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Effect of Military Law Enforcement Interviews on Victims of Military Sexual Trauma

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Walden University

College of Social and Behavioral Sciences

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Paul Brian Broner

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Walden University
2018

Abstract

Effect of Military Law Enforcement Interviews on Victims of Military Sexual Trauma

by

Paul Brian Broner

MS, Chaminade University, 2011

BA, Chaminade University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice Administration

Walden University

May 2018

Abstract

Second wave trauma in victims of military sexual trauma (MST) from the U.S. Army's Criminal Investigation Division (CID) is a problem plaguing all law enforcement. Victims of MST are forced to enter into the criminal justice system through the front door, which is law enforcement. Recent studies have indicated that victims of MST who are already in a vulnerable state are most likely suffering posttraumatic stress disorders when they are interviewed by police when reporting MST. However, there are limited studies that focus on the police officers as a factor in the interview process of the victim of MST. The purpose of this qualitative phenomenological study, conducted through the lens of the human resource theory framework, was to investigate the relationship between the U.S. Army CID law enforcement interview and second wave trauma incurred as a result of the interview on victims of MST. The data for this research came from an interview of a victim of MST who had been interviewed by CID as well as CID special agents. The results of the semistructured interviews were encoded and evaluated along with data from the Impact of Event Scale-Revised which demonstrated a significant relationship between the interview and the stress incurred on the victim. The results of this study promote positive social change because they confirm and extend the understanding of the law enforcement interview process on victims of MST. The findings from this research will encourage law enforcement to revisit the work place environment and implement new policies aimed at ensuring CID special agents have a positive working atmosphere thereby encouraging a positive working attitude which could potentially have a positive effect on MST victims interviewed.

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Dedication

I dedicate this research to the glory of God: Philippians 3:8-10 (KJV),

⁸ Yea doubtless, and I count all things *but* loss for the excellency of the knowledge of Christ **Jesus my Lord**: for whom I have suffered the loss of all things, and do count them *but* dung, that I may win Christ.

Acknowledgments

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Chapter 1: Overview

Introduction to the Study

Within this chapter, I will offer a precise rundown of the current and past literature which is relevant to understanding the traumatizing events victims of MST experience. In this chapter, I will also provide a detailed examination of the theoretical foundation and conceptual framework that has been incorporated to develop an understanding of MST revictimization. In this chapter, I will further lay out the themes that researchers have utilized to understand trauma in many forms along with the short-, mid-, and long-term effects. At last, included in this chapter will be suggestions for future research as well as discussion of the implication of this research for social change.

The police interview of victims of rape and sexual trauma continues to be understudied, especially in light of the impact of police behavior on the many victims suffering trauma from their experiences (Greeson, Campbell, & Fehler-Cabral, 2014; Javaid, 2015; Macleod, 2016). The focus of police has been historically to solve crime, while victims served as the resource needed in order to form a case for presentation of prosecution (IACP, 2007; Wilson & Seagrave, 2011; Young & Hoyle, 2003). Various cognitive interviews were developed because victims suffering trauma are not always capable of providing the information necessary for a successful prosecution or investigation through traditional interview methods (Lapaglia, Wilford, Rivard, Chan, & Fisher, 2014; Lim, 2016; Paulo, Albuquerque, & Bull, 2013). However, understanding the anguish which victims of sexual trauma are suffering is paramount to prevent a *second wave* trauma from the law enforcement interview.

My starting point for this study stemmed from the fact that victims of military sexual trauma (MST) are suffering from exposure to combat operations as well as their sexual trauma (Remick, 2016; Rudenstine et al., 2015; Suris, Link-Malcolm, Chard, Ahn, & North, 2013). The majority of U.S. Army CID special agents (SAs) are soldiers as well as Military Police, responsible for investigating rape and sexual assault under the Uniform Code of Military Conduct, Article 120. As such, CID SAs are susceptible to the same traumatic experiences from combat as the soldiers they support in the operations in Afghanistan and Iraq since 2001 until present.

In order for there to be any change in the operating environment of the U.S. Army's Criminal Investigation Command, an acknowledgement that victims of MST may be suffering further trauma from the CID interview process has to be researched. CID SAs employ an enhanced cognitive interview technique developed by Mr. Russell Strand, Branch Chief of the Behavioral Sciences Education and Training Division of the Military Police School, at Fort Leonard Wood, Missouri (Strand, 2014). This school is responsible for providing initial and continuing education to CID SAs called the Forensic Experiential Trauma Interview (FETI) technique (Strand, 2014). CID agents may effectively employ the FETI and recover more information from victims and reduce the stress of the interview. However, trauma most likely will not be reduced during this interview as the CID agents and the victims of MST are already suffering trauma, and therefore, are overtly susceptible to further traumatic experiences as previously stated.

Background

Understanding the trauma that results from rape has been a long road of discovery and understanding. From the early days of its study, rape sexual trauma has gone from denial to ridicule to rejection to acceptance. Through the many years of research and perseverance of pioneers such as Dr. Ann Burgess, understanding has emerged today and has become more robust since those early days. By addressing the literature gap that exists between the traumas a victim suffers and the impact on the victim from the CID interview process, a better understanding can be developed for law enforcement to interact with victims of sexual crime.

A look back at Dr. Burgess's research highlights how far the field has come. Dr. Burgess began researching victims of rape after working in the emergency room of Boston City Hospital, Boston, MA and noticing victims of rape were reporting similar symptoms after the reported assault (Burgess & Holmstrom, 1973). Women who had been raped and had gone to the emergency room at Boston City Hospital for medical care were usually transported there by the police (Burgess & Holmstrom, 1973). The victim of the rape had gone through the stressful encounter with the police to report the crime, then sought out medical care. There were also plenty of cases where the victim was not the one who reported the rape, but someone close to the victim, so that the victim could obtain medical care. According to Burgess & Holmstrom, (1973), there was no delineation in the psychological differences between the women who had gone through the reporting process with the police and those who had been reported by a person close to the victim. Since there was nothing distinguishing between those two types of cases

seen in the emergency ward, there was no way of knowing the impact, if any, by the police on the psychological damage that had been suffered by the victim.

The rape experienced by the victims was clearly a moment of crises for all victims involved, which was supported by the collection of data at the hospital, interviews at the hospital, and in follow up counseling interviews of those victims evaluated during the study at the Boston hospital (Burgess & Holmstrom, 1973, p. 101). How the women involved responded to questioning about the rape trauma depended on the personality type of the victim as well as the severity of the rape occurrence. Generally, there were consistent themes of behavior that the victims reported such as fear, restlessness, tears, anger, shaking, and tenseness (Burgess & Holmstrom, 1973). The victims viewed the rape as an extreme act of violence against them (Burgess & Holmstrom, 1973, p. 104).

Trauma from sexual assault can be broken down into three categories: rape trauma syndrome, accessory-to-sex reaction, and sex stress situation (Burgess & Holmstrom, 1973). Rape trauma syndrome results from a compulsory and forceful sexual encounter where the victim was not a willing participant (Burgess & Holmstrom, 1973). The resulting trauma in the victim is manifested physically in gastrointestinal irritability, muscular tension, sleep pattern disturbances, genito-urinary discomfort, as well as psychological or emotional manifestations (Burgess & Holmstrom, 1973). Rape trauma further has two subcategories that break down trauma into two reactions, compound reactions and silent reactions, wherein further manifestations of physical and psychological expressions occur (Holmstrom & Burgess, 1974, p. 111). Accessory-to-sex

is the second category, wherein the victim contributed to sex in a secondary manner (Burgess & Holmstrom, 1973).

All three categories were developed out of interviewing victims of rape within the emergency room. The criterion for developing categories for what was considered rape, was based not just on literature and data, but also the definition of consent (Burgess & Holmstrom, 1973). Those in the rape trauma syndrome group clearly did not consent; however, that category alone did not capture the whole picture of consent (Burgess & Holmstrom, 1973). The second category, the accessory-to-sex group, was created to place those who *appeared* to consent into this category (Burgess & Holmstrom, 1973). Upon interviewing these victims, it was clear they were mentally and cognitively incapable of providing a judgement of consent due to development or impairment even though they appeared to have given consent (Holmstrom & Burgess, 1974, p. 111).

Sex stress is the third category, wherein the claimant at first consented to sexual intercourse; however, the sexual encounter resulted in unwanted stress such as realizing that they may have become pregnant or a significant other discovered the sexual encounter with another person (Burgess & Holmstrom, 1973). In an effort to discuss the rape, it was imperative to not label this group in a derogatory manner; therefore, the term sex stress was developed because this class of victim reported they had been raped, when in fact they had consented (Holmstrom & Burgess, 1974, p. 117).

In the ensuing turmoil in an individual's life after a rape, those who recover faster have a strong family support network. It is this network which is able assist in mitigating the intensity of problems such as change of eating habits, sleep disorders, nightmares,

increased fear of being home alone, worsened relationships, and insecurity of sexual attractiveness (Burgess & Holmstrom, 1973). Just the mere presence of a family member will often increase the victim's sense of physical security in the home setting (Burgess & Holmstrom, 1973). The presence of family members, such as the father and mother, also play an important role in preventing the victims from developing stereotypes of their attackers (Burgess & Holmstrom, 1973). However, if the victim is in a heterosexual marriage and the husband does not provide emotional support or the victim perceives that they are being blamed for the rape, this may increase the clusters of symptoms that the rape victim suffers (Burgess & Holmstrom, 1973).

Victims of rape have reported their relationships with family, including their husbands, deteriorated after they were raped (McCahill, Meyer, & Fischman, 1979, pp. 48–53). It was determined that if a victim of rape has had previous encounters with the police, they are likely to experience an increase in problems in interpersonal relationships due to the perception that the victim has brought the rape on themselves (McCahill et al., 1979). These relationships worsened even a year after the incidence or rape occurred (McCahill et al., 1979). The worsening family relationships in victims with previous negative police contacts were three times higher than those victims who had no previous police history (McCahill et al., 1979).

Rape and sexual assault conjure many ideas and have a wide array of nuances such as force, location, acquaintance, violence, acts of sex (whether considered deviant or not), number of assailants, weapons real or perceived, and previous relationships (McCahill et al., 1979). Each of these nuances will be brought into the criminal courts

and private details will be brought into the public spotlight with an emphasis on details in a way that could cast doubt on the victim. If the victim was an acquaintance with the offender and had been previously amorous, then the perceptions could be that the rape was not serious and the incident itself would not result in much if any trauma (McCahill et al., 1979). However, the trauma that is experienced in these hotly-contested rapes is often more severe than the trauma encountered in a back alley beating and brutally violent rape (McCahill et al., 1979, p. 61). Whether a brutal rape or an acquaintance rape is experienced, the subtle differences cause diverse, but no less severe, adjustments after the rape (McCahill et al., 1979, p. 62).

The adjustment after a rape for each victim is different and is something that occurs within a short period of time. The rape changes how a victim perceives and interacts with the world in which they operate and how they perceive those people within that world (McCahill et al., 1979). A victim will often alter their interactions within that world by restricting their behaviors to create a sense of safety and security (McCahill et al., 1979). Studies of the details of rape, such as choking, use of a weapon or rape by acquaintance, rarely go beyond developing a generalization of a typical rape victim as the roadmap to postrape adjustment (McCahill et al., 1979). However, it is those details that are important for developing postrape adjustment therapy for rape victims because each of those details has a different postrape adjustment on the victim (McCahill et al., 1979, p. 73).

Understanding of the devastating psychological trauma that a victim incurs when they have been sexually violated has become commonly accepted within the public

domain today (Gavey & Schmidt, 2011, p. 433). Further, coercion of sexual favor can have a varying degree of force outside of the physical, such as intimidation, blackmail, threats, or incapacitation (Gavey & Schmidt, 2011). When unwanted sexual encounters occur where either psychological or physical harm is either present or implied, there is a devastating impact on the victim, both mentally and physically, that can be long lasting (Jewkes, Sen, & Garcia-Moreno, 2002, p. 149).

Research on the long-lasting effects of sexual assault and rape has come a long way, but further studies must be conducted to understand other less-researched areas of sexual trauma. In this study, I looked to understand one of those areas that has been neglected second wave trauma that may have incurred as a result of an U.S. Army's CID SAs interview of the victim. Previous studies have focused on civilian police department interviews of victims of sexual trauma, but in this study I focused on the interview process of the U.S. Army Military Police and its impact on the victims of MST.

Problem Statement

There is a challenge with the way the U.S. Army CID, who is charged with conducting law enforcement interviews of victims who have reported MST, conduct their interviews. According to Holliday, Link-Malcom, Morris, and Suris (2014), the victims of MST are already impaired by the trauma they have experienced. In the interviews, the victim of MST has to discuss a very personal and traumatic experience in great detail with law enforcement. Those victims of MST are already experiencing mental incapacitations and potentially negative physical health (Allard, Gregory, Kleist, & Platt, 2011, p. 331). Many law enforcement officers are unaware of the mental and physical

effects associated with MST.

According to Silverman (1977), those who are not specifically trained to interact with victims may find themselves identifying with the aggressor. This identification with the aggressor could manifest itself in various ways such as questioning the credibility of the victim or placing blame on the victim for the MST (Silverman, 1977, p. 93). To date, there has been no formal scientific evaluation to determine if the law enforcement interview of victims of MST suffered trauma due to the interview process. To understand the effects of the law enforcement interview on a victim, it was important that a qualitative phenomenological study be conducted using the human resource theory (HRT) framework, which has the potential to remediate this lack of knowledge.

Purpose

The purpose of this qualitative study was to determine if the manner in which CID law enforcement interviews are conducted causes negative experiences to victims of MST. The focus of the study was on victims of MST, who had undergone a military law enforcement interview, and then I evaluated their responses to the interview process. The results of this research will add to the field of knowledge pertaining to the understanding of law enforcement interview techniques and their effects on victims of MST.

Research Question

Research Question: Do CID interview techniques and procedures have a negative impact on victims who have reported MST to law enforcement?

Subquestion: What specifically about the CID interview process led to a traumatic experience?

Theoretical Foundations

Hugo Munsterberg conducted much research into industrial psychology, which eventually earned him the title, “father of industrial or applied psychology.”

Munsterberg’s research and theories were used in laboratory experiments, the results of which were applied to practical, everyday scenarios within an organization (Shafritz, Ott, & Jang, 2016). Munsterberg’s goal was simple: Take the skills of a new hire and compare their performance and attitudes to a company’s work demand and then influence the employee’s attitudes positively towards the companies work demand as well as develop a psychological understanding of the employee’s mental state on their productivity (Shafritz et al., 2016). This application would later be adopted by the U.S. Military in order to best select, train, and shape people to fit their needs. The HRT, also known as the organizational behavior perspective, is built around four assumptions:

1. Organizations exist to serve human needs rather than the reverse.
2. People and organizations need each other. Organizations need ideas, energy, and talent; people need careers, salaries, and work opportunities.
3. When the fit between the individual and the system is poor, one or both suffer. Individuals are exploited or exploit the organization, or both become victims.
4. A good fit benefits both. Individuals find meaningful and satisfying work, and organizations get the talent and energy they need to succeed. (Bolman & Deal, 2003, p. 115)

There have been numerous definitions of what the HRT encompasses, that may not have testable hypothesis about the impact of HRT (Guest, 2007). HRT is a framework focused

on the organizational integration of personnel who are employed, commitment of the employee to the organization, flexibility, and the quality of the relationship within the organization and the work produced (Guest, 2007).

The importance of the use of this framework in this study relates to the issue of the human factors impacting the quality of work. I suspected additional trauma to the victims of MST was caused by CID SAs during the interview process because of the conflict between the individuals as well as between the trauma experienced during the MST by victims and the organizational work load demand on the SAs. The theoretical framework of HRT is appropriate for public policy because as Guest (2007) suggested, the impact of the relationship between the individual and the organization has an impact on the behavior of the individual and the quality of their work. The work in public policy would be the implementation of various programs that are developed to take into consideration a CID SA's mental state and compare that to the organizational demand to determine if there was a congruency which would ultimately have a positive influence over the CID organization and the victims to which those SAs interact.

The organizational culture perspective lies within the field of the organizational behavior perspective or HRT and allows an understanding of the culture that makes up an organization. It is this culture that is perceived in various ways by the employee and shapes the assumptions the employee develops and begins to operate on within the organization (Shafritz et al., 2016). In turn, those assumptions influence the organization in various ways such as contributing to its shape and impacting the decisions of the employee as much if not more than a rational analysis. However, the outcome of a

decision will be more heavily weighted toward the assumptions of those employees (Shafritz et al., 2016). According to Kopaneva and Sias (2015), the mission and the vision of an organization have a very clear impact on the behavior of the individuals within the organization. This is important because organizations that do not have either a clear vision or a clear mission fail to motivate the employees (Kopaneva & Sias, 2015).

The CID has a clear mission but has failed to motivate the individuals that make up the organization. In addition, CID has not employed a methodology to which new employees are selected based off of the organizational demands, rather has chosen to hire based off of a predetermined plebeian standard to which almost any person could meet in order to qualify to become a CID SAs (CID Recruiting, n.d.). Further, this minimum standard selection does not take into account the skill set of the new employee and fails to address the psychological demand of the organization, causing a mismatch of new hire with organizational demands. This mismatch of new hire and the organization leaves the new employee to create their own cultural perspectives and assumptions, which in turn negatively influences their decisions as well as their perspectives of the organization. Both the employee (CID SAs) and the organization (CID) suffer as a result of not grasping the scope of the HRT.

Law enforcement personnel play an important role within the U.S. Army because they investigate crimes, hold criminals accountable, and allow their fellow service members to grow and develop within an organization in which they feel safe and protected from those who might harm them. There is an increase in the expectation of the soldiers within the U.S. Army to feel as though they are going to be protected, that their

rights are not going to be violated, and that they will be respected and valued as a human investment and the greatest asset the U.S. Army has available (U.S. Army, n.d.).

However, these expectations may not be met when a victim of MST is not understood by law enforcement due to the perceptions that are developed by a new agent of the law, who ill performs their duties as dissatisfaction with the job develops (Bouranta, Siskos, & Tsotsolas, 2015). However, the SAs are still forced to investigate a serious, sensitive, and extremely personal crime of MST to which they are not equipped to deal as a result of their job dissatisfaction. These felony-level investigations not only impact the victims but the lives of those who are closely aligned with the victim, sometimes spouses, children, parents or others. The perpetrator of these offenses is also impacted as well as their close-knit friends and family. The far-reaching impact of military sexual assault goes beyond the immediate victim and suspect, but also impacts the ability of the U.S. Army and the U.S. military readiness overall. This failure to appropriately and adequately address the special needs of victims of MST in the realm of law enforcement further leads to short- and long-term medical issues and can continue to be a cost that is passed on for generations in the form of health care and military benefits. Studying the many views on HRT helped me to create an understanding of whether the job satisfaction of a CID SAs impacts the interview of victims of MST.

Nature of the Study

In this qualitative study, I used a phenomenological design and gathered the shared experiences of those who had suffered MST then underwent the CID interview process to determine whether those who had been interviewed suffered negative

experiences due to the interview. I used the following screening criteria as the method for determining trauma from the interview process:

1. The Impact of Event Scale-Revised (IES-R) was used to determine the level of the negative experience related to the CID interview process that occurred.
2. A survey of the listed questions that was sent to victims of MST who had reported they had been interviewed by CID.

I sought to understand whether a negative experience occurred by conducting a semistructured interview after the completion of the surveys by victims of MST. These victims had been interviewed by CID SAs following their assault. I conducted the interviews using a phenomenological approach and looked at the entire shared experiences of those interviewed. Data were collected from five CID SAs and one victim of MST that all met the criteria for participation. I used manual coding to analyze the response of the semi structured interviews, surveys, and follow-up in-depth interviews.

Definition of Terms

Posttraumatic stress disorder (PTSD): According to the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (2013) PTSD is:

Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma

- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

Criterion B (one required): The traumatic event is persistently re-experienced, in the following way(s):

- Intrusive thoughts
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

Criterion C (one required): Avoidance of trauma-related stimuli after the trauma, in the following way(s):

- Trauma-related thoughts or feelings
- Trauma-related reminders

Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated

- Difficulty experiencing positive affect

Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

Criterion F (required): Symptoms last for more than 1 month.

Criterion G (required): Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness. (p. 271)

Enhanced cognitive interviews: Interviews designed to enhance memory recall and increase the quality of the police interview. Further, the use of these techniques require training in usage in order to be effective (Zimmerman, 2004).

Military sexual trauma (MST): A sexual assault while serving in the military on active duty by an intimate partner on active duty (Valente, 2007).

Secondary trauma: Trauma experienced when there is exposure to another person's suffering from a traumatic experience (Brown, 2013).

Assumptions

In this study, I made an assumption based off my own personal experiences with 13 years working with the CID organization. This assumption was that there have been many improvements in the treatment of victims of sexual trauma over the course of my tenure with the organization. However, with the development of improved enhanced cognitive interviews, SAs are still causing negative experiences in victims of MST during interviews. In this study, I made a determination that victims of MST who had been interviewed by CID SAs are still experiencing negative outcomes due to the interview process.

Scope

This study was limited to victims of MST who had undergone the CID interview process after reporting their MST. Those victims were also limited to members of the U.S. Army. The phenomenon being researched was the lived experiences of the victims who had suffered MST and had undergone the CID interview process within the U.S. Army. Those lived experiences can be operationalized to other areas of the United States because all soldiers at some point depart military service, and if they suffered MST and underwent the CID interview process they could spread out across the United States as well as other locations world-wide.

Limitations

Data collection through encoding and analysis required me to put all biases aside in order to provide an objective research project. The objective was to suspend judgement while conducting the interviews. Participants provided only their experiences related to

the interview process. I approached the participants in a manner where I was detached and unbiased with no preconceived notions in order to not influence the participants in their interview with me. This was accomplished through extreme care and awareness of my biases, which I consciously minimized as much as possible.

Significance

This study filled a gap in knowledge by focusing on the CID interview process of victims of MST. This was unique research, where I focused on interviewing a victim of MST which is an underresearched topic area in the field of law enforcement. The results of my interview illuminated the law enforcement interview's effects on victims who have suffered MST. Insights will aid law enforcement in the U.S. Army to implement a different approach to interviewing victims of MST, which would decrease their exposure to negative experiences during the interview process. Reducing negative experiences in an all voluntary service could provide social change by addressing a potentially flawed process that could have a lasting impact for years to come on the mental stability and recovery of victims of MST (see Symonds, 2010).

Law enforcement around the country could benefit from the results of this study by using it to inform their approach toward interviewing victims of sexual trauma. The findings of this study will bring awareness to the importance of understanding the effects of the work environment and job satisfaction on the abilities of a law enforcement officer to interact with victims of sexual trauma. Even though there are protocols available today which can reduce interview trauma and improve memory evidence, the officer may be unable to use them appropriately. By being aware of the pitfalls of the working

atmosphere of the law enforcement's organization on the officer's abilities, departments can prepare, train, and educate officers to significantly reduce these affects. The significant social change implication for my research on the victims of sexual trauma is that by bringing awareness to the interview process's impact on victims, services from law enforcement can be improved. The impact on the U.S. Army is also significant and clear in that this is the first study of its type conducted on Army personnel and the results will provide insights to better improve Army law enforcement techniques.

The theoretical significance is that awareness will also be brought to the subject of job satisfaction on job performance. Armed with this knowledge there can be a holistic approach to the improvement of law enforcement. The first approach would be to improve the working environment of the CID SAs, thereby improving their job satisfaction and reducing the vicarious trauma they experience (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; Kazmi & Pratap, 2015).

Summary and Transition

There is no decrease in the U.S. Army's pervasiveness of victims of MST even though there has been heightened awareness to the issue (Worthen, 2011). Further, the Army has implemented several prevention programs in an attempt to reduce the prevalence of sexual assault, but the culture of prevention has still not produced a reduction in the number of incidences of sexual assault (Worthen, 2011). There was a need to conduct a phenomenological investigation into the law enforcement interview of victims of MST since there was no relief in site to the number of sexual assaults in the U.S. Army (see Worthen, 2011). The HRT was an appropriate framework for

understanding why the victims of MST are suffering trauma from the CID interview process after reporting their experiences. The findings of this research will allow for improvements in law enforcement as a whole as well as bring an understanding to the shortcomings of law enforcement within the U.S. Army. This chapter will be followed by Chapter 2, where I will provide a review of the relevant research literature.

Chapter 2: Literature Review

Problem Statement

The U.S. Army CID is the premiere U.S. Army law enforcement agency responsible for providing felony-level investigations which include MST investigations (CID Recruiting, n.d.). Challenges arise during the law enforcement interviews of victims of MST when trying to not cause further injury during the interview process. According to Holliday et al. (2014), victims of MST who are reporting their MST to law enforcement are likely to be impaired by the trauma they experienced as a result of their intimately traumatic event.

Complainants of MST are required by CID to provide many in-depth painful details about the sexual trauma they experienced to the CID agent (Strand, 2014). Not only are these victims already suffering psychologically, but they are also potentially experiencing negative physical reactions to the exposure of the traumatic event as well (Allard et al., 2011, p. 331). The officers that make up law enforcement may simply be unaware of the psychological and physical effects associated with MST, and therefore, be unaware of the impact of their interview techniques on victims.

Literature Search Strategy

I conducted a meticulous and thorough search of research databases to procure a wide array of research on sexually-related trauma, MST, and law enforcement interview processes. The search results included the following journals: *Journal of Feminist Family Therapy*, *Australian Feminist Studies*, *Journal of Women's Health*, *International Society for Traumatic Stress Studies*, *Alcohol Research: Current Review*, *Military Medicine*,

Trauma and Substance Abuse, Psychiatry, Psychology and Law, Sexual Assault Sexual Harassment in the U.S. Military, Journal of Traumatic Stress, The Rape Victim, Policing and Society, The Aftermath of Rape, Administrative Science Quarterly, National Center for Women and Policing, Psychology of Women Quarterly, American Journal of Public Health, American Journal of Preventive Medicine, Journal of Trauma and Dissociation, International Journal of Police Science and Management, Journal of Management Studies, Journal of Human Behavior in the Social Environment, Women Veterans Health, Violence Against Women, Journal of Interpersonal Violence, Journal of Affective Disorders, Journal of Family Practice, Center for Crime Prevention, Feminist Criminology, Applied Cognitive Psychology, Journal of Criminology, The Police Journal, Violence and Victims, Southern Criminal Justice Association, National Lawyers Guild Review, Policing: An International Journal of Police Strategies and Management, Journal of Sociolinguistics, Memory, Applied Cognitive Psychology, Police Practice and Research, Journal of Aggression, Maltreatment and Trauma, Psychology, Crime and Law, Applied Cognitive Psychology, Journal of Applied Research in Intellectual Disabilities, Indian Journal of Psychological Medicine, Personnel Psychology, International Journal of Stress Management, Journal of Criminal Justice, Annual Review of Psychology, Psychology and Health, and Crime and Delinquency.

I selected the date range of articles published between January 2000 and January 2017 in my search for literature. However, I also chose historical articles from the 1970s and later that helped establish the need for understanding personally held biases in the interview process of victims of rape. The key search terms I used included *military sexual*

trauma, police interviews, sexual assault victim re-victimization, military police interviews, sexual trauma, rape trauma, military sex, veteran sexual trauma, sexual trauma and post-traumatic stress disorder, women police, police biases, law enforcement interviews, trauma informed interview, police stress, occupational job satisfaction, and procedural justice. To acquire the research material, I mainly used the Walden University multidatabase search engine, Throeu and the databases of EBSCO Host, ProQuest, and Sagepub. More than 125 sources were selected from the search criteria which encompassed 47 academic journals and 10 dissertations/theses. Included in this literature review on victims of MST who have incurred further trauma due to the CID interview will be research in the fields of psychology, military medicine, and law enforcement. ProQuest dissertation submissions from Walden University that had been accepted within the past 5 years were also retrieved and used as examples in order to gain an understanding of the dissertation as well as expectations for a qualitative literature review. In this chapter, I first did a review of the problem statement and then presented the literature search strategy. Next, I will provide the theoretical foundation and conceptual framework, a review of the extant literature on the topic and finally, I will provide a summary and transition to the following chapter.

Theoretical Foundation and Conceptual Framework Applied to the CID

Interview Process of Victims of MST

Researchers have used the HRT, or *industrial psychology*, to understand the effects of the workplace environment on the effectiveness of the employee (Shafritz et al., 2016). My application of the theory in this research was similar in that I sought to

understand the level of workplace stress and the impact that pressure has on the CID agent and the extent to which that workplace stress affects victims of MST during the interview process. When CID agents do not grasp the extent to which they are negatively affected by workplace environment, they create perceptions of the requirements for successfully performing their jobs (Kopaneva & Sias, 2015). When this self-perception becomes the cultural norm, wrong decisions get made and agents (employees) approach the interview of victims of MST (production) in a contrary manner (Bouranta et al., 2015). HRT becomes increasingly important as a lens from which to view the effectiveness of the police interview of victims of MST. The reduced application of victim interview techniques can cause a multitude of issues both in testimony and in injury to the victims of MST (Lapaglia et al., 2014).

The application of the organizational cultural perspective framework allows the environment in which CID agents operate to be examined as a factor in determining whether the CID agent created a positive or negative victim interview (Colomb, Ginet, Wright, Demarchi, & Sadler, 2013). Agents who are more satisfied with their work environments are going to be more productive, or in the case of the law enforcement, are going to be more efficient at conducting highly sensitive cognitive interviews (Dando, Wilcock, Milne, & Henry, 2009). If CID agents experience an adverse environment (burnout) from their exposure to the harsh realities of law enforcement, then they run the risk of impacting victims of MST in a negative way when they conduct interviews. When the victim is affected negatively due to the approach of the CID agent, the organizational cultural perspective would allow the evaluation of the adverse work environment to be

evaluated to determine its impact on how CID experienced personnel conducted that interview (see Greeson et al., 2014). Both the HRT and the organizational cultural structure perspective framework allowed for a robust understanding of the impact of the workplace environment on the ability of CID experienced personnel to conduct interviews of victims of MST free from injury.

Literature Review

Military Sexual Trauma

The military is a culture which is made up of a male fraternity in which there are male and female soldiers or an “us versus them” makeup, where the female gender works in an uncertain environment due to the potential for sexual assault (Schaffer, 2014; Wadham, 2013; Wolff & Mills, 2016). Looking back at the understanding which has been developed of RTS and MST we can see that there needs to be a culture change of the U.S. military from victim focus to offender focus in order to get ahead of and prevent sexual assault within the ranks. The military fraternity is unique because of the bonds that are formed through unit cohesion and it can have a positive impact on the people who take part (Breslau, Setodji, & Vaughan, 2016; Siebold, Crabb, Woodward, & King, 2016; Thomassen et al., 2015). This positive cohesion is formed within military units through comradery; a stout sagacity of purpose is developed when military members train together and form bonds in preparing for potential combat operations (Breslau et al., 2016; Siebold et al., 2016; Thomassen et al., 2015). These bonds are believed to develop a stronger resilience in combat operations (Breslau et al., 2016; Siebold et al., 2016; Thomassen et al., 2015).

When these bonds and bands of brotherhood are breached from within by sexual trauma, the effects can have long-term consequences for those who suffered trauma at the hands of their fellow “brother.” The effects are not limited to just the victim but also the unit, unit cohesion, and the mission readiness of fellow service members. The act of sexual perpetration upon another has the potential to eat away at the very core of the bonds which form the resilience to combat operations and is the greatest enemy to the U.S. military in peace and war (Breslau et al., 2016; Siebold et al., 2016; Thomassen et al., 2015). MST is not only a constant and widespread problem within the Department of Defense, but more narrowly, within the U.S. Army because it is severely underreported due to biases and other factors that hinder reporting such as lack of education, engagement at all command levels, prevention methods, and treatment (Groves, 2013). Due to the expected and continued increase in sexual assaults, it is imperative to review the long road to understanding rape trauma as well as the intricacies of MST and the military operating environment.

There are specific months that appear to be more likely than others as the time for rapes and sexual assaults to occur. In 1869, Adolphe Quetelet, developed the idea that delinquency occurs more in warmer climates than in cold and in warmer months more than in colder months (Hursh, 1977). As this theory is applied to sexual assaults, it is obvious that both the subject and victim are exposed to the colder elements during those cold temperatures, and therefore, it is expected that rapes and sexual assaults would decline in that time of year, which is statistically consistent (Hursch, 1977, p. 19). An example of the ebb and flow of crimes was taken from Colorado pertaining to rapes and

sexual assaults with the highest concentrations of reported rapes in September 1973 (Hursch, 1977).

The person who has made the choice to rape is schooled by society to exert authority over another, just as sections of society exert control over another section of society. The individual rapist is not always the one on the fringe of the community but can be one that is part of the community who is exerting a reign of terror on a victim of rape (Metzger, n.d.). The rape itself becomes an act of brutal and debilitating combat which breaks the bonds of trust within a community, destroying the meaning of sex, human bonds, and relationships (Metzger, n.d.). This ultimately has an effect on the community, not just the victim. The woman subjected to rape is clear in her condition, understanding the terror that has been heaped upon her with distinct precision (Metzger, n.d., p. 4).

Rape is a crime that sits alone in the judicial battleground where the victim is also put on trial. If the accusation of rape is believed by the police and makes it to the court room, the victim of the crime is often accused of provocation of the rape, whereas the perpetrator is often treated as though they are the victim of defamation (Hartwig & Sandler, n.d.). Without a corroborating witness, states are unlikely to even obtain a grand jury indictment (Hartwig & Sandler, n.d.). Rape is such an intimate crime that it is the most traumatic of violent crimes where the victim has survived and is the fastest growing crime in America, with the least amount of successful prosecutions (Hartwig & Sandler, n.d., p. 11).

Within the American culture, subconsciously runs the vein of thought that since success and failure is individual, it must be the individual's fault they were raped, and therefore, contributing to a lack of sympathy for the victim of rape. When the rape victim takes the complaint of rape to police, they are entering a male-dominated field where the mindset is that of male values (Hartwig & Sandler, n.d.). These sets of values that police officers often have (whether conscious or subconscious), that the rape was probably the victim's fault, casts a shadow of doubt on the victim reporting the crime (Hartwig & Sandler, n.d.). The concern is further raised in the arena of rape accusations that the victim reporting the crime is crying wolf, stemming from guilt of her own sexual promiscuity leading to a high amount of unfounded rape accusations (Hartwig & Sandler, n.d.). While the concern is valid, the number of unfounded rape allegations was only around 2% at the time the article cited was written (Hartwig & Sandler, n.d.). Two percent of unfounded cases within the sexual crimes is consistent with the unfounding of other felony type cases (Hartwig & Sandler, n.d., p. 13).

Rape definitions have continued to be an area of concern as well because there is difficulty in defining what rape is, and therefore, assessing the occurrences of the offense. From 1972 to 1974, there was a 60% increase in the number of reported cases of rape (Hartwig & Sandler, n.d.). However, whether there was an increase in the incidence of rape or whether the increased awareness of the rape has led to better reporting and victims coming forward is unknown (Hartwig & Sandler, n.d.). Making the assessment of the occurrences even more difficult is that most states have varying definitions and reporting requirements to the Federal Bureau of Investigations' Uniform Crime Statistics,

which means there is no consistent consensus in the number of rapes occurring (Hartwig & Sandler, n.d., p. 18).

About 2.4 million service members have been deployed to Operation Iraqi Freedom and Operation Enduring Freedom (Baltrushes & Karnik, 2013; Kip et al., 2015; Turchik, Pavao, Hyun, Mark, & Kimerling, 2012) and during those deployments have experienced numerous combat operations. Military members who have been exposed at these high rates to combat are at risk for developing PTSD (Worthen, 2011; Baltrushes & Karnik, 2013; Kip et al., 2015; Turchik, et al., 2012). There has been an increase in understanding PTSD amongst veterans of these military engagements but less about the anger associated with the effects of PTSD from combat exposure. Anger is an emotional state and is associated with violent outbursts, uncontrolled violent behavior and hostility which has been observed in association with combat since the days of Homer, described as Berserker rage in the *Iliad* (Worthen, 2011). Added into this mix of volatility are those who have not only been directly involved in combat actions, but have suffered MST as well. Understanding of the significance of the presence of PTSD amongst service members is imperative since the numbers range from 2 to 42 % of military members suffering PTSD, making a very large portion of the population extremely vulnerable to further victimization (Kimerling, Street, Pavao, Smith, Cronkite, Holmes, & Frayne, 2010; Kip et al., 2015).

According to O'Donohue, Carlson, Benuto & Bennett (2014), Rape Trauma Syndrome is a regularly experienced set of symptoms which follows a rape and is a subset type of post-traumatic stress disorder. The symptoms experienced after a rape can

include sexual dysfunction, depression, humiliation, muscle tensions, headaches, decreased appetites, insomnia, nightmares and phobias within women.

Studies have suggested that low cortisol levels have been associated with risk factors in which individuals who experience trauma develop sympathetic rejoinders wherein cognitive function is impaired and aberrant memories are developed which is typical to those experiencing PTSD (Ouimette & Read, 2014). The abnormal opiod receptor activity which reduces cortisol within the body may be effected when a person chooses to self medicate in an attempt to regulate responses to their traumatic experiences. This self medication can further cause damage by reducing the function of the opiod receptors which regulates cortisol. Alcohol as a substance use disorder (SUD) has been shown to blunt the day-to-day parameters of cortisol within the body. The individuals which turn to alcohol as a method for which to regulate their traumatic experiences have a higher risk of developing SUD, which further validates the self medication theory (Ouimette & Read, 2014).

The impaired opiod receptors allow the hippocampus to go from the forefront controlling center of the brain to the amygdala, taking over the regulation due to increased and unregulated fear. The amygdala controls fear responses and is normally kept in check by the regulation of cortisol within the body. However, when the opiod receptors become impaired, cortisol functions become stunted in productivity and the hippocampus begins to decrease in regulation. This decreased Medial Prefrontal Cortex response of the hippocampus in turn coincides with the hyperactivity of the amygdala allowing the brain to become highjacked by the fear responses and fear conditioning

(Ouimette & Read, 2014; Weber, 2016; Goleman, 2006). Victims of trauma which exhibit signs and symptoms of PTSD have had neuroimages which have been shown that the victims have increased amygdale exaggerated responses (Ouimette & Read, 2014).

The motivation and reward wiring of the brain is the area of the nucleus accumbens (NAC) which have been shown to modulate behavior as well as reduce compulsive behaviors residing in the orbitofrontal cortex (OFO) and the anterior cingulate cortex (ACC) of the brain. Dopamine is the reward pleasure chemical which is accountable for addiction and compulsion. Abnormalities in the OFO and ACC begin to develop when introduction to substances is present and has been shown to continue through detoxification and abstinence. These dopaminergic responses impair the activation of the ACC, in turn allowing the desire and cravings for a substance to be unabated (Rolls, 2004; Rolls & Kringelbach, 2004; Ouimette & Read, 2014).

A Veterans Health Administration health intake survey amongst female veterans determined that females who had reported MST were nine times more likely to develop the psychiatric disorder of PTSD as compared to those female veterans which had not reported MST. Further, female veterans were more likely to develop PTSD from MST as compared to civilian women who had been sexually traumatized due to the uniqueness of the military culture (Suris, Link-Malcolm, Chard, Ahn, & North, 2013). Due to the association of the comradery of the military and expected unit morale with restricted freedoms such as the ability to distance oneself from a perpetrator if they were your superior officer or superior non-commissioned officer, a victim is left in a repetitive cycle of exposure to harassment and torment by the offender. Due to this type of unique

situation for many victims, they are four times more likely to develop PTSD from their MST as compared to civilian females who incur similar trauma (Suris et al., 2013). The U.S. Military Medical Command (MEDCOM) has advanced its understanding in how to treat trauma through more than 15 years of conflict in Iraq and Afghanistan. MEDCOM is positioned well to provide greater services and treatment to military members who have suffered trauma, either through combat or MST (Remick, 2016). The demand for mental health treatment by service members before, during and after deployments has significantly increased as MST has become better understood and better reported (Leroux, Kum, Dabney, & Wells, 2016).

Over the past 15 years, combat veterans who have reported MST have allowed the understanding of trauma to expand as well as an understanding of the development of disorders within PTSD. PTSD has been expanded to include dimensions of Depressive Disorders (DD) and SUD, providing valuable insights into the co-occurrence of these and other manifestations of the longterm health effects of MST. These positive screens have allowed MEDCOM to create specific treatment programs with focuses on each of these interactions within a survivor of MST (Gilmore et al., 2016; Costanzo et al., 2016). To further complicate the issue of understanding the long term effects of MST, not everyone who has experienced MST develops PTSD and co-occurring disorders. However, they may still have subthreshold significant functioning impairments which were measured through physiological responses equal to those with fully developed PTSD even though they were assessed as subthreshold PTSD. This discovery effectively makes the case that even though the victims of MST may not have fully developed PTSD they may still be

suffering impairments which need to be addressed (Costanzo et al., 2016). A study by Vogt (2014) indicated that women were as resilient as men when exposed to combat operations through Iraq and Afghanistan, but according to Gilmore et al., (2016) women were more likely to experience PTSD than men when exposed to MST and combat operations. These gender differences in developing various levels of PTSD associated with MST are also present in those victims dealing with suicidal ideations as a result of MST (Monteith, Menefee, Forster, Wanner, & Bahraini, 2015). However, much more study and research needs to be conducted on the link between MST and suicidal ideations, as the current knowledge base is compelling, but some research has yielded mixed results.

According to a Government Accountability Office (GAO) study females have long been viewed as the primary victims of sexual assault and harassment (2015). This view was perpetuated due to reports such as the Uniform Crime Report (UCR) which is the Federal Bureau of Investigations annual report on national crime data. Prior to January 1, 2013, the UCR defined rape as “the carnal knowledge of a female forcibly and against her will.” However, on January 1, 2013, the definition was changed to read “Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim (GAO, 2015, p. 6; FBI, 2014, para. 3).

Since the inception of a more inclusive definition of sexual assault and rape, the GAO found that females were more likely to report they had been raped or sexually assaulted, about 40 percent of the time, as compared to male service members who would

report about 13 percent of the time (Morral, Gore, & Schell, 2014). Males as victims of sexual assault have long been overlooked and because of the lack of gender neutral descriptions of victims, males were often excluded from reporting rape. It is worth noting that the percentages for male and female victims does not represent the prevalence of MST, as it is accepted to be widely under reported (GAO, 2015). With the additional support of a more inclusive criminal definition of rape from the FBI and the adaptation by the Department of Defense, the rate of reports of male victimization has increased, but remains far below the reporting by female counterparts (GAO, 2015). Understanding that males are victims of MST and are prone to the long-lasting effects of trauma highlights the potential for the development of PTSD within male survivors who either continue in military service or exit the services. Male victimization, while suffering some of the same trauma as females, has its own personal, lasting effects on the victim. Some of these include feelings of being stripped of their masculinity, which is expected within the military culture, as well as additional feelings of powerlessness and helplessness (GAO, 2015).

MST increases stress and trauma on those who have been victimized. Due to this increase in trauma and stress, victims are at a very high risk of turning to alcohol which would further impair their cognitive abilities to function socially within educational environments as well as perform properly in the work environment and potentially putting others in harms way (Schumm & Chard, 2006). The majority of the over one million service members are male and, according to Schumm and Chard, are at higher risk for self-medicating through the usage of alcohol (2015). Further, over 50% of all

sexual assaults are facilitated by alcohol, which increases the potential to be either victimized or, due to inhibiting factors under alcohol and psychosis, allow the male and or female to go from victim to also being a perpetrator or be revictimized (Cowley, 2013).

Men who suffer PTSD as a result of MST are less responsive to treatment than women and their disorder more pervasive according to researchers within the Department of Veterans Affairs (Hoyt, Rielage, & Williams, 2011). Men with MST were more likely to be diagnosed with anxiety, bipolar disorder, personality disorders, PTSD, emotional disorders and a decrease in work productivity as compared to women. This is partially due to the lack of study in this area since the inception within the DSM-3 of PTSD men were more often associated with PTSD from combat, whereas women were more likely to incur PTSD from sexual trauma. Since this association from the mid-1970s has persisted, very little research has been done to determine the best approaches to reducing PTSD in men who have experienced MST (Hoyt et al., 2011). As a result of this prevalent belief, rape myths persist amongst care providers e.g. rapes in males only occur in prison, that males must be homosexual, and the trauma of rape in females is greater than in men (Hoyt et al., 2011).

According to Burgess, Lee, and Carretta (2016), online reporting has improved the reporting options for male victims of MST. Prior to the online reporting of MST, male service members were much less likely to report MST. However, since online reporting was made available males were more likely to report MST using the online resource. The men who have reported MST online reported higher rates of injury, chronic

pain as well as much more disturbing thoughts of the incident than their female counterparts who reported online MST (Burgess, Lee, & Carretta, 2016).

The Military Rape Victim

Those who come into military service are more likely to have experienced adverse childhood experiences (ACE; Katon et al., 2015). According to the Centers for Disease Control (CDC), ACEs are physical, sexual and psychological abuse (CDC, n.d). Those who have military service are more likely than their civilian counterparts to have experienced ACEs which places the military service member at risk in their adult life for adverse health outcomes which is linked to early death (Katon et al., 2015; Turner, 2016; Montgomery, Cutuli, Evans-Chase, Treglia, & Culhane, 2013). This facet of military service is an important factor to be understood because of the high number of individuals with ACEs serving in the U.S. military as they are more likely to have also suffered MST which would further cause traumatic injury.

During the first four years of life approximately 90 % of the brain is developed through experiences (Felitti et al., 1998). During these formative years ACEs cause the dysregulation of neurodevelopment, which further impairs social, emotional and cognitive development leaving a child vulnerable to adverse health risks in adulthood (Felitti et al., 1998). Also, according to the CDC, ACEs are associated with aggression, paranoia, anti-social behavior, violent outbursts, uncontrollable mood swings and other severe medical issues. Law enforcement as a whole does not have the understanding of these lifelong developmental issues which are further compounded by traumatic experiences due to MST. This is a problem for the civilian law enforcement officer, but

even a much more imperative issue for those SAs within the U.S. Army to understand during the law enforcement interview of victims of MST. Unlike the civilian sectors where law enforcement interacts with a much more diverse population which may not have all of the compounding ACEs, combat experiences and MST that a victim may be dealing with while serving in the U.S. Army (Rudenstine et al., 2015). Therefore it is imperative for the SAs of the United States Army Criminal Investigation Divisions Command (USACIDC) to be aware and have the toolkit to interview without causing further injury to a victim of MST. Complicating the world of law enforcement is also those anti-social behaviors a victim may display due to ACEs or PTSD, causing an unprepared or uninformed special agent to misinterpret those victim attributes as anything ranging from fabrication of the report of MST to disdain for law enforcement in general. As Soldiers who have experienced MST, combat exposure as well as ACEs the likelihood that the Soldier would already be dealing with either diagnosed or undiagnosed PTSD is highly likely (Rudenstine et al., 2015). Therefore an agent would require very specific and highly technical training on how to conduct an interview of this victim

Law Enforcement and the Rape Victim

At this point the researcher has made clear that victims of rape have suffered a traumatic experience. Out of those traumatic experiences comes many different forms of psychophysiological manifestations of traumatic disorders such as depression, anger, anti-social behavior and others. The U.S. Army now employs special victim special agents who are highly trained to employ specific interview techniques designed to prevent further trauma to victims of MST. However, the perceptions of the special agents

must be examined in order to determine the mindset from which they would conduct those interviews. Examining the attitudes of police officers is critical to determine their beliefs about rape survivors. If law enforcement officers have a perception that is negative toward the victim of the rape, then that will adversely affect their perceptions of the rape incident (Lee, Lee, & Lee, 2012; Barnard, 2015; O'Neal, 2015).

The law enforcement officer is likely to be influenced in their approach to victim interviews of MST by their susceptibility to rape culture myths and stereotypes, especially when a victim does not respond in a manner perceived to be the “typical” victim (Page, 2008; Mongold, 2015). The gender of the police officer also plays a significant role in this process. Male police officers have related they would be more sympathetic to murder cases and cases involving children than cases involving rape (Oxburgh, Ost, Morris, & Cherryman, 2015). Female police officers were found to be more caring and concerned for victims of violent crime as well as being better educated (Lonsway, Moore, Harrington, Smeal, & Spillar, 2003; Coonen, 2016). The attitudes of male and female officers are very different, however they both experience stress and job dissatisfaction about the same (Hassell, Archbold, & Stichman, 2011). It is these attitudinal differences as well as beliefs and roles which have an effect on the officer's interaction with victims of MST. The masculine approach for interviewing victims of MST is not as successful as the compassionate problem solving mode of soft interviewing techniques employed by female officers (McCarthy, 2013). However, the majority of rape crimes are crimes perpetrated by males, and law enforcement organizations tend to have a higher percentage of male officers, female officers face a

unique challenge of integrating within a masculine culture and still maintain sensitivity in interacting with victims of violent crime (Rich & Seffrin, 2014). Women police officers are expected to integrate into the hyper masculine military or para military police environments yet be able to build a rapport with victims who feel more comfortable with police women rather than their male counterparts (Rich & Seffrin, 2014). Many female victims of rape are less likely to be satisfied with the interaction outcomes with male police officers as compared to female police officers (Van Dijk, 2010). Due to the victim's interaction with the police, they are sometimes left feeling as though they have been violated again by the police simply because they have reported being a victim of a crime (Maier, 2008; O'Neal, 2015).

Police officers and the criminal justice system as a whole has improved in its ability to respond effectively to complainants of rape, and achieved greater prosecutions and conviction rates due to better education of those police working within law enforcement (Lonsway & Archambault, 2012). When there is an isolated case sometimes referred to as a "he said, she said" investigation, the interviewing abilities of the police officer becomes the most important method in gathering quality evidence (Dando, Wilcock, & Milne, 2009). There are appropriate ways in which police officers should engage interview techniques with victims of rape in ways which are more likely to produce greater psycho-forensic evidence. This evidence increases the believability of the victim which is more closely related to furtherance of prosecution and conviction of the offender (Westera, Kebbell, & Milne, 2011). The use of forensic science in sexual assault cases has improved with DNA examinations wherein offenders can be linked to victims

with high degrees of statistical probability. However, the drawback is that forensic sciences do little for increasing the likelihood of prosecution in rape cases when the victim and perpetrator agree that sex did indeed occur, and the only witness to the crime is the victim (Johnson, Peterson, Sommers, & Baskin, 2012). These instances are when it becomes important to focus on the psycho-forensic evidence which is obtained during the interview process, and with the recording of the interview preserved for later viewing by the jury (Westera, Kebbell, & Milne, 2016). The individual law enforcement officer can have a tremendous impact on the success of the interview and investigation. Most police departments allow for the individual officers to make a determination on the validity of the allegation being made. Therefore the interview, as well as the allegation, can be influenced by officer biases (Lonsway, Archambault, & Lisak, 2010).

The recording of police interviews is not just a practice for subject interviews, but should be used by police officers in interviewing victims of rape as well, for several reasons. The first reason for recording interviews of rape complainants is that the prosecution is more likely to be persuaded to prefer charges. Secondly, the interviewing technique of the police officer can be evaluated for training and educational purposes as well as previously mentioned presented to the jury for viewing (Westera, Powell, & Milne, 2015). The recorded victim interview enhances the clarity of the victim's statements and provides an improved process for the victim. However, there are drawbacks, such as the juror's perceptions of the interview technique used by law enforcement officers (Westera, Kebbell, & Milne, 2013). Training in the realm of police interviewing is of the utmost importance in developing and reforming interview

techniques which do not cause traumatic injury to the victim but still obtains the necessary information required for successful prosecution as well as providing that understanding and nurturing environment in which victims need (Poyser & Milne, 2015). Other draw backs to the lack of training in cognitive interview techniques is that the officer will not develop a quality interview and will likely leave the victim feeling as though they may have been re-victimized (Fisher & Geiselman, 2010). This revictimization may occur because of interviewer biases or because the interviewing methods are too complex and overwhelming to be useful in the interview process in order to obtain the needed information from the interviewee (Dando, Wilcock, Behnke, & Milne, 2009). When the police officer does not conduct an appropriate interview, they can skew the memory of the victim and cause an increase in false memories or retrieval-enhanced suggestibility even when using a cognitive interview approach (Lapaglia, Wilford, Rivard, Chan, & Fisher, 2014). Benefits of recording the victim relating the details which they can provide in an interview would reduce the stress of having to testify in court, as well as allow the victim to slowly, and in detail, relate articles of conversation with the perpetrator as most cases of rape revolve around issues of consent. Another benefit would be that the victim would be able to relax and provide the narrative within their ability even if they were suffering fragmented memories or other impairments without the power differential between the interviewer and the interviewee (Westera, Mckimmie, Kebbell, Milne, & Masser, 2015).

Someone who has experienced trauma may not be able to provide the most accurate or reliable details during the interview process. The development of an interview

method called a cognitive interview was advanced in 1984 by police officers in an attempt to mitigate the effects of trauma on memory when in the interview process. The cognitive interview is now the world's leading interview technique. It is used to moderate the inconsistencies between the experienced trauma and the memory feedback during the police interview (Paulo, Albuquerque, & Bull, 2013; Lim, 2016). The cognitive interview has even been shown to escalate accurate memory and been used to provide more clarity and details in adults with intellectual disabilities (Clarke, Prescott, & Milne, 2013; Sharman & Powell, 2013). The cognitive interview process requires interviewees and interviewers to follow rules when being interviewed and research has shown that those instructions to the interviewee did not cause false memories, nor enhance suggestibility (Paulo, Albuquerque, & Bull, 2013; Lim, 2016; Sharman & Powell, 2013; Clarke, Prescott, & Milne, 2013). The personal characteristics of the law enforcement officer would have an effect on a cognitive interview, sometimes referred to as a structured interview, of a victim of sexual assault. Characteristics such as cognitive abilities, personalities, gender and experience affects the ability of the officer to adhere to interview guidelines (Lafontaine & Cyr, 2016). This study reveals that law enforcement personnel such as CID agents and others would need to conduct rigorous training in this arena to prevent a negative interview impact with a victim of MST. The cognitive interview structure was examined and determined to be highly effective for use in the field by law enforcement and was shown to be more effective than an off the cuff interview by the police (Colomb, Ginet, Wright, Demarchi, & Sadler, 2013). Since the beginning of the use of the cognitive interview it has grown and modified and has taken

on a multidisciplinary approach to interviewing victims and witnesses of crimes, and has shown that it is highly adaptable and has the ability to continue to develop to meet the needs of law enforcement and victims today and in the future (Dando, Wilcock, Milne, & Henry, 2009).

Whenever police have a positive interview experience with a sexual assault victim, the victims perceived the interviewer to be caring, compassionate and personable. The interview with the victim is considered to be negative when the officer is seen as uncaring, intimidating and insensitive. Either of these types of experiences can impact the emotional health of the victim (Greeson, Campbell, & Fehler-Cabral, 2014). As noted earlier, when victims have experienced MST they are suffering numerous psychological stimuli. When a negative interaction from the police is experienced by the victim of MST then the negative emotional impact is more likely to cause further trauma to the victim who is in an already fragile mental state. Society at large, including the police and the victim of MST, who may already hold the conscious thought that the victim of rape would suffer a “second-wave” traumatic experience from the police due to the nature of the criminal justice process (Anderson & Doherty, 2008). An officer who is conducting an interview must be aware of the negative stereotypes which exist, the potential to cause further trauma with a victim suffering MST, as well as understand the power dynamic which is at play with the authority of the officer considered and the deferential role of the victim (Macleod, 2016). There are many nuances which must be considered by the police officer when conducting interviews and when these nuances are ignored or overlooked,

either intentionally or un-intentionally, they have the potential to damage the interviewee as well as the interviewing process.

Accountability of the police officers who engage with the citizens is paramount. As it stands now, there is no developed instrument to be used to determine the accountability of the police officers who interview victims of MST. Muth and Jack (2016) argue that there must be accountability applied to law enforcement as public servants in order to hold them accountable for their actions, or lack thereof. In 1985 the United Nations made a *Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power* which recognized that victims had rights (Wilson & Segrave, 2011). The United States has had victim rights since the 1970s. However, it was the international recognition which sparked the world-wide promotion of those rights. Even though victims of crimes have enjoyed rights, those rights have been focused on the delivery of the duties and responsibilities within the criminal justice system, and not on the services provided by the police officer, such as the interview or investigative process (Wilson & Segrave, 2011). CID SAs may be unaware they are engaging in a line of questioning during the interview process which is not in line with the abilities of the victim to provide information pertaining to the crime of MST. The officers may implicitly question the inconsistencies within the statements made by the victims of MST who are already vulnerable and operating in a mentally impaired state, causing the victim to become a “second wave” victim (Antaki, Richardson, Stokoe, & Willott, 2015). When a victim feels as though they have experienced trauma through the interview and investigative process they have no outlet, except to suffer in silence. There is no method of

determining the effectiveness of the Special Agent or the ability to retrain and reeducate as there are no checks and accountability at this time. Further, victims of MST who cannot recall all of the details and have fragmented memory of the incident, are more fearful of police interviews as they may not know all of the details they feel will be required of them to know, in order to be believed. This fear may lead to a more insecure interaction with the police causing mistrust and loathing on the part of the victim (Hardy, Young, & Holmes, 2009).

When the authoritative power structure of the interview process is removed and a comparing and compassionate environment is created, victims of MST are more likely to experience a positive, supportive and insightful interview wherein they did not feel as though they had been re-victimized (Campbell, Adams, Wasco, Ahrens, & Sefl, 2010). Sexual assault is not just an issue that the U.S. military is dealing with, but a societal problem wherein one in five women will be sexually assaulted in their lifetime (Murphy, Banyard, Maynard, & Dufresne, 2011).

Job Satisfaction and Job Performance

USACIDC SAs are primarily soldiers, both enlisted and warrant officer, responsible for investigations of complaints of sexual assault and other felony level criminal acts within the U.S. Army. However, there are a few civilian sexual assault investigators who oversee the military enlisted special agents who conduct sexual assault investigations (U.S. Army, n.d.). CID SAs are unique in law enforcement in that as civilian police departments are gradually moving towards militarization, CID SAs have been militarized from the beginning (Heyer, 2014). Police officers, both civilian and

military must perform many functions within law enforcement, such as counter-insurgency operations, riot and mob control, high intensity confrontations with armed and dangerous criminals, as well as navigate the criminal court proceedings and domestic interventions. These encounters, roles and responsibilities of police officers are unique and incur psychological stress which could lead to psychiatric disorders in extreme cases but definitely manifests many negative expressions in most departments (Kaur, Chodagiri, & Reddi, 2013). Due to the stress of law enforcement responsibilities, it is a common understanding that police officers suffer PTSD and as such choose alcohol as a means to cope (Chopko, Palmieri, & Adams, 2013). As a result of the prolonged exposure to stress, police officers such as CID SAs also suffer burnout (Louw, 2014). Burnout is a psychological manifestation in response to prolonged stressors, which sours the relationship between the individual and the job (Martinussen, Richardsen, & Burke, 2007). According to Maslach, Schaufeli, and Leiter (2001) burnout manifests itself in three characteristics: exhaustion, cynicism and inefficacy. Prolonged stress, psychological disorders, burnout all which contribute to alcohol abuse. However, the CID Agents must still perform very sensitive interviews of rape complainants who are suffering many forms of PTSD. The interaction of the CID SAs with victims of MST are then expected to “cause no further harm,” but is this a reasonable expectation? Police management is responsible for monitoring burnout and expected to provide prevention and support for those officers who are suffering these debilitating disorders (Louw, 2014). The military trains high-stress scenarios in order to prepare soldiers for combat operations so that Soldiers can adapt to the extremely stressful experience of life

threatening combat. However, the training and resiliency is for combat missions over short periods (Mastroianni, Palmer, Penetar, & Tepe, 2011). The most dramatic issue facing CID SAs and other police officers is job stress which is not confined to short or midterm engagements, but day in and out for years over the course of an officer's career. Job satisfaction is related to the expectation of job continuance and/or intent to depart from the job. When the loyalty to the organization is cut by the determination to depart from the agency, performance will taper off (Tett & Meyer, 1993). The stress which officers experience is the main factor to determine police officer job satisfaction (McCreary & Thompson, 2006). USACIDC's attrition rate of special agents is about 57 % due to the exposure of occupational stress, the overwhelming majority of USACIDC investigations is the sexual assault/rape investigation (Santee, 2016). Police retention in the civilian sectors, although not as high as USACIDC's, is also in decline (Julseth, Ruiz, & Hummer, 2011). Research suggests that organizational support could help reduce poor commitment and increase job performance, but may not be sufficient on its own to reduce turnover as long as the occupation experiences high stress (Ng & Sarris, 2009). Fatigue and burnout from long term high stress on the officer further erodes the psychosocial abilities of the officer. This breakdown of the officer is not limited to the officer, but has an erosion effect on the communities in which law enforcement interacts. The officer is broken physically as well as suffering psychologically: Due to the high job pressures the body mass index (BMI), triglycerides, HDL-cholesterol, high blood pressure and waist circumferences all increase for many police officers (Garbarino & Magnavita, 2015). The officer would lack the physical and mental faculties to properly utilize some form of a

trauma informed interview if they are suffering high stress, burnout and fatigue (Basinska, Wiciak, & Daderman, 2014). The issues of stress and the prolonged effects is an issue for both male and female officers (Morash, Kwak, & Haarr, 2006). Police officers who are supported within the policing subculture through the “in-groups” report far less stress than those officers who are in the “out group,” yet both groups still report high levels of stress, fatigue and burnout (Rose & Unnithan, 2015). A survey of causes of stresses of police officers included issues such as inadequate supervisor support, trial mistreatment, departmental politics, various perceptions of non-policing requirements (Lucas, Weidner, & Janisse, 2012). Stress from the vicarious trauma in which police officers experience through their interaction with very high numbers of sexual violence from victims of sexual trauma also adds tremendous job stress (Tovar, 2011). When suffering officers interact with suffering victims of sexual trauma there, is no procedural justice served. The officer struggles and stress is increased as performance drops, the victim of sexual trauma feels the loss of trust in the system at best and at worst a second wave, trauma (Nix, Wolfe, Rojek, & Kaminski, 2015).

Summary, Conclusion and Transition

Therefore a study to determine whether or not CID law enforcement officers cause further trauma to victims of MST was well supported by the literature as a potential probability and justified further study to properly examine a correlation (Wadham, 2013; Breslau, Setodji, & Vaughan, 2016; O’Donohue, Carlson, Benuto & Bennett, 2014; Kaur, Chodagiri, & Reddi, 2013). As a result of the CID interaction with victims of MST wherein many outcomes are possible due to the psychological manifestations of each

individual, it became clear and apparent the need to study this interaction to determine positive forward progression (Basinska, Wiciak, & Daderman, 2014; Hassell, Archbold, & Stichman, 2011; Worthen, 2011). Investigative tools such as a Trauma Informed Interview process which utilizes a cognitive interview is meant to become a law enforcement officer's natural state when interviewing victims of MST. When that natural state becomes burdensome due to suffering both psychological and physical stressors, the CID SAs would be forced into a situation where they are rendered incapable of providing the soft interview approach needed to not cause further injury to a victim of MST (Oxburgh, Ost, Morris, & Cherryman, 2015; Dando, Wilcock, & Milne, 2009; Garbarino & Magnavita, 2015). Adversely, the victim of MST is in a hyper heightened state of arousal that they themselves cannot interact with the police in a manner that would prevent further psychological injury. Not all victims of MST develop PTSD, but they are at higher risk, and it is those victims which would be at the greatest risk at having an adverse police interaction (Suris, Link-Malcolm, Chard, Ahn, & North, 2013; Gilmore et al., 2016; Monteith, Menefee, Forster, Wanner, & Bahraini, 2015)

Gaps in the literature exist in the understanding of the occupational satisfaction of police officers and the performance of sensitive interviews. Although, there have been many studies on occupational satisfaction and police performance, there has not been any specific research on the uniqueness of felony-level law enforcement in the U.S. Army in relation to occupational satisfaction and job performance. Further, there is a lack of research in understanding a victim who is manifesting high levels of PTSD and how that manifestation is affected within the police interview. Additional gaps in research exist in

understanding how a male victim of MST interacts with the same or opposite gender of the law enforcement officer when presenting symptoms of PTSD. This research is the beginning of research into the U.S. Army's culture of felony law enforcement and the impact on victims of MST, with much further research needed in all areas. This research will fill the gap of on the job satisfaction and military law enforcement.

Chapter 3: Research Method

Introduction

The purpose of this study was to determine if the CID interview of victims of MST caused negative experiences for victims. Studies have indicated that human capital plays a role in the performance of duties of police officers and trauma affecting both the victim and the police officer (Bouranta, Siskos, Tsotsolas, 2015). In this phenomenological study, I utilized the shared experiences of five CID SAs and one victim of MST who had been interviewed by CID. The qualitative phenomenological approach was the most appropriate design for this study because the emphasis was on those shared experiences of the victim of MST who had been interviewed by CID.

In this chapter, I will address the methodological approach for this study. This chapter will include a discussion of the research design and rationale, role of the researcher, methodology, participant selection logic, instrumentation, data collection and analysis, validity, ethics, and participant protections. I will conclude the chapter with a summary.

Research Design and Rationale

I developed one overarching research question and one subquestion to address the research issue in this study:

Research Question: Do CID interview techniques and procedures have a negative impact on victims who have reported MST to law enforcement?

Subquestion: What specifically about the CID interview process led to a traumatic experience?

Phenomenological studies approach research from the perspective of the lived experiences of the participants (Creswell, 2013), a qualitative framework is the most appropriate approach for this research. There is an engagement between the interviewer and the interviewees shaping and molding the deep, complex, interactive dialogue of lived experience (Creswell, 2013). Creswell (2013) further established this collaborative approach as imperative because the participants are allowed input in order to shape their leitmotifs and pictures which materialize from the interviews. The inquiry into the traumatic experiences by victims of MST who underwent interviews by CID SAs was best explored through a calculated phenomenological approach using a qualitative investigation. The qualitative approach was best suited to this inquiry. The qualitative approach is more inductive, allowing for those who are going to be interviewed to express their feelings, which then can be explored for themes amongst the participants (Creswell, 2013). In contrast, the quantitative approach would be better for testing a hypothesis and establishing associations amongst two or more variables (Creswell, 2013).

In comparing different approaches the narrative approach is limited in its scope of focusing on just one or two participants giving a chronological narrative (Creswell, 2013). But this research was to be more in depth, thereby going beyond the narrative approach (see Creswell, 2013, p. 75). Grounded theory is an approach to further a theoretical approach; however, it does go beyond just a description of the events under inquiry (Creswell, 2013). The grounded theory would help direct the research, explaining the common familiarities of the participants (Creswell, 2013, p. 83). The ethnography approach focuses on the elements such as conduct, linguistic, and interface of those who

are being studied within their culture (Creswell, 2013, p. 90). The ethnographic approach would help a researcher provide a composite description of the culture of the group (Creswell, 2013, p. 90). The case study theory would interpret, scrutinize, and place emphasis on the issue being studied (Creswell, 2013). Through this theoretical lens, the theory would develop the design of the questions. Then, through valuation of what is being studied, the study would focus on the individual or the process that was made within a specific time and place (Creswell, 2013, p. 98). After comparison of other approaches, I chose the phenomenological design as the best suited approach to answer the research questions in this study.

Role of the Researcher

The very heart of the phenomenological approach is the information obtained during the semistructured interviews of the participants. The interviews are analyzed for themes and patterns. It was from this process that I drew the main data points. In order for a more accurate development of data, at all times I was self-aware of those biases I possessed. With this self-awareness, I was mindful to maintain a detached empirical stance at all times in order to prevent a prejudgement of the data collected.

I am a recently retired CID SA with over 13 years of CID experience. Further, at the time of the study, I interacted with many different CID SAs as friends and acquaintances almost on a daily basis. Because of my long history within the organization and exhaustive friendships, it was extremely important when interviewing CID experienced personnel to remain detached, neutral, and unassuming. However, it is my personal experience that allowed me as a researcher to gain access to CID agents willing

to participate in this research. I had no known authority or influence on any CID personnel in any capacity though. Upholding the best possible researcher awareness prevented the interviews and data from being tainted by my personal beliefs during this research.

Methodology

Using a purposeful, predetermined criterion, participants provided the empirical phenomenological data necessary in order for me to comprehend their shared experiences (see Moustakas, 1994, p. 21). I selected the participants from a purposive convenience sampling stratagem: Only those who had been victims of MST and had also undergone the CID interview process and were available still in the U.S. Army. Further, interviews of CID SAs were conducted to assess their interactions with victims of MST in the interview process to determine if their job satisfaction played a role in the way they interviewed victims. I used a reflective structural analysis to portray the essence of the shared experiences. The semistructured interviews were the clear basis for data obtained using open-ended questions and minimal dialogue. Upon completion, those shared experiences were structured based off my reflection of those interviews in order to be interpreted. From the interpretation of those reflections and data analysis, the meanings were derived, culminating in empirical phenomenological research as purported by Moustakas (1994). In order to prevent a Type III error, I entered into the interviews with an open mind (see Maxwell, 2013, p. 73). Maintaining the difference between the research question and the interview questions allowed me to focus the interview questions in order to best answer the research question (see Maxwell, 2013).

Participant Selection Logic

Using a predetermined selection checklist as the screening method, I ensured that participants met the criteria necessary to conduct this research. The short survey questions for victims of MST were:

1. Have you experienced a Military Sexual Trauma?
2. Have you been interviewed by CID SAs in reference to your MST?
3. Did you feel any worse after the interview than you did before the interview?

For the survey of CID SAs, the questions were:

1. Do you at least have five years' experience in CID?
2. Have you conducted more than 10 interviews of victims of MST?
3. Do you believe your job performance is affected by your job satisfaction?

The sample size for this qualitative study involved a purposive sampling focused on studying the experiences of those participants in depth (see Miles, Huberman, & Saldana, 2014, p. 31). This sampling size was not be to applied to all victims of MST and all police officers but to add to the understanding of the current theories in the field (see Miles et al., 2014, p. 32). Therefore, the sampling size was not large enough to be applicable to all victims of MST and police officers but was large enough to reach saturation of those who participated. I obtained a representation from victims of MST and CID SAs and, as Creswell (2013) pointed out, heterogeneous grouping can be achieved in a range from three to 15; I selected five CID personnel and one victim of MST for a total of six participants, in short, taking a small portion of a larger universe (p.78).

Instrumentation

I collected data through the use of semistructured interviews, where I utilized open-ended questions, the Impact of Events Scale-Revised (IES-R). The IES-R was developed and validated to measure the impact of a specific event that occurred within the past 7 days (Weiss, 2004). It is a measure of the impact of an event such as MST, but not a valid measure for on-the-job stress. This instrument is not meant to diagnose PTSD, but instead to measure the traumatic stressor of the event (Weiss, 2004).

By utilizing these questions from the IES-R, the participants were able to express their own experiences in value rather than be influenced by my biases as the researcher. Further, the IES-R questions focused the participants on the level to which they felt they experienced a negative effect after the CID interview process. The IES-R was appropriate for use in this study because it allowed for the measure of the impact that the CID interview process had on victims of MST. None of these questions focused on the MST of the victim. The use of these questions also allowed for better facilitation of the semistructured interview as well as ensuring the credibility and later assessment of the data (see Patton, 2015).

I also interviewed the CID SAs to determine their perceptions of job satisfaction and its impact on the manner in which they conducted interviews with victims of MST. These interviews consisted of a semistructured interview process, where I utilized open-ended questions as well as Likert scale-type questions to determine their perceived impact on job performance. During the interview process if answers emerged that needed

to be explored in greater depth, I asked follow-up questions and recorded the responses in order to capture a depth of understanding of the lived experiences of those participants.

This semistructured, in person interviewing technique combined with the use of surveys allowed for a more robust and responsive approach to interviews over other methods of interviewing. During these interviews, I took field notes in order to take into account the microexpressions of the interviewee such as tones, pauses, sighs, and facial expressions. Capturing these expressions was important in providing descriptive details of those lived experiences’.

I recruited participants for this study using social media and local newspapers, requesting participation for both victims of MST as well as for CID SAs. The following is a comprehensive step-by-step guide of my recruitment of participants for this study:

1. I utilized social media, such as Facebook groups for areas in the Mid-West, requesting participation in scientific research.
2. I phoned and e-mailed those who volunteered to participate and provided screening surveys to ensure correct participant selection.
3. Once criteria were met, I then scheduled follow-up, semistructured interviews with the participants.
4. At the time of scheduled interview, consent forms were provided as well as questions answered about the research project. Most participants were only interviewed one time, limiting the interviews to 1 hour or less.
5. Only one participant agreed to an audio recording, which I recorded and analyzed.

6. Once the data were analyzed, participants were contacted one last time in order to provide them with the findings.
7. Once this research is published in ProQuest, all interviews will be destroyed.

Once participants completed the study, after all data were collected from the semi structured interviews and from the follow up in-depth interviews, an exit brief was provided to each participant.

Data Collection and Analysis

Data collection started after Institutional Review Board (IRB) approval. Each participant was provided an identification code in order to maintain their anonymity. The identification codes all started with two prefix numbers, both being zero one followed by either V1 or C1. The victim of MST was coded as 01V1 and CID SAs were coded as 01C1, 01C2, 01C3, 01C4, 01C5. The interview questions are attached in the appendices, which are focused on the lived experiences of the participants. In order to ensure accuracy, transcription of the available audio interviews were compared to the audio recorded interviews. These interviews were played a vital role in the qualitative research and specifically in this phenomenological approach because the focus was on those lived experiences. The analysis of the collected data from the interviews was the data collected. Coding of the data began immediately, as well as making annotations as the data was collected and collated.

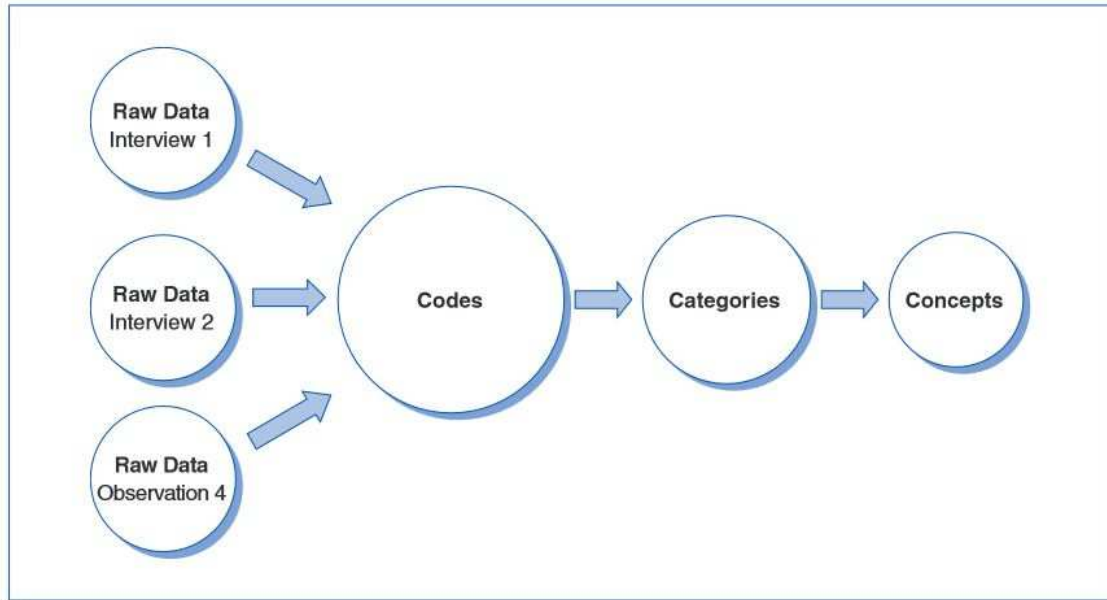


Figure 1. Three C's of data analysis: Codes, categories, and concepts.

I followed Lichtman's (2013) six-step model to move the data from raw data into categories of data which was analyzed and coded. Litchman provided the following six-step model:

Step 1. Initial coding. Going from responses to summary ideas of the responses

Step 2. Revisiting initial coding

Step 3. Developing an initial list of categories

Step 4. Modifying initial list based on additional rereading

Step 5. Revisiting your categories and subcategories

Step 6. Moving from categories to concepts (p. 252)

The first step was initial coding which could be a single word, expression or the participant's own words, which came after the data (the interview) was conducted. I began with reading the interview survey and made notes using an insertion function in the

Word program to identify themes which were identified for codes. Then began the next survey interview and repeated the process. Second step was to revisit those codes which were initially identified. The first codes were evaluated to determine if they were repeated or un-needed, as well as clarify whether they needed to be adjusted by coding larger chunks of data or by coding smaller sets.

Third step was to begin placing codes into categories and grouping them into groups which could begin to answer the overarching questions of this research. The major themes once identified allowed for other groups to be placed into subsets of those main groups. This took codes from long strings of codes and broke them into smaller groups of categories and subsets of those main themes. The fourth step was to continue revising the iterative process by deciding which of the categories was the most important, then combined categories narrowing the categories down. The focus in this step was to move the coding of data through the process into the development of the most important and relevant themes.

The fifth step was to recognize that not everything listed in the categories was relevant at this point. I continued to revise and reduce those categories down to the very few most important categories once again. Realizing that not everything is important to capture the essence of the lived experience I narrowed the data. Answering the research question here was the most important part of this step.

The sixth and final step was to take those remaining categories, which were few filled with depth, for a better analysis. Focus was on the richer and more detailed ideas and expressions which narrowed the scope by reading and rereading the data. At this

point those few categories were re-coded into concepts which emerged from the data, sorting them logically and in order of importance. The results of this process was the synthesis between the research and the literature available forming an information rich analysis.

Validity

Qualitative research must have a framed validation approach applied to the study in order to determine if the study is valid and by what standard is validity measured (Creswell, 2013). I provided validity through the framework of ethical and substantive transformative value which has the potential to influence and change the culture in which it is being studied. Equitable treatment was provided to the voice of the victim of MST as well as to those CID experienced SAs involved. Further, there is a potential for this research to address a political and ethical consideration. In an attempt to answer whether or not military law enforcement has a negative impact on victims of MST, this researcher substantiated its own validity by answering this question using Angen's (2000) model of ethical and substantive validation as well as contributing to knowledge in the field of study. A rich collection of data was obtained through interviews and semi-structured interviews. Due to the amounts of thick rich data collected transferability is possible. Conclusions which have been made in this research can be validated by future research and interpretations made, thereby achieving transferability (Lincoln & Guba 1985; Creswell, 2013). A comprehensive explanation from the interviews of CID personnel, observations and notes from the interviews detailed a rich, vast pool of data. Coupled with the stream of data obtained from the victim of MST experienced during their

experience with the CID interview process a clear deep, rich picture was developed. These experiences were broken into categories, refined into larger groups, cross verified and analyzed for themes and coding. Connections in and amongst the categories could be examined for transferability providing strength to the research conducted (Smith, Flowers, & Larkin, 2012).

Ethics and Participants' Protection

Protecting the anonymity of the participants was given the highest priority during the interview and data collection process. I provided the protocols of the research and participant protections and rights to the participants. Further, I provided an informed consent form to each of the participants (Appendix B) which detailed their request for participation voluntary consent. There was no expectation of harm on the part of the participants for this study. IRB Approval 08-03-17-0535747 was obtained prior to recruitment and selection of participants. Direct quotes or paraphrasing used no names, only codes were used, however the assigned codes are utilized as the source. I will maintain the interviews and audio tapes in my home office in a locked drawer which only I have access for 5 years after this study has been published in accordance with Walden University guidance.

Summary

The investigation into perceptions of trauma from the U.S. Army CID interview process of victims of MST will contribute to the knowledge of scholarly research. The U.S. Army CID is the U.S. Army's police force responsible for conducting felony

investigations and, as a direct result of this investigation, has the potential for creating policy changes relating to the interview process.

A phenomenological research using a purposeful convenience sampling was used. The semi-structured interviews were conducted in a setting which was comfortable for the participants. The participants selected for evaluation of the CID interview process had experienced military sexual trauma and undergone the CID interview process and met the minimum requirement as a participant. The CID SAs had been CID Agents for at least 5 years and have conducted interviews of victims of MST. Recruitment of participants was through social media and local newspapers, as well as solicitation of CID SAs on Fort Leonard Wood. The prepared questions (Appendix C) were utilized to answer the following over reaching research questions:

Research Question: Do criminal investigation division (CID) interview techniques and procedures have a traumatic impact on victims who have reported military sexual trauma to law enforcement?

Subquestion: What specifically in the process led to a negative experience?

The data was analyzed using Litchman's six-step model of data coding:

- Step 1. Initial coding. Going from responses to summary ideas of the responses
- Step 2. Revisiting initial coding
- Step 3. Developing an initial list of categories
- Step 4. Modifying initial list based on additional rereading
- Step 5. Revisiting your categories and subcategories

Step 6. Moving from categories to concepts

The following chapter will be Chapter 4, which will be the results of the research conducted. Chapter 4 will contain the descriptive information as well as the data collection methods and the analysis of the data which was collected, collated and coded. Further a discussion of the findings will be included.

Chapter 4: Results

Introduction

The *Fiscal Year 2016 Department of Defense Report on Sexual Assault in the Military*, which was released publically in May 2017, estimated the sexual assaults for the U.S. Military to be around 14,900 during 2016 (Department of Defense, 2016). Of those estimated incidents, about 32% were reported to military law enforcement (Department of Defense, 2016). The purpose of this phenomenological inquiry was to discover whether the CID interview process of victims of MST created a negative experience, thereby causing additional emotional harm in victims. I took a qualitative approach that focused on the lived experiences of victims of MST who had been interviewed by CID personnel as well as the lived experiences of CID agents who had conducted those interviews. This study was guided by the following research question and subquestion:

Research Question: Do CID interview techniques and procedures have a negative impact on victims who have reported MST to law enforcement?

Subquestion: What specifically about the CID interview process led to a traumatic experience?

At the onset of this study, I gave thanks to all of the participants who volunteered for their patient and thoughtful contribution. Before interviewing them, I provided the participants with the interview protocols and the expectations for participation. I informed those who were selected for an in-depth interview that the interview would be recorded and that notes would be taken during the interview process. Further, I informed

the participants that they could withdraw at any time without any consequences. All participants acknowledged that they understood the consent form as well as the voluntariness of their participation. All participants provided me with a signed and dated copy of their consent form before I began the interview.

I conducted all of the in-depth, semistructured interviews in person with participants in private rooms within public resource centers. One victim of MST volunteered to provide a recording of their semistructured interview. This interview lasted approximately 30 minutes. The recording of this interview was stripped of any identifying information and stored electronically. One CID SA was selected for a follow-up, in-depth interview that lasted for approximately one hour. The CID SA did not wish to be recorded.

I have already covered the purpose and research question in this chapter. In this chapter, I will also discuss the pilot study, research setting, demographics, data collection, data analysis, evidence of trustworthiness, and study results. The chapter will be concluded with a summary.

Pilot Study

At the time of the study, there had been no previous research into the CID interview effects on victims of MST; however, there had been previous research into the effects of civilian law enforcement on civilian victims of violent crime. Symonds (2010) indicated that professionals in law enforcement could cause victims of violent crime who are already experiencing trauma to have an intense reaction of shame and self-loathing, causing a secondary injury, and this secondary injury could further hinder the recovery of

the victims. The professionals in law enforcement need to have a much more active role in their behaviors, attitudes, and interview methodologies in order to prevent this second injury (Symonds, 2010). The most important aspect to prevention of this second injury is for an individual to be aware of their interaction with a victim of a violent crime (Symonds, 2010). The awareness of the law enforcement professional is the first step taken to minimize the possibility of a second injury.

My research question and subquestion were reviewed by the Walden University Research Reviewer who indicated that the question and subquestion met the requirement for exploring the research problem. Additionally, I had two community partners, one from military law enforcement and one from the Sexual Harassment and Assault Response Program for the U.S. Army, who were briefed on the research problem and the main research question and did not indicate they found an issue with either. No alterations of the research questions and interview protocols were made after IRB approved my submitted proposal.

Research Setting

My primary means for attempting to recruit participants was the use of newspaper advertisements. The participants for this study were from two different categories. The first category was victims of MST who met the following criteria: (a) experienced MST while on active duty in the U.S. Army, (b) reported the incident to Army CID, and (c) has a closed investigated case file. The second category was from those with experience as SAs who had met the following criteria: (a) had conducted investigations of Military

Sexual Trauma (MST for the U.S. Army, (b) had been a warrant officer in a leadership position, and (c) had been a USACIDC SAs for at least 5 years.

After I received IRB approval, it took about five months to recruit and interview participants. Potential participants were evaluated against the criteria, then certified to participate in the research. In total there were five CID personnel and one victim of MST that participated in this research. All participants were provided surveys with detailed questions once they had returned the informed consent sheet to me signed and dated.

There were two survey types, one for the CID personnel and one for victims of MST. These surveys allowed the participants to answer questions comfortably and in-depth at their leisure, from the place they felt most comfortable and safe. Two participants were selected for an in-depth, in person interview. Again, two different types of questions were developed, one for the person with CID experience and one for the victim of MST. Once all surveys and interviews were completed, I informed the participants of the results of their interviews and survey instrumentation to which they acknowledged accurately represented their experiences. Each participant was provided a \$50.00 Visa prepaid gift card for their participation.

Demographics

Participation demographics for CID personnel are shown in Table 1.

Table 1
CID Participant Demographics

Participant Role	Gender	Years in CID	MST Interviews Conducted	Leadership
01C1 Charge	F	17	Over 100	Special Agent in (SAC) Assistant
01C2 (ASAC)	M	13	Over 100	Team Chief
01C3	M	15	Over 100	ASAC
01C4	F	12	Over 100	ASAC
01C5	M	13	About 40	ASAC

Table 2
Victim of MST Participant Demographic

Participant Interview	Gender	Positive/Negative CID Experience	Length of CID Interview
00V1	F	NEGATIVE	8 hours

The focus of this research was to determine whether victims of MST experienced negative interactions with CID SAs and to measure the potential intensity of that experience through the IES-R. I also designed this study to determine whether the interaction of the CID personnel affected the experience of victims of MST in a positive or negative way.

Data Collection

There were a total of five personnel with CID experience who participated in this study by completing surveys and in-depth interviews. There was one victim of MST who participated and was surveyed and interviewed in-depth. I conducted the recorded interviews using a Sony digital recording device and stored the results in an archive. The relevance of selecting these personnel was to obtain unique perspectives from each of the individuals in their respective roles within military law enforcement and as a victim of a

violent crime. Saturation was achieved by recruiting participants with similar lived experiences and, when interviewed, provided the fairly same type of data covering the same perceptions. Also, with my unique expertise in the field of CID leadership as well as that of those being interviewed, saturation was achieved through the small sampling selected for interviews and follow-up, in-depth interviews (see Jette, Grover & Keck, 2003; Malterud, Siersma & Guassora, 2015; Mason, 2010).

Until the results of this study, there was no understanding of the effects of a military law enforcement interview on victims of MST. Therefore, I sought out personnel with enough senior experience within military law enforcement to learn about their perceptions of their interactions with victims of MST as well as a victim of MST who had experienced the CID interview process. The interviews were organized into broad categories of ideas. From those categories, I transferred the data into a list of ideas where an image began to emerge of the concepts being conveyed. Those concepts were narrowed down to only those relevant to answering the research questions. This process of categorization and reordering and narrowing was based on Litchman's (2013) six-step model of data coding.

In order to achieve member-checking accuracy, I made follow-up contact with each participant explaining the data obtained from each interview (see Creswell, 2013). These follow-up interviews were brief and were all conducted telephonically. Participants all agreed that the data presented were an accurate reflection of their experiences as explained to me. The entire interview process and coding of data through the member checking interview process was conducted over about a five-month interval.

Data Analysis

I categorized the data and analyzed them through Lichtman's (2013) six-step process as well as the secondary connections through the categories and themes, thereby developing a more robust and comprehensive understanding of the whole of the experiences presented (see Maxwell, 2013). My analysis began after the first interview, whereby the data were broken down into broad categories. After each interview, I broke down the data again and added the new data into similar categories using deductive reasoning to break it apart. After all of the interviews were conducted, I then reviewed, analyzed, and broke down the larger categories into several subcategories, modeling the groupings that best addressed the research questions. This process was refined a few more times until the final groupings emerged. Then, I identified and mapped out those connections amongst the groups, which, when woven together, gave me a robust understanding of the issues being studied following Maxwell's (2013) suggestion of connecting steps across multiple interviews.

I mapped out the broad concepts that I wanted to address during this research prior to starting the recruitment process of participants. The concepts that pertained to CID were employment satisfaction, perceptions of stress on job performance, and interactions with victims of MST based on perceptions of gender. The overarching concepts for victims of MST were perceptions of their interview with CID, the gender role of law enforcement in that interview process, and what specifically during the interview process caused an impact on the victim. An example of a theme that emerged after data and was categorized into the concept of perceptions of stress on job

performance from the CID perspective can be best understood from Participant 01C4, who indicated,

I think enhanced cognitive interview helps CID SAs to stay focus on interviews of victims of MST. In addition, it allows the agent to get more information from the victim than if ask direct open-ended questions. Some people may agree or disagree that any form of enhanced cognitive interview does not necessarily work but makes the experience more traumatic for the victim. Further, an agent may experience burnout but like any true professional he/she is able compartmentalize their own personal issues and still get the job done.

From the larger category of perceptions of stress on job performance, the concept of professionalization arose to the forefront. All participants from CID explained professionalization in a similar manner, which was to be able to compartmentalize the stress or issues associated with their jobs and conduct the interview of a victim of MST without having a detrimental impact. The step to this connection began to emerge from the interviews and when taken in context of the whole interview, explained a similar organizational indoctrination.

A breakdown of Lichtmans' initial process, the step connection and field notes which was made from that initial 3Cs of the interview of CID personnel can be seen in Table 3.

Code: Profession	Connection: Professionalization by Compartmentalization
Category: Job Performance	
Concept: Perceptions of stress on job performance	

Notes: Compartmentalization of any factors influencing the accomplishment of the job will prevent any bleed over of that stress and prevent any harm to a victim of MST.

Table 3. Sample of raw data breakdown

Many of the concerns surrounding the professional interaction with victims of MST could be linked to the perceived role that gender plays in the interaction between the professional and the victim. I will demonstrate the analysis of CID perceptions of gender interactions compared to a victims' perception of gender interaction in Tables 4 and 5 (see Table 4 & 5).

Table 4

Perceptions of CID Gender Interactions

Gender Concerns		
CID Personnel	Perception	Impact
3	Gender played no role	No impact positive or Negative
1	Gender only played a role when interviewing male Victims	No negative impact
1	Gender played a role when interviewing female victims	Believed the impact could be negative

Table 5

Victim Perceptions of CID Gender Interactions

Gender Concerns		
Victim of MST	Perception	Impact
1	Gender played a role when Interviewing female victims	Believed the impact could be negative

Evidence of Trustworthiness

Credibility

Qualitative research must have a framed validation approach applied to the study in order to determine if the study is valid and by what standard is validity measured (Creswell, 2013). In this research I provided validity through the framework of ethical and substantive transformative value which has the potential to influence and change the culture in which it is being studied. Equitable treatment was provided to the diverse voices of those victims of MST as well as to those with CID SAs experience which were involved. Further, this research addressed a political and ethical consideration of determining whether or not military law enforcement further caused a negative impact to victims of MST who were suffering trauma from their experience.

Using Angens (2000) model of ethical and substantive validation, I substantiated my own ethical and substantive validation. Ethical validity was achieved by presenting research which is helpful to its target audience and as a whole are more enlightened in our understanding of human interaction from a professional law enforcement perspective. Further, using Angen's model of substantive validity there were conclusions and understanding which were drawn from this research, thereby providing a substantive validity. This validation process is consistent with many researchers and is a foundational strength of qualitative research (Creswell, 2013).

Transferability

Transferability is possible due to the data collected and the conclusions drawn which would allow an interpretation to be made by other researchers (Lincoln & Guba 1985; Creswell, 2013). There was a well-rounded description obtained from the observations of the consciousness of the CID personnel as well as a thorough

understanding of what the victim of MST experienced. The rich understanding of those experiences which the participants provided allowed for an understanding to be developed which could be broken into categories and subcategories and connections to be evaluated and determined to meet validity (Smith, Flowers & Larkin, 2012). Comparing those experiences to the literature review further established continuity and established dependability (Creswell, 2013; Maxwell, 2013; Smith, Flowers & Larkin, 2012).

Dependability

Consistency through categorizations, step connections and member-checking through the interviews of participants, dependability could be ascertained (Hatch, 2002; Smith, Flowers & Larkin, 2012; Mason 2013; Lichtman, 2013; Angen, 2000). Each researcher brings their own biases to research; however this experience or prejudice does not necessarily have to be negative (Patton, 2012). In this research it was of critical importance to obtain the cooperation from the CID personnel. The CID personnel were comfortable with being interviewed by this researcher because of my more than 13 years of CID SA experience. I was able to understand the struggles and concerns the agents had about sharing intimate and personal information for research. This fellowship allowed for a rich interview where the descriptions and true feelings of those with CID experience felt comfortable sharing their experiences with victims of MST. Meaning was clear once the interviews were broken into categories and a clear connection could be seen, thereby further establishing validity (Creswell, 2013). With five participants who provided detailed information about their experiences in rich descriptions and their feelings underlying their interactions with victims of MST, this information could be transferred

to other members of CID or other Military Criminal Investigative Organizations (MCIOs) as well as to civilian police departments (Smith, Flowers, and Larkin, 2012). This research could also assist civilian law enforcement as well as they also interview victims of sexual trauma.

Confirmability

There was a high level of similarity in the information gathered which would lead to the confirmation that there is a reasonably high chance that these interactions were genuine. Due to the degree to which all participants agreed on their interactions with victims of MST their experiences would provide confirmability of the findings. Further, the literature on the subject of professional and law enforcement officer's interactions with victims of MST is consistent with the findings in this research.

For this research to be valid, credibility, transferability, dependability and confirmability had to be ascertained. Through vigorous interviewing and obtaining incredibly descriptive experiences, categorization, subcategories, step connections and member-checking, a clear, rich tapestry of experiences was obtained; thereby establishing the credibility, transferability, dependability and confirmability to make this research valid.

Study Results

This research focused on answering the question: Do CID interview techniques and procedures have a negative impact on victims who have reported MST to law enforcement? As well as a subquestion which was: What specifically about the CID interview process led to a negative experience? The results of this study show that all of

the military law enforcement participants were experiencing some form of work place stress and several of the participants admitted they were suffering some form of burn out from their job as depicted in Table 6.

Table 6

CID Special Agent Burn-out

	1-Extremely low	2-Mild	3-None	4-Moderate	5-Extremely high
01C1				4	
01C2				4	
01C3		2			
01C4				4	
01C5					5

The answers of these participants about their experience with burn out and the literature on law enforcement stress appear to be consistent. There was a divergence that emerged from out of these interviews as well. Even though all of the participants admitted they were suffering burn out to a varied degree, all denied that their burn out affected their job performance when it came to interviewing victims of MST. Every participant indicated that being professional meant they had to compartmentalize their experiences.

As stated by 01C4: I compartmentalize the vicarious trauma and don't think about it because I have a job to do. I always say that my job is not about me but it's about helping the victim regardless of how I may feel when the victim walks through the door. It's about helping the victim and making he/she feel safe without re-traumatizing the victim and giving them some type of comfort/vindication.

A slight variation of this became more clear when viewed in the perspective of 01C5,

You have to be able to compartmentalize the overwhelming stress and trauma we [CID SAs] experience. But to think that we can hide our anxiety, fear and exhaustion over getting the statement just right for prosecution, or whether or not our interviewing technique is causing any harm to the victim or if the case will fall apart because the victim doesn't seem credible, or our own emotions on the topic seems disconnected from reality. As a male interviewing some victims of MST I can't see how the victim is considered credible, but I know I have to compartmentalize those thoughts. The problem though is that I am human, there are lots of thoughts running through my head such as CID SAs who get into serious trouble for how they interviewed victims of MST. Not that they were abusive or derogatory, but the victim perceived that the interviewer was abusive to them, and the agent's have gotten in severe trouble. This weighs on me as well, will this victim file a complaint about me? It becomes overwhelmingly hard to keep these emotions and feelings compartmentalized.

There seemed to be a mechanical vehement denial though that the vicarious trauma the CID SAs were experiencing affected their professionalism. When asked to describe the impact of the trauma on their professionalism, one participant related the following:

O1C3 stated: ...I have no issues with empathizing with victims and I make my main focus either substantiating or refuting the complaint.

However, four of the five CID experienced personnel indicated on a Likert scale that their job burnout had affected their job satisfaction. CID special agents place very

high values on professionalism and attempting to create an environment for victims of MST free from causing any further injury. There seems to be a consistency amongst the CID personnel about their experiences, burnout, job satisfaction, yet there lies an inconsistency from the impact which the job stress and trauma has on the performance of the job particularly in the realm of interviewing victims of MST. This inconsistency is explained best by 01C2 and 01C1:

01C1 said: "I don't think CID SAs who are experiencing burnout should be conducting interviews of MST if at all possible. CID Agents experiencing burnout are not thinking clearly and at times will not be able to conduct a thorough and complete interview."

Yet, 01C2 admitted in the Likert scale that he himself had been experiencing burn-out, but because of professionalism could compartmentalize the impact it had on his job performance.

This seeming inconsistency was best explained by 01C1:

My burnout has mildly influenced job satisfaction. I still enjoy my position for the most part, because I realize my peers in the field are working longer hours than me, and seeing their families less.

On the surface it appears to be an inconsistency, however as stated by 01C1 it is not an inconsistency it is a matter of enjoying the profession. The CID personnel all explained they enjoyed the profession of law enforcement. They all perceived that a high level of professionalism contributed to job satisfaction. Therefore they perceived that they had great job satisfaction and that satisfaction meant that they did not allow the

burnout which they were experiencing to influence their professionalism. Two lines of thought were clearly present amongst the CID participants. One was that they are in fact experiencing some form of work related stress and/or burnout and that they were able to mitigate the impact of their stress and/or burnout in their interactions with victims of MST by compartmentalizing those stressors.

01C5 stated: Although we are expected to maintain our professionalism, I don't believe that it is completely possible for a victim of MST being interviewed by CID to not be impacted by what we are experiencing. We operate in a high stress, fast paced investigative organization, with stringent timeliness and requirements, high strung bad supervisors and emotionally unstable victims and lying perpetrators. We supervisors have to be able to keep the motivation of the agent's below us up, but we also have to deal with the constant threat of the dreaded "inquiry," for us just doing our jobs to the best of our abilities. We are a proud organization with strong work ethics and a drive to be successful. We try to maintain our professionalism, but the true impact of our juggling the above issues may not really ever be known by us. If someone has a really negative experience with a CID agent, they may file a complaint, and an agent may be disciplined if it is clear they were abusive, but most of the rest of the organization never knows about the conduct, and only a few inside agents at that specific office ever know about the reported incident. That's if a victim actually files a complaint, but they may have had such a difficult experience they never again feel as though they can trust the system. Further, if it was a positive experience for the victim of MST the

CID agent never gets feedback, so they never really know if they were doing a good job or not when it comes to interviewing victims of MST.

01C2 said it like this: I feel gender does play a role of victims' perception at times. I believe many female victims just do not trust the investigative process for a plethora of reasons. Maybe some were assaulted and had horrible experiences, or maybe they thought no one would believe them if they came forward. Many female victims don't want to talk to a male agent/investigator. This too, can hamper the investigative process and can affect the outcome of an investigation.

The experience of trauma and stress from the job did not have an impact on the quality of life of most of the CID personnel who were interviewed.

01C5 however, stated: Within the last six months of working in the field with victims of MST, I was heavily impacted in my personal life due to job satisfaction. I felt as though I was trapped in a cycle of violence where I was the victim and the organization was the abuser. The organization had created a perception of zero tolerance towards anything less than perfection. I know other agents have not had the same experiences, but I know a lot of agents who have. I knew twenty to thirty agents who had expressed that they were on some form of a heavy anti-psychotic and/or hypertension medication due to the extreme levels of stress they experienced due to the job. I feel as though they are telling the truth because I have experienced those stresses. When you are under that kind of stress it is going to affect your job satisfaction as well as your personal life. Even though I would take regular vacations, work out often and even engage in hobbies I

would utilize large amounts of alcohol to help me avoid thinking about or stressing about the extreme job dissatisfaction. We are Soldiers first before CID agents, and because of this we are not like other law enforcement agencies, when an officer wants to move on in their career or leave law enforcement they have that option, not when your in the military. You do the job, regardless of the impact on you or a victim of MST.

01C1 stated something similar: Within the past 6 months I have experienced Moderate (4) burn out. I chose this rating because there were several mornings where I struggled to get out of bed and get dressed to face the workday, and thoughts of never being able to complete tasks at hand would distract my drive to work. By the time I reached my office door in the morning, I was dreading the day ahead and found myself snapping at people who continued to heap tasks on my plate. Saturdays and Sundays I have no problem waking up and starting my day, although by Sunday evening, my head is filling up again with items on my to-do list at work.

Although, not described as severely 01C1 still indicated that they were having problems getting out of bed, facing the day, feelings of anger, dread, intrusive negative thoughts. Four of the five CID personnel discussed their feelings of moderate burnout. Those CID personnel described their feelings in a manner that was consistent with Trauma and Stressor Related Disorders (DSM 5, 2013). This becomes important to view in light of what 01C2 indicated about their work environment,

This is a professional environment that interviews are conducted of Complainants, Victims, Witnesses and Subjects as well as day to day operations within the CID Field Office. But, it's not just the field office that I consider my work environment. It is also the crime scenes, various locations where we conduct canvass interviews, or even when we are testifying at federal court or at a court martial. The work environment is not the same each day and every investigation is different which requires various approaches to solve.

The work environment is a place which may change daily due to the events of that day. The day could start as any other or it could be a vicious crime scene where there are many dead soldiers, such as the 2009 Fort Hood, Texas, massacre by Maj. Nidal Hasan. The crime scene was a room littered with blood, guts, brain matter and dead bodies. The agents who worked that same scene would be the very agents who would later on go on to interview victims of MST. The agents would be expected to compartmentalize the brutality of those murders, and be able to interview a victim of MST without harshness, without judgement and be in a positive mode as to prevent injury to the victim of MST. There are any number of crime scenes where agents may be exposed to trauma, then still be expected to conduct interviews of victims of MST on a daily basis. This is a difficult task that is required of CID agents. Overwhelmingly though, the CID experienced personnel interviewed claimed they could maintain professionalism and compartmentalize those experiences, stresses and trauma and focus on the victim of MST.

All of the CID personnel interviewed indicated they used a cognitive interview technique such as the FETI to minimize the invasive nature of the police interview. All of the CID personnel indicated that the interview process itself was a process that could go from 3 to 12 hours depending on the crime reported. The FETI technique is one that is taught to CID agents and the claim is that it reduces injury to the victim. It is this technique that CID has implemented in order to try and reduce the revictimization during the interview process.

01C4 stated: I think enhanced cognitive interview helps CID SAs to stay focus on interviews of victims of MST. In addition, it allows the agent to get more information from the victim than if ask direct open-ended questions. Some people may agree or disagree that any form of enhanced cognitive interview does not necessarily work but makes the experience more traumatic for the victim.

Further, an agent may experience burnout but like any true professional he/she is able compartmentalize their own personal issues and still get the job done.

As indicated by 01C4, even though an agent may be experiencing burn-out, the cognitive interview will allow the special agents to maintain the professionalism required to do their job. This is invaluable for understanding that even though CID personnel may be experiencing burn-out, they may be experiencing their own biases; it is this tool in the form of FETI that helps CID personnel to be professional and do their jobs in the face of such adversity. Not all of the CID personnel completely agreed though.

01C5 said: Any cognitive interview technique will help CID personnel be better interviewers of victims of MST as compared to the old ways of interviewing

victims of MST. However, with anything there is room for much error. I have seen agents because of fear of causing injury ask open ended questions which never get a response providing any kind of detail which can be used as evidence. Agents will basically have a conversation for a few hours with victims of MST and never get any of the basic information needed in order to get a successful prosecution. Then, the victim ends up getting interviewed multiple times, which is likely to increase their perceptions that they are not being believed or that law enforcement is either “victim blaming, or questioning,” whether they really were victims of MST. Which may not be the case, but the perception may be created because agents are operating in fear or have a lack of proper training or may not even know the purpose of why they are trying to use a cognitive interview technique.

Further, 01C3 proffered the following, “for a cognitive interview to be effective the interviewer must demonstrate some empathy towards the victim and interviewers with burnout issues will most likely not display such.”

CID personnel do have tools to help in the interview process, but they also have large hurdles, such as burnout, to overcome. As indicated by 01C3 empathy becomes extremely important for any of the cognitive interview techniques to be successful at reducing the negative perceptions that victims of MST experience with law enforcement. This is where, again, there is a divergence in what the CID personnel perceive as reality versus what that reality is. The congruency is that CID personnel, like many other law enforcement agents, are experiencing burnout and reduced job satisfaction because of the

burn out. However, the divergence from the literature is that law enforcement officers report that their negative perceptions of job satisfaction have a negative impact on their job performance (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; Kazmi & Pratap, 2015). The CID personnel interviewed all agreed that if someone was experiencing burn-out which was affecting their job satisfaction, they probably should not be interviewing victims of MST. Further, all of the CID personnel interviewed admitted that they were experiencing some form of burn-out and poor job satisfaction, yet all denied its impact on their abilities to conduct interviews of victims of MST by using a cognitive interview technique. This created the need to conduct a case study of a victim of MST and to make several inquiries of their experiences as they pertain to the CID interview process.

Enter 01V1, who stated: gender made a difference. He seemed to defend my rapist when I told him the first time we became sexually intimate was when I was nearly blacked out after a party. It was also difficult to relay to him my emotions because I did not feel he could truly sympathize with the situation and understand them. As a result, my lack of describing feelings lead the agents to question the validity of my claim (as found out later). I was absolutely still in shock about what happened three days before and how it altered the way I viewed the entire time span of knowing the person. I was in denial about the previous sexual abuse and still unable to comprehend the extensive psychological damages of it.

01V1 completed the IES-R as pertaining to the impact of the CID interview. When scored 01V1 was positive for intrusion, avoidance and hyperarousal. The picture is clear

that an event during the interview process by CID that 01V1 had a negative experience that impacted them.

01V1 goes on to further describe the CID experience: Entirely, for the worst.

They interviewed my commander that week as well, who was convinced that I made the entire rape claim up to get out of trouble for a relationship I entered with her soon to be ex-husband. From that moment on, I felt harassed by CID and no longer trusted their intentions. They did not treat me like the victim of sexual assault, but rather the perpetrator of another crime. Instead of properly investigating my case, they provided the DNA evidence, which I volunteered in a rape kit, to an officer doing a command launched investigation against me for adultery. It was the only evidence they had to prove that I had a relationship with another man and they used it to involuntarily separate me from the Army. My assailant was retained and still remains on the same small post with me. I see him at the clinic, gym, lawyers office, and driving by. I am constantly on guard and do not feel safe.

- a. It has affected my family because they feel entirely helpless for me. I graduated in the top 3% of my class at West Point and dreamed of being an Apache Pilot for six years. This instance has taken my dream from me and they, along with myself, mourn that loss.
- b. It has affected my significant other. I reported the case to me. He was my best friend, and we were intimate prior to his divorce being finalized. CID charged him for obstruction of justice since I

personally gave him my comforter to hold onto so I didn't throw it away or have to look at it. They confiscated his phone, and still have possession of it today, eleven months later. They lied to him and said they wanted his DNA evidence to disregard him from touching the comforter—but they ended up comparing it the specimen found in my vaginal vault. They also issued a Military Protective Order from him being able to contact me. My roommate left me, and I lived alone. I had no one to turn to except him and he was not allowed to come within 500 feet of me. The MPO was finally lifted after I asked my therapist that I needed a support system to go home to after a month of in-patient treatment for MSA PTSD.

- c. CID also wanted me to reach out to my assailant afterwards so that he could openly talk about the rape to better equip their investigation. Needless to say, I was horrified at the thought of seeing or speaking to him ever again, let alone have a conversation with him. They had me call him and meet him in a dark parking lot. When the phone conversation ended and I told him I was already at the location, I sprinted out of the building, to my car, to make sure I was there on time. I did not want him to see me pull up and know he was being set-up. I acted out of instinct—fight or flight—and I ran due to the fear I had of my assailant hurting me if he caught me trying to set him up. When I returned to the CID building, I had an agent come up to me

and yell “Where the fuck did you go?” in a very angry, patronizing voice. I was shocked and confused and they sat me down and made me think I did something wrong. The agent who interviewed me then made a comment about the selected meet-up location—which they chose—being called “rape alley.” Completely insensitive.

01V1 described what they expected to encounter by reporting their victimization to CID:

I thought that it would be more compassionate, in a safe setting, not an interrogation room. I felt that they would understand the complexities of the situation and treat the victim like a victim—not a criminal.

Further, 01V1 went on to explain what they would tell someone who had experienced MST in reference to reporting the crime to CID:

Don’t report it. Make an unrestricted report so that you can get the personal care that you need, and that’s it. Even if you want justice for the crime and want the assailant to be prosecuted, it is very unlikely that they actually will be. My command denied the case to go to court, so I went through all that pain for nothing. I have heard dozens of women who were in situations like mine, but the trial twists the stories and victim blames. I’ve lost my position in the Army, my reputation, my dream job, and so much more by reporting. The system is flawed by allowing commanders to influence so much of the investigation and trial. If you do decide to go through, talk about your actual feelings during the rape...how you felt

pressured, coerced, threatened, etc. Say the words “I was sexually assaulted,” even though it is so shameful. Since I didn’t do those things my own VA [Victim Advocate] said she didn’t think I was assaulted because I didn’t directly tell CID “I was raped.” Good luck.

The story related to us by 01V1 is unfortunately not unique. The literature suggests that victims of sexual trauma may often be blamed, or that the professional may take the side of the offender thereby causing further negative experiences with law enforcement.

Summed up by 01C1 like this,

The law enforcement interview process is in itself a negative experience, because it forces victims of MST to recount a very personal and traumatic event which they have experienced. Because of the need to obtain the correct information for prosecution there may become a need to ascertain the “why did you...,” questions which often times will lead victims to perceive that they are being blamed and not believed by the CID agent. My role as the investigator when a victim reports a crime I have no reason to doubt their validity, but it becomes my role when testifying to be able to testify whether or not I believed the victim. I have to maintain a distance from the victim because of my role, but they have access to victim advocates and many services being in the military, and someone else will get them the help they need, my role is to investigate the crime and that may require asking hard questions. In asking victims to recount their traumatic experience and the questions that have to be asked, I could see how victims of MST may get the perception that the interview process is harsh.

Summary

The question of whether or not CID interview techniques and procedures have a negative impact on victims who have reported MST to law enforcement has been addressed in this research. It is my conclusion that the CID interview process does indeed have a negative impact on victims of MST. There appears to be an expectation placed on those who operate within the CID law enforcement realm to perform outside of the abilities of what is humanly possible. The expectation that the trauma/stress of the job would not have a negative impact by simply compartmentalizing those feelings does not address the psycho-biological reaction of the human body, wherein the chemical and electrical makeup is altered in response to stress (Rolls, 2004; Rolls & Kringelbach, 2004; Ouimette & Read, 2014). Further, all of the CID personnel were aware they were suffering from some form of trauma/stress, however overwhelmingly they denied that it impacted their ability to maintain professionalism in the interview of victims of MST. Yet, those same agents still acknowledged that individuals who were suffering burnout should not be conducting interviews of victims of MST as it could potentially have a negative impact. This contradiction appears to have been best described in the Dunning-Kruger effect, wherein people basically are unaware of what they do not know, but perceive their abilities to be exceptionally above their capabilities because they are unaware of their limitations (Crittenden, Crittenden, and Crittenden, 2017). By reviewing the case study of 01V1, the issue becomes clear 01V1 had an extremely negative experience with the CID interview process, wherein the biases of the CID personnel were manifest. This would not have occurred if CID personnel were truly capable of

compartmentalizing their experiences, stresses and trauma and still maintain a professional positive interaction with victims of MST.

Then the subquestion addressing what specifically in the interview process led to a negative experience can be summed up by 01V1 where they discussed being treated like the criminal rather than a victim of a traumatic event. It is therefore the conclusion of this researcher, that the question of what specifically within the interview process led to a negative experience has also been answered from this case study. These answers were developed from the interviews of those who volunteered to participate from CID experienced personnel and from the in-depth interview of a victim of MST.

In the next chapter, the purpose of this research will be reintroduced. A brief overview of the findings will be addressed, as well as recommendations for further studies. Finally I will address the issue of the role of this research's impact on social change.

Chapter 5

Introduction

The purpose of this phenomenological inquiry was to determine if the CID interview of victims of MST had a negative on the victims. I conducted this study using the qualitative approach and focusing on the lived experiences of CID conducting law enforcement interviews of victims of MST as well as a case study of a victim of MST who was interviewed by CID. Approaching this study from the phenomenological perspective was the most appropriate research design as the emphasis was on those shared, lived experiences of the victims of MST who had been interviewed by CID. The key finding of this research was that the CID interview process does cause negative experiences and it is often how victims are treated that caused the negative experience. In this chapter, I will address the interpretation of findings, limitations of the study, and recommendations for future research.

Interpretation of Findings

The negative set of symptoms that women experience after they are raped o has been labeled as rape trauma syndrome and is a subset type of PTSD; these symptoms can leave women feeling vulnerable (Burgess & Holmstrom, 1973; O'Donohue, Carlson, Benuto, & Bennett, 2014). Women who have survived MST and are in a state of vulnerability when reporting their crime to CID in the U.S. Army are susceptible to a harsh interview process as well as the attitudes of the special agent. As a result, when female victims of MST are experiencing vulnerability, confusion, and in the middle of an interview by CID, it is likely they will not recall all of the details or all of the required

information at the time being requested by CID due to the heightened emotional state as a result of their MST experience. CID personnel interviewed were aware that the interview of victims of MST could be troubling for the victim due to being asked to recount difficult traumatic events when agents are try to obtain clarifying information to address gaps, inconsistencies, or things that do not make sense. The victim then begins to suffer a second wave traumatic effect that the agents may not be aware is happening because of their questions or demeanor (Antaki et al., 2015; Symonds, 2010).

Further, if the CID agent is not exhibiting a compassionate and empathetic demeanor toward the victim, they may be sending an inadvertent message to the victim that they are not being believed, causing the victim further negative emotional experiences during the interview process. Experienced CID personnel may compartmentalize the daily stresses and trauma that they themselves are experiencing but still engage a victim in a cold or off-putting manner, whereby no bond of trust is established. Additionally, it is possible for a male agent to give an allusion that they do not believe the victim and that they are on the side of the accused. Female agents could present their burnout towards sexual assault cases in a demeaning and judgmental manner, also causing the victim to feel as though they are the criminal.

Regardless of the gender of the agent who interviews a victim, the process of CID interviewing is in itself an unpleasant process whereby deep troubling events must be recounted in detail. All of this must happen while CID agents try to maintain credibility throughout the interview process, which becomes overwhelming when the agent is perceived to not believe the victim. Adding further aggravation to the injury, victims may

be requested to provide answers to questions that they perceive place the blame on them for being raped. When an empathetic bond does not form between the victim and the agent, the interview process is likely to become much more negative.

Victims also may be enter into the interview process with preconceived notions that they will not be believed, and then when asked questions about events, even though those questions may be open ended, the victim may perceive that they are the ones being investigated as the criminal rather than the victim. This preconceived notion could also contribute to a negative experience. Victims interact with whatever agent is assigned to them, regardless of their feelings toward the gender of the agent; victims may enter into the CID interview not trusting either male or female agents. Their experience then becomes dependent upon the CID person. Like any profession, this could have a deep lasting impact on victims of MST as they may not agree with the outcomes from the interviews with those CID personnel (Maier, 2008; O'Neal, 2015; Rich & Seffrin, 2014; Van Dijk, 2010). Victims do not get the option of going shopping for the CID person they feel may be best suited to their needs, but instead must be interviewed by the CID personnel who is on duty that day. This may lead to a clash as seen in the interview of 01V1 being treated in a very hostile manner by the CID person.

The everyday effects of the job that CID agents perform have a negative impact on the CID personnel. CID agents are exposed to the worst events of a persons' life; experience the death scenes of children; and are forced to manage the stress of mandatory investigative standards and the timelines of these stressors, traumatic events, and second-wave trauma—all have negative impacts on the CID personnel. These negative impacts

on CID personnel can, in turn, cause a negative outlook toward victims when they come into the CID office to report that they are a victim of a crime. This can turn the interview of victims of MST into a more negative experience for the victim (Barnard, 2015; Lee et al., 2012; O'Neal, 2015).

Limitations of the Study

I addressed the limitations to this research up front in an attempt to mitigate them. One of those limitations was the requirement for my biases to be laid aside to hear what the CID participants had to say. I conducted semistructured interviews of CID personnel and a victim of MST without bias and gathered data from them to be collated and analyzed. Further, the issue of generalizability relating to the number of participants was addressed as well as the need for future research regarding the preconceived perceptions of victims of MST reporting their victimization to law enforcement in the military. I achieved mitigation by addressing each of these issues throughout the entire research process.

Acquiring participants was a lengthy endeavor, which finally culminated in the participants selected for this research. The difficulty resulted from the very narrow field of CID personnel chosen to participate in this study. Almost all CID agents at some point experience interviewing victims of MST; however, I limited the scope of who could participate in order to gather results from senior officers that had been enculturated into the profession of CID. The findings of this study that the CID interview process does cause victims of MST to have a negative experience as well as how the victims of MST are treated, directly relates to the negative experience and can be generalized to all law

enforcement not just the military justice system.

I did not design this study to limit what gender of special agent conducts CID interviews of victims of MST. The results of this research can and should inform CID leadership that the CID interview process can cause negative experiences for victims of MST. The findings from this study will allow CID leadership to understand that although CID agents may be professional and able to compartmentalize their experiences in order to conduct interviews of victims of MST, there are internal issues that cannot be switched on and off. The exposures that CID agents encounter daily alter their chemical and electrical make up, which could cause a heightened state. In this heightened, emotionally charged, environment, negative reactions in both male and female agents, even though they feel they have compartmentalized any issues they may be experiencing, could manifest itself in negative reactions towards victims of MST.

Recommendations

Determining whether job satisfaction had a significant impact on job performance as it relates to conducting interviews of victims of MST is the first step in a much broader study that needs to be conducted. This broader study would need to determine the impact of negative job experiences on the perceptions of victims and assess impact of those perceptions on victims as well, not just through the interview process, but through the entire investigative process. This study was limited in the area of measuring the effects of the exposure of stress and/or trauma on job satisfaction. In addition, this study was also limited in measuring to what degree job satisfaction had on the impact of creating a negative experience for victims of MST when they had been interviewed by CID.

One of the findings of this study, highlighted over the course of this research, was that CID personnel are experiencing some form of burnout and/or stress and that victims of MST indicated that they were negatively impacted by the behavior of the CID personnel. Further study then would be welcomed in comparing the levels of stress in a civilian police organization to the levels of stress and trauma that CID personnel are exposed to and then determining the impact on job performance in that civilian organization as compared to the CID organization. The inverse would also be acceptable to determine if the civilian police organization interview process on victims of sexual trauma is also a negative experience and, if so, what the source of this stress is in the interview process and then comparing it to the military equivalent.

Little research has been conducted on the impact of job satisfaction on job performance in law enforcement in general. Since the demands of law enforcement are great on an individual, there is huge potential for there to be an impact in all of the duties the law enforcement officer carries out from their ethical behavior to performance. Therefore, much more research needs to be conducted in all aspects of what affects law enforcement officer job satisfaction and what impact that satisfaction has on the profession of law enforcement.

Implications

By identifying that the CID interview process creates negative experiences for victims of MST, the results of this study have expanded on Symonds's (2010) theory that victims of violent crime often experience a second wave trauma from police and that this will often slow down the recovery process of victims of MST. By understanding that this

second wave trauma experienced in civilian police organizations is also experienced by victims of MST, the implication is clear that the U.S. Army is not immune to the detrimental effects of bad victim interviewing. Improvement of the work environment for CID personnel needs to be addressed in conjunction with improved methods of interviewing victims of MST.

The implication for positive social change is that CID as an organization can be made aware that the quality of life of CID personnel can impact the performance of their duties as well as have a direct impact on victims of MST. Additionally, CID personnel themselves can be made aware that their experiences and exposures to the rigors of their daily job, even though they may be able to compartmentalize those thoughts and feelings for the interview of victims of MST, lead their bodies to undergo a chemical change making them susceptible to bad interviewing practices. Some tangible improvements that CID can make based on the findings of this study are (a) addressing the quality of life of CID agents and (b) drawing attention to the potential for CID SAs to be susceptible to inadvertently creating a negative interview process. This can occur because of the psycho-physiological changes that cannot be controlled through compartmentalization due to their heightened state of burnout and/or stress due to their experiences.

Conclusions

As the quote often attributed to Einstein indicates the definition of insanity is doing the same thing over and over again and expecting different results. The take away message from this research is this: Treating job satisfaction as though it has no impact on job performance can be likened to doing the same thing over and over again yet

expecting a different result. CID must develop ways to address the stress and trauma in the lives of their CID personnel as well as provide tools to assist military law enforcement in conducting far less stress-inducing victim interviews. Research has established that a nurturing versus detached and facts-only style of interviewing for victims of MST is a more effective means of approach to take in interviewing (McCarthy, 2013). The challenge faced by male and female CID personnel is that they have to integrate into a masculine culture, yet still be able to have an empathetic approach to victims of MST (Rich & Seffrin, 2014).

This empathetic approach can be addressed with tools such as various cognitive interview techniques and soft interview practices. However, if the quality of life and job satisfaction issues of CID agents are left unaddressed, those tools may be ineffective at producing a nonnegative experience during the interview process of victims of MST. Both of these areas must be addressed in order for CID professionals to be effective at doing no harm.

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Appendix B: Impact of Event Scale-Revised

IMPACT OF EVENT SCALE- REVISED

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to _____, which occurred on _____. How much were you distressed or bothered by these difficulties?

Not at all = 0	A little bit = 1	Moderately = 2	Quite a bit = 3	Extremely = 4
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1. Any reminder brought back feelings about it.
2. I had trouble staying asleep.
3. Other things kept making me think about it.
4. I felt irritable and angry.
5. I avoided letting myself get upset when I thought about it or was reminded of it.
6. I thought about it when I didn't mean to.
7. I felt as if it hadn't happened or wasn't real.
8. I stayed away from reminders of it.
9. Pictures about it popped into my mind.
10. I was jumpy and easily startled.
11. I tried not to think about it.
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.
13. My feelings about it were kind of numb.
14. I found myself acting or feeling like I was back at that time.
15. I had trouble falling asleep.
16. I had waves of strong feelings about it.
17. I tried to remove it from my memory.
18. I had trouble concentrating.
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.
20. I had dreams about it.
21. I felt watchful and on-guard.
22. I tried not to talk about it.

The **Intrusion** subscale is the **MEAN** item response of items **1, 2, 3, 6, 9, 14, 16, 20**. Thus, scores can range from 0 through 4.

The **Avoidance** subscale is the **MEAN** item response of items **5, 7, 8, 11, 12, 13, 17, 22**. Thus, scores can range from 0 through 4.

The **Hyperarousal** subscale is the **MEAN** item response of items **4, 10, 15, 18, 19, 21**. Thus, scores can range from 0 through 4.

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Appendix C: Interview Questions

Victims of Military Sexual Trauma

Interview Protocol

Date:

Name of Interviewer:

Name of Interviewee:

Interview Number:

Before we begin, do you have any questions or concerns for me?

Please describe yourself and your personality.

How long has it been since your MST experience?

How long after the MST experience were you interviewed by CID Special Agents?

How long ago were you interviewed by a CID Special Agent?

What was the gender of CID Special Agent?

Do you feel the gender made a difference in your interview?

At the time you were interviewed by a CID Special Agent, do you feel as though you were suffering trauma? If so please complete the attached IES-R?

How long did the CID interview take?

How has the CID interview affected you and/or your family?

How has the CID interview affected your military career?

Prior to being interviewed by a CID Special Agent what did you believe being interviewed by CID would be like?

How would you describe the CID interview process?

What would you tell other victims of MST who are going to go through the CID interview process?

Please describe how effective you believed the interview to be?

Would you have done anything different if you knew how the CID interview process was going to be?

Are there any experiences which we did not cover that you would like to go over as they pertain to the CID interview process?

Do you have any questions of me?

Appendix D: Interview Questions

CID Special Agent

Interview Protocol

Date:

Name of Interviewer:

Name of Interviewee:

Interview Number:

Before we begin, do you have any questions or concerns for me?

Please describe yourself and your personality.

How many years have you worked with CID?

How many victims of Military Sexual Trauma (MST) do you believe you have interviewed?

How would you rate your experience?

Do you feel as though gender impacts the victims of MST perceptions of the interview process? If so/not, how/why?

What does work environment mean to you?

How would you describe your work environment?

Within the past six months how would you rate your perceived burnout?

1-Extremely low 2-Mild 3-None 4-Moderate 5-Extremely high

Do you believe your burnout has influenced job satisfaction?

1-Extremely low 2-Mild 3-None 4-Moderate 5-Extremely high

In the past six months how do you feel job satisfaction has influenced the enjoyment of your time away from work?

Has poor job satisfaction influenced your ability to feel rested and recovered prior to your work schedule?

1-Extremely low 2-Mild 3-None 4-Moderate 5-Extremely high

Do you believe your job satisfaction has affected your job performance as it relates to the interview of victims of Military Sexual Trauma?

1-Extremely low 2-Mild 3-None 4-Moderate 5-Extremely
high

In your experience what is the average time it takes to conduct an interviews of a victim of MST?

Do you believe that exposure to vicarious trauma has affected you and your ability to perform your job?

1-Extremely low 2-Mild 3-None 4-Moderate 5-Extremely
high

How do you feel you are able to cope with vicarious trauma and still perform sensitive interviews of victims who are themselves suffering trauma?

When interviewing victims of MST do you use some form of enhanced cognitive interview, such as the Forensic Experiential Trauma Interview(FETI)?

Do you perceive that the enhanced cognitive interview is adequately suited as a tool for CID Special Agents who are experiencing burnout to be utilized in interviews of victims of MST?

Do you have any questions of me?