

### **Affected Persons**

4.3 I note that with this Service Inquiry it has not been necessary to identify potentially affected persons (within the meaning of Regulation 18 of the Armed Forces (Service Inquiries) Regulations 2008). However, I am satisfied that the Panel, supported by its legal advisor, has been diligent in identifying any persons who may be affected and that the right test, with its very low threshold, has been applied in each case.

### **Findings of the Inquiry**

4.4 I have reviewed the Service Inquiry report in detail. I am satisfied that the Terms of Reference have been met in full and that Panel's findings of fact, including the 48 Observations, are appropriate and supported by the evidence in the Service Inquiry Record.

### **Recommendations of the Inquiry**

4.5 The Panel's analysis of the support in place now for Army victims of sexual offences, the role of the chain of command in supporting those victims, and the military factors associated with delivering such support, has been extensive and thorough. In light of that analysis I have carefully considered the Panel's 19 recommendations and I support and endorse them all; in my view they are appropriate, well-judged and, when implemented, will meaningfully enhance the support provided by the Army to victims of sexual offences.

4.6 As the Convening Authority for this Service Inquiry, I am grateful to the Panel for the thoroughness of their Report.

Colonel R Cleland

## Section 5: Reviewing Authority comments

5.1. I have reviewed this Service Inquiry (SI) report into how the Army manages complaints concerning sexual offences and unacceptable sexual behaviour, which has rightly focused on the support provided to victims. I am grateful to the President and Panel for their thorough investigation and report, which satisfy the Terms of Reference (TOR).

5.2. In these Reviewing Authority comments, I make some observations which are specific to this SI. Thereafter I describe the wider context and additional initiatives which the Army has implemented that complement the work initiated by this SI.

### Findings of the Inquiry

5.3. The SI identified the need for a Victim Support Pathway and the requirement for all Army personnel to be educated and trained on sexual offending so that they can better support victims and tackle unacceptable behaviours. I am confident that the 19 recommendations will address the issues identified during the SI to prevent recurrence. I endorse the Convening Authority's analysis of the findings of the Inquiry.

### Recommendation Management

5.4. **Ownership.** Each recommendation has been allocated an accountable sponsor with the authority to effect the required changes. The 19 recommendations have been allocated to the respective Army departments:

- a. **Chief Defence People: 2** (recommendations 17 and 19).
- b. **Defence Medical Services: 2** (recommendations 6 and 7).
- c. **Army Headquarters: 12:**
  - 1) **Directorate of Personnel: 11** (recommendations 1 – 4, 9, 12 – 16 and 18).
  - 2) **Army Communications: 1** (recommendation 10).
- d. **Royal Army Chaplains Department: 1** (recommendation 5).
- e. **Provost Marshal (Army): 1** (recommendation 8).
- f. **Army Welfare Service: 1** (recommendation 11).

5.5. All 19 recommendations, their associated progress to completion and supporting evidence is recorded on the Defence Lessons Identified Management System (DLIMS). Progress is monitored and assured by the APSG Lessons Fusion Cell who demand sight of evidence to show that recommendations have been appropriately actioned. The Organisational Learning team will also communicate the lessons with the appropriate Defence and Army audiences.

5.6. **Progress to closure.** All recommendations have been endorsed and accepted, enabling them to be addressed and implemented. 10 have already been actioned<sup>71</sup> and

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<sup>71</sup> Recommendations: 1, 3 – 5, 7, 10 – 12 and 19.

closed, and the remaining 9 recommendations will be completed by April 2026. I am confident closing these recommendations will improve the Army's approach to the management of complaints concerning sexual offences and more importantly provide better support to victims.

## Context

5.7. There is merit in outlining the context in which this SI was conducted. Its origins are described at paragraph 2.1.1 and it was deliberately oriented to support for victims. No gender focus was specified, though 2.1.1.b and 2.1.1.c have inevitably drawn a focus on the experience of and for women. That said, I am satisfied that the recommendations have been described in a way that underpins improvements in support for all personnel, irrespective of gender.

5.8 Although the SI was predominantly focused on support to victims, the origins and execution of the Inquiry also reference the cultural climate in which offending may occur, be (or not be) reported and within which victims need support. Culture and behaviours are the subject of several Defence and single Service initiatives to have been implemented in the last five years, and which are ongoing. Although the goal is to improve the experience for all personnel, many initiatives have specifically and necessarily focused on the experience of women. For completeness, initiatives include overarching strategies to improve organisational culture, enhancing policy, tackling unacceptable behaviours, and support to victims. There is much more to be done in each of these areas, but the following points illustrate the Army's and Defence's approach:

- a. **Improving Organisational Culture.** In February 2022 the Army launched Operation TEAMWORK, a key component in the 'Improving our Organisational Culture 2023-28' strategy and action plan. TEAMWORK is reinforced by a governance structure run by the Deputy Chief of the General Staff reporting to the Chief of the General Staff (CGS). The Army pauses all activity at least one day a year to run reflective events, through which organisational culture is considered and improved.
- b. Climate Assessments have been mandated across Defence (the Army conducts circa 450 per year). These are delivered by APSG's Unacceptable Behaviours Team and test the climate in different units and organisations, which can provide data and/or evidence to tackle unacceptable behaviour or identify systemic issues. Additionally, to ensure the Army's most senior personnel lead by example, 180 and 360 degree reporting, a variety of coaching interventions and the inaugural One Star Command Assessment have been introduced. CGS has directed every Army promotion grading board to have a servicewoman board member.
- c. In September 2024 the Raising Our Standards (RoS) programme was launched to focus on behaviours across the whole of Defence. The programme focuses on five key areas: influencing behaviours consistent with our values and standards; providing evidence-based insights; tackling unacceptable behaviours with 100% action; educating and training, and developing world class leadership and successful careers.
- d. Other actions include the development of initiatives to reduce Violence Against Women and Girls and the launch of the Armed Forces Sexual Harassment Survey. RoS has been made aware of this SI and, at the time of writing, is considering further

work. Other initiatives in train that demonstrate the MOD's commitment to improving the experience of our Servicewomen include the production of an Army Equity Action Plan, which will have a gender subset, a number of mentorship programmes focussed on servicewomen, the female veteran transformation programme, a preparatory course for women undergoing arduous courses and a 'Women in the Army' communications campaign, through-life inclusion/behaviour briefs and numerous scientific research projects focused on servicewomen.

e. **Policy enhancements.** In 2022 Defence launched three new policies: the Zero Tolerance to Unacceptable Sexual Behaviour policy: a victim / survivor focused approach; the Zero Tolerance approach to Sexual Exploitation and Abuse policy and the Zero Tolerance approach for sexual relationships between Instructors and trainees. These policies were reinforced by a whole Defence training package and communications campaign.

f. 2022 – 2025 has also seen the transformation of Defence's Service Complaints system, making it more efficient and independent of the chain of command. In October 2023, Defence launched the 'My Complaint App' making it easier for service personnel to make complaints.

g. **Tackling unacceptable behaviours.** In April 2022, the Defence Serious Crime Command (DSCC) was formed. Staffed by specialists it investigates and manages incidents of serious crime, including sexual offences. Separately, in November 2023, the Service Police received specialist training to better support victims of domestic abuse.

h. **Supporting victims.** In January 2023, Defence launched the Call it out Hub which provides victims another avenue to report unacceptable behaviours. This complements the Army's Speak Out line. Additionally, in March 2023, the Victim and Witness Care Unit was opened in Southwick Park, delivering specialist care.

## SUMMARY

5.9. I am satisfied that the issues identified in the TORs have been comprehensively investigated, the findings appropriately analysed and reported on thoroughly. The SI recommendations have been endorsed and have been appropriately tasked for implementation. I acknowledge and agree with the CA's observations. I am confident this SI will drive continuous improvement throughout the wider Army and Defence to improve both the support provided to victims of sexual offences and the education and training delivered to all service personnel on sexual offending so that they can better support victims and tackle unacceptable behaviours.

**Annex A: Convening Order****CONVENING ORDER FOR A SERVICE INQUIRY****BY ORDER OF****COLONEL P ASHFIELD DSO MBE<sup>72</sup>****ASSISTANT HEAD PERSONNEL SERVICES, ARMY PERSONNEL SERVICES GROUP**

1. A Service Inquiry (SI) is to be convened, in accordance with Section 343 of the Armed Forces Act 2006 (AFA 06), to review the support provided to Army victims of sexual offences, considering the support in place now, the role of the chain of command in supporting victims and the military factors associated with support.
2. An SI is to assemble in Andover on 1 July 2024. The SI is the Panel's priority task and takes precedence over any other duties.
3. The SI Panel comprises:
  - a. President: Lt Col [REDACTED]
  - b. Member: Maj [REDACTED]
  - c. Member: Maj [REDACTED]
4. The legal advisor to the SI is:
  - a. Maj [REDACTED]
5. The Panel is to investigate and report the circumstances surrounding the subject, recording all evidence and expressing opinions in accordance with the Terms of Reference at Annex A. The Panel is not to attribute blame, negligence or recommend disciplinary action.
6. Assistant Head Personnel Services, Army Personnel Services Group (AH Pers Svcs, APSG), convening the SI, directs that the evidence is to be taken on oath or by affirmation, as required, in accordance with Regulation 11 of the Armed Forces (Service Inquiries) Regulations 2008. Any document or other matter produced to the Panel by a witness, for use as evidence, shall be made an exhibit and treated in accordance with Regulation 11 of the Armed Forces (Service Inquiries) Regulations 2008.
7. Any person who, in the opinion of the President, may be affected by the findings of the Panel shall be treated in accordance with Regulation 18 of the Armed Forces (Service Inquiries) Regulations 2008. The President is to ensure that any such person is notified as early as reasonably possible.
8. The Panel may hear evidence from any such other witnesses or subject matter experts as it deems appropriate and may dispense with the attendance of any witness if it concludes that the witness evidence will not assist the SI. The President should note that a

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<sup>72</sup> Convening Authority changed to Col R Cleland on assumption of role of AH Pers Svcs, APSG on 19 May 25, following the routine assignment of Col P Ashfield DSO OBE.

witness statement taken by the RMP/DSCU may not be admitted as evidence to the SI, unless the express consent of the witness providing the statement has been obtained.

9. If it appears to the Panel at any time during the SI that any person may have committed an offence against Service Law, including a criminal conduct offence contrary to Section 42 of the Armed Forces Act 2006, the President is to adjourn the SI immediately and seek legal advice.

10. The President is to inform all witnesses that a transcript of the SI, whilst primarily for internal MOD use, may subsequently be released into the public domain. All such material accessible to the public would be released in a redacted form according to current Service policy on disclosure and adhering to current legislation, including the Data Protection Act 2018 and the Freedom of Information Act 2000.

11. The SI Panel is to express its opinion with regards to any material conflict in the evidence which may arise and give reasons for reaching that opinion. Any conflict in the evidence should be determined on the balance of probabilities.

12. The President is required to submit monthly progress reports to the Convening Authority and APSG SI Branch in accordance with Appendix 2 to Annex F to Chapter 2 of JSP 832.

### **GENERAL ADMINISTRATION**

13. HQ APSG is to provide the following:

- a. Travel and subsistence for the Panel for SI related business away from their primary place of residence.
- b. Travel and subsistence as required by any witnesses (for SI business).
- c. IT including laptop, as appropriate and as required, for the Panel members.
- d. A professional Verbatim Court Recorder to be present to record evidence at Hearings as required.
- e. Stationery as required by the Panel.
- f. Administration support to the Panel.

14. The costs of the Service Inquiry are to be charged to UIN [REDACTED].

*Original Signed*

Colonel P Ashfield DSO MBE  
Assistant Head Personnel Services

Date: 1 Jun 24

**Annex B: Convening Order - Revised**

**CONVENING ORDER FOR A SERVICE INQUIRY**

**BY ORDER OF**

**COLONEL R CLELAND**

**ASSISTANT HEAD PERSONNEL SERVICES, ARMY PERSONNEL SERVICES GROUP**

1. A Service Inquiry (SI) is to be convened, in accordance with Section 343 of the Armed Forces Act 2006 (AFA 06), to review the support provided to Army victims of sexual offences, considering the support in place now, the role of the chain of command in supporting victims and the military factors associated with support.
2. An SI assembled in Andover on 1 July 2024. The SI is the Panel's priority task and takes precedence over any other duties.
3. The SI Panel remains comprised of:
  - a. President: Lt Col [REDACTED]
  - b. Member: Maj [REDACTED]
  - c. Member: Maj [REDACTED]
4. The legal advisor to the SI is:
  - a. Maj [REDACTED]
5. The Panel is to investigate and report the circumstances surrounding the subject, recording all evidence and expressing opinions in accordance with the Terms of Reference at Annex A to the original Convening Order. The Panel is not to attribute blame, negligence or recommend disciplinary action.
6. Assistant Head Personnel Services, Army Personnel Services Group (AH Pers Svcs, APSG), convening the SI, directs that the evidence is to be taken on oath or by affirmation, as required, in accordance with Regulation 11 of the Armed Forces (Service Inquiries) Regulations 2008. Any document or other matter produced to the Panel by a witness, for use as evidence, shall be made an exhibit and treated in accordance with Regulation 11 of the Armed Forces (Service Inquiries) Regulations 2008.
7. The Convening Authority changed to Col R Cleland on assumption of the role of AH Pers Svcs, APSG, on 19 May 25, following the routine assignment of Col P Ashfield DSO OBE.
8. Any person who, in the opinion of the President, may be affected by the findings of the Panel shall be treated in accordance with Regulation 18 of the Armed Forces (Service Inquiries) Regulations 2008. The President is to ensure that any such person is notified as early as reasonably possible.

9. The Panel may hear evidence from any such other witnesses or subject matter experts as it deems appropriate and may dispense with the attendance of any witness if it concludes that the witness evidence will not assist the SI. The President should note that a witness statement taken by the RMP/DSCU may not be admitted as evidence to the SI, unless the express consent of the witness providing the statement has been obtained.
10. If it appears to the Panel at any time during the SI that any person may have committed an offence against Service Law, including a criminal conduct offence contrary to Section 42 of the Armed Forces Act 2006, the President is to adjourn the SI immediately and seek legal advice.
11. The President is to inform all witnesses that a transcript of the SI, whilst primarily for internal MOD use, may subsequently be released into the public domain. All such material accessible to the public would be released in a redacted form according to current Service policy on disclosure and adhering to current legislation, including the Data Protection Act 2018 and the Freedom of Information Act 2000.
12. The SI Panel is to express its opinion with regards to any material conflict in the evidence which may arise and give reasons for reaching that opinion. Any conflict in the evidence should be determined on the balance of probabilities.
13. The President is required to submit monthly progress reports to the Convening Authority and APSG SI Branch in accordance with Appendix 2 to Annex F to Chapter 2 of JSP 832.

#### **GENERAL ADMINISTRATION**

14. HQ APSG is to provide the following:
- a. Travel and subsistence for the Panel for SI related business away from their primary place of residence.
  - b. Travel and subsistence as required by any witnesses (for SI business).
  - c. IT including Laptop, as appropriate and as required, for the Panel members.
  - d. A professional Verbatim Court Recorder to be present to record evidence at Hearings as required.
  - e. Stationery as required by the Panel.
  - f. Administration support to the Panel.
15. The costs of the Service Inquiry are to be charged to UIN [REDACTED].

*Original Signed*

Colonel R Cleland  
Assistant Head Personnel Services

Date: 19 May 25

## **Annex C: Terms of Reference**

**ToR 1.** Investigate the support available to Army victims of sexual offences. This should include:

- a. a review of the current victim care pathway, including referral and signposting methods and the responsibilities of organisations involved.
- b. a review of the role of the Army chain of command in supporting victims, and the resources provided to enable this role.
- c. a review of the occupational factors influencing the support required by victims within a military context.
- d. a review of assignment and co-location processes.

**ToR 2.** Investigate and assess specified support measures in place within the US Army (SHARP Program and 'In Her Boots') and USAF (SAPR), to consider the viability of implementing within the British Army.

**ToR 3.** Consider and note other factors identified in the course of the inquiry.

## Annex D: Victim Support Pathway (DRAFT)

# THE VICTIM SUPPORT PATHWAY: SEXUAL OFFENCES

**If you have been a victim of sexual assault and you are in danger or in need of immediate medical care, call the emergency services on 999.**



### YOU OWN YOUR OWN PATHWAY

- **Try and get somewhere that is safe and warm** - the most important thing is your safety
- **Try to talk to someone** - if you feel able to, tell someone you trust what has happened. If you don't feel you can talk to someone close to you, there are specialist organisations that will listen and support you
- **Try not to blame yourself** - what happened to you is not your fault



**Visit a NHS run Sexual Assault Referral Centre (SARC) (UK Only)**  
If you have been raped or sexually assaulted within the last 72 hours, we strongly advise that you go to a SARC. Here they will be able to give you a medical assessment, gather evidence of the event that may help you in the future, and generally help you in seeking future support. You do not need to go here alone.

### FIND AN ALLY, GET ADVICE

The following are all people we encourage you to reach out to for a conversation, either people **you** trust or people **we** trust, all are here to help and will be a listening ear.  
**YOU control how much information you are willing to give.**

- RMP
- UWO
- CoC
- FRIEND
- ARMY WELFARE SERVICE
- AURORA NEW DAWN
- MEDICAL CENTRE
- PADRE
- COLLEAGUE
- SPEAK OUT



**We encourage, as a minimum, that you visit your Medical Centre / GP/ Healthcare provider to ensure you are safe and well.**

### NEXT STEPS

The following are the 'proven routes' to taking your situation forward; no lies, no agenda, just your options

**Formally report an incident to DSCU/RMP/ Civilian Police (0800 555111) or to CoC**



**Disclose to the Medical Centre / Doctor**



**Anonymously inform: Confidential Reporting Line 0800 085 0658**



**Just talk to a trusted charity. Aurora New Dawn 02392 479254**



**Want to seek help outside the Army? We recommend The Survivors Trust**



This is the best way to report an offence. The Police will manage your case confidentially. You have the option to be referred to the Victim Witness Care Unit, who can provide guidance for evidence collection and support you throughout the process. If you inform your CoC they will help you through this. **Crime Line - 0800 555111**

The Medical Centre is a safe space to confide in. Unless there is risk of harm to yourself or others, Medical Centre Staff will not report any further. They will give you physical and mental help, refer to professional therapy and critically will be able to manage you 'at work' without divulging any details to the CoC, even the CO

This is the best route if you are unsure if you want to formally report an offence. This anonymous phone line allows you to **inform confidentially of an incident without triggering an investigation but still receive a referral to the Victim Witness Care Unit.** At any point you can either cease proceedings or raise to a formal report.

**Call or Text:** Aurora New Dawn are the trusted and recognised civilian charity that the Army work alongside in support of victims of sexual offences. They know what life in the Army is like, they do not have to tell anyone in your CoC and they are there for you wherever you are in the world. If preferred, please email: [armedforces@aurorand.org.uk](mailto:armedforces@aurorand.org.uk)

If you do not feel comfortable speaking to anyone in the Army, we recommend [thesurvivorstrust.org](http://thesurvivorstrust.org) to help you move forward. **HOWEVER please note that by not informing the Army you will not be able to access the full range of support available to you whilst still enabling your career.** You can always seek Service Support whenever you wish, at any time

### DEPLOYED OR BASED OVERSEAS?

When deployed, you still have full access to the same next steps as above. In addition, please reach out to your nominated medical provider (military Medical Officer or, for those assigned overseas, your nominated DPHC practice) who will seek to get you back to the UK ASAP and to a SARC.

The Formal Reporting Crime Line **0800 555111** Confidential Reporting Line **0800 085 0658** and **AURORA NEW DAWN 02392 479254 / armedforces@aurorand.org.uk** are fully accessible overseas.

