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The Role of Interest Groups in Shaping U.S. Governmental Responses to Military Sexual Trauma

Patricia Ann Harnois-Church

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**THE ROLE OF INTEREST GROUPS IN SHAPING
U.S. GOVERNMENTAL RESPONSES TO
MILITARY SEXUAL TRAUMA**

BY

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DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

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Nursing**

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DEDICATION

This dissertation is dedicated to my late husband, Larry E. Church. Without his support and encouragement over the 25+ years we were together, I would not be where I am today.

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There are many individuals to whom I owe much gratitude for assisting me on this long and at times difficult dissertation journey. I could not have taken this journey by myself. Using Hillary Clinton's words, "It takes a village"—or at least it seems like it does.

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entire elementary and high school years. I hope I instilled in both of them the thirst for knowledge and continuing education.

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ABSTRACT

Military sexual trauma (MST) is a significant problem in U.S. military service branches, service academies, and National Guard units, with both immediate and longer term traumatic effects on survivors who are disproportionately female. MST includes sexual harassment or assault during military service and the ensuing consequences for physical health and psychosocial well-being of service members and veterans. The Department of Defense is committed to reducing the incidence of sexual assault and harassment among service members, encouraging victims to report, and mitigating the impact of MST. However, the estimated prevalence of sexual assault among active duty service members remains unacceptably high, and only one-third of incidents are reported. Lawmakers have proposed numerous reforms related to MST, but few such efforts have been enacted into law. National interest groups have been active in advocating changes to statutes and policies related to MST, but relatively little is known about the strategies they use, factors

associated with success, and how they collaborate to promote change. The focus of this qualitative case study was the strategies of national interest groups engaged in advocacy for survivors and in efforts to prevent MST or ameliorate its consequences. Telephone interviews were conducted with representatives of interest groups or lobbyists (n = 4), and congressional staff (n = 2) involved with MST issues. Eight strategies were identified from the interviews and grouped under themes of direct advocacy (cultivating relationships, putting a face on the problem, giving voice to survivors), mobilizing support (heightening public awareness, bringing pressure to bear), and engagement in the policy process (providing factual information, connecting the dots, involvement in MST legislation). Factors contributing to accomplishing policy goals included facilitating access to services or benefits, expertise, organizational reputation, and issue framing. Factors posing challenges included resistance to change, competing issues, size of agency or department, and costs. Changes in administration, party control, and seniority could either facilitate or impede policy change. Better understanding of strategies of interest groups and how they interact with each other and with congressional staff may increase the likelihood of achieving policy and legislative goals related to MST.

Table of Contents

LIST OF FIGURES	xiv
LIST OF TABLES	xv
LIST OF ACRONYMS AND ABBREVIATIONS	xvi
Chapter 1: Problem, Aims, and Research Questions	1
History of MST	4
Sexual Assault Prevention and Response	7
DoD management and accountability	7
Prevention.....	8
Victim protection and support.....	8
Reporting Options	8
Prevalence and Incidence of MST.....	10
Table 1.1: <i>Prevalence of Contact Sexual Violence among Women in General U.S.</i> <i>Population and Active Duty Women</i>	11
Table 1.2: <i>Percentages of women and men in the U.S. and active duty military</i> <i>populations experiencing sexual assault or harassment in the previous 12 months</i>	12
Retaliation: A Reason for Not Reporting	14
Extent of retaliation.....	14
Consequences of retaliation.....	15
Women and the Psychological and Physical Effects of Military Sexual Trauma.....	16

Interest Groups and MST	17
Legislation Related to Military Sexual Assault	19
Protect Our Military Trainees Act (2013).....	20
Ruth Moore Act of 2013 (H.R. 671/S. 294) and 2015 (H.R. 1607/S. 865).	20
Military Justice Improvement Act (MJIA) of 2013 (S. 967) and 2017 (S. 2141).	21
Victims Protection Act of 2014 (S. 1917).....	21
Military Sexual Assault Victims Empowerment (SAVE) Act of 2016 (S. 2521).....	22
Military Retaliation Prevention Act of 2016 (S. 2870).....	22
Servicemembers and Veterans Empowerment and Support Act of 2017 (H.R. 1954).	23
Purpose of the Study and Research Questions	23
Chapter Summary	25
Chapter 2: Review of Literature	26
Understanding Interest Groups: Frameworks and a Model	27
Pluralism.....	27
Collective action.	30
Organization of interests.	32
Advocacy Coalition Framework.....	35
Figure 1: <i>Adapted version of 2007 Advocacy Coalition Flow Diagram</i>	37
Patient Advocacy Groups.....	38

Chapter Summary	39
Chapter 3: Methods.....	41
Study Purpose and Research Questions.....	41
Type and Design of the Study.....	41
Definition of a case.....	42
Rationale for qualitative approach.....	43
Study Procedures.....	44
Overview of procedures.....	44
Recruitment.....	45
Data analysis.....	46
Figure 2. <i>Components of Creswell (2014) Model for Qualitative Data Analysis</i>	47
Methodological rigor.....	48
Chapter Summary.....	49
Chapter 4: Findings.....	51
Overview of Recruitment and Participants.....	51
Contacts.....	51
Figure 3: <i>Contacts, Responses, and Participants</i>	52
Participants.....	52
National Interest Groups' Strategies	53
Table 4.1: <i>Interest Group Strategies and Associated Themes Identified in Interviews</i>	54

Strategy 1: Cultivating relationships.....	54
Strategy 2: Putting a face on the problem.	57
Strategy 3: Giving voice to survivors.	58
Strategy 4: Heightening public awareness.	59
Strategy 5: Bringing media and public pressure to bear.	60
Strategy 6: Assembling and providing information.....	61
Strategy 7: Connecting the dots.....	62
Strategy 8: Involvement in MST legislation.	63
Strategies identified from sources other than interviews.	64
Table 4.2: <i>Additional Interest Group Strategies and Associated Themes Identified from Organization Websites</i>	65
Accomplishing Policy Goals.....	65
Factors that contribute to success.	66
Table 4.3: <i>Factors Affecting Interest Groups' Ability to Accomplish Policy Goals</i>	67
Factors that create challenges or barriers.	72
Factors that depend on political circumstances.	75
Examples of Efforts to Accomplish Policy Goals.....	76
Successes.....	76
Unsuccessful efforts.....	79
Methodological Rigor.....	81

Chapter Summary	83
Table 4.4: <i>Strategies and Factors Related to Accomplishing Goals in Relation to Themes</i>	83
Chapter 5: Summary, Discussion, and Personal Reflections	85
Summary of the Study	85
The Case Study Approach	86
Initial formulation of the case.....	86
Interest groups.	87
Patient advocacy groups.....	90
Bureaucratic inertia and resistance.	92
Windows of opportunity.	94
The Advocacy Coalition (ACF) Framework.....	95
Reformulation of the case.	98
Limitations and Strengths	100
Policy Implications	101
Create stronger policies against retaliation.	102
Strengthen sexual harassment policies.....	102
Provide incentives for the reduction of retaliation.	103
Revise administrative processes for reviewing discharges of service members who have a history of MST.....	104

Review the effectiveness of the sexual assault and response training program.	104
Recommendations for Future Studies.....	105
Personal Reflections	106
List of Appendices	108
Appendix A: Reasons for Nondisclosure among Women MSA Victims	109
Appendix B: Prevalence of Unwanted Sexual Contacts for Military Service Academy Women.....	110
Appendix C: Sexual Assault Prevalence Rates for Active Duty Women by Military Service Branch—2016	111
Appendix D: Types of Retaliation and Investigative Authority.....	112
Appendix E: Initial Contact Script	113
Appendix F: Research Flyer	114
Appendix G: Recruitment Script	115
Appendix H: Consent Script	116
Appendix I: Interview Questions Guide for Interest Group/Organization	118
Appendix J: Interview Questions Guide for Legislative Staff or Others	120
Appendix K: Summary of Recruitment and Interviews	122
References	125

LIST OF FIGURES

Figure 1: <i>Adapted version of 2007 Advocacy Coalition Flow Diagram</i>	37
Figure 2. <i>Components of Creswell (2014) Model for Qualitative Data Analysis</i>	47
Figure 3: <i>Contacts, Responses, and Participants</i>	52

LIST OF TABLES

Table 1.1: <i>Prevalence of Contact Sexual Violence among Women in General U.S. Population and Active Duty Women</i>	11
Table 1.2: <i>Percentages of women and men in the U.S. and active duty military populations experiencing sexual assault or harassment in the previous 12 months</i>	12
Table 4.1: <i>Interest Group Strategies and Associated Themes Identified in Interviews</i>	54
Table 4.2: <i>Additional Interest Group Strategies and Associated Themes Identified from Organization Websites</i>	65
Table 4.3: <i>Factors Affecting Interest Groups' Ability to Accomplish Policy Goals</i>	67
Table 4.4: <i>Strategies and Factors Related to Accomplishing Goals in Relation to Themes</i>	83

LIST OF ACRONYMS AND ABBREVIATIONS

ACF	Advocacy Coalition Framework
ANA	American Nurses Association
DMDC	Defense Manpower Data Center
DoD	Department of Defense
ETSU	East Tennessee State University
FY	Fiscal year
GAO	U. S. Government Accountability Office
HRW	Human Rights Watch
IADT	Inactive duty for training
IAVA	Iraq and Afghanistan Veterans of America
MJIA	Military Justice Improvement Act
MST	Military sexual trauma
NAMI	National Alliance on Mental Illness
OPA	Office of People Analytics
POD	Protect Our Defenders
PTSD	Post-traumatic stress disorder
SAPR	Sexual Assault Prevention and Response
SAPRO	Sexual Assault Prevention and Response Office
SAVE	Sexual Assault Victims Empowerment
SWAN	Service Women’s Action Network
VA	U. S. Department of Veterans Affairs
VFW	Veterans of Foreign Wars

Chapter 1: Problem, Aims, and Research Questions

When joining the military, one is faced with the possibility of going to war. In military conflicts such as the Vietnam War, Persian Gulf War, Operation Iraqi Freedom, and Operation Enduring Freedom, civilians and military personnel often view death and serious injury as occupational hazards. Members of the armed services are also involved in military operations other than war that encompass a range of actions, mostly outside of the U.S., to deter war or promote peace to help achieve national objectives and protect national interests (Joint Chiefs of Staff, 1995; U.S. Air Force, 2000). Examples include operations to counter terrorist activity, humanitarian assistance, counterinsurgency, and peacekeeping missions. These operations also carry risks of death and serious injury. However, there is another type of war that inflicts serious trauma on those who serve. The wounds are not as conspicuous as combat injuries, but can have similarly long-lasting effects. The nature of this other war was summarized in 2008 by Rep. Jane Harman (D-CA), then chair of the House Homeland Security Subcommittee on Intelligence, who wrote “Women serving in the U.S. military are more likely to be raped by a fellow soldier than killed by enemy fire in Iraq” (Harman, 2008, para. 2).

Kirby Dick (2012) highlighted this *Invisible War* in a documentary of that name that won the 2013 Ridenhour Documentary Film Prize and was nominated for an Academy Award. The film focused on the accounts of women who experienced sexual assault while serving in the different branches of the U.S. armed forces. The film vividly portrays personal stories of victims about their assault and its consequences. Common

elements across the survivors' accounts included a chain of command and military justice system that led to minor or no consequences for perpetrators; the advancement of perpetrators' careers; inadequate emotional and physical care to support the recovery of survivors; and, in some cases, retaliation, such as less-than-honorable discharge.

In 2013, Rep. Loretta Sanchez (D-CA) delivered an address to the Judge Advocate General's School in Virginia. In her address, she stated:

The Department of Defense (DoD) estimates that there are about 19,000 rapes a year in our military forces. That's over fifty a day, and that is unacceptable.

A Soldier today, even in a time of war, is more likely to be sexually assaulted than to be killed or wounded by hostile forces. And yet we also know that less than twenty percent of sexual assaults are reported. Why is that? It is because victims do not believe that they will get justice, and criminals do not believe that they will be punished. (Sanchez, 2013, p. 267)

Thus, the survivor of sexual assault during military service first falls victim to the perpetrator and subsequently might be further victimized by the chain of command and the military justice system.

Sexual assault encompasses any form of unwanted sexual contact, such as intentional touching of genitalia or other private body areas whether, unclothed or clothed; and attempted or completed vaginal, oral or anal sex act or penetration by a foreign object (Office of People Analytics [OPA], 2017, Chapter 3). From a legal perspective, sexual harassment is any unwanted sexual attention or requests that create a hostile work environment; from a social-psychological perspective, sexual harassment is unwanted sexual attention or behavior in the workplace that the recipient considers offensive or threatening (Cortina & Berdahl, 2008).

The Department of Veterans Affairs (VA) uses the term sexual trauma when referring to a veteran's experience of sexual assault or acts of sexual harassment of a

repeated, threatening nature that occurred while on active duty and the psychological consequences and sequelae of those events that might extend beyond the period of active duty (Haskell et al., 2010; Department of Veterans Affairs, 2018). For purposes of determining eligibility for counseling and treatment, the VA defines sexual trauma as:

. . . psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training.

. . . The term “sexual harassment” means repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character. (Counseling and treatment for sexual trauma, 38 U. S. C. Sec. 1720D, 2011)

The potentially devastating consequences of sexual harassment and assault during military service extend to long-term traumatic sequelae affecting the physical and mental health of survivors and might also adversely affect subsequent employment, disability claims, and the well-being of survivors’ families.

Although the military has implemented a zero-tolerance policy toward sexual harassment and sexual assault, women service members have an approximately five times greater risk of being a victim of sexual assault than men (Morrall et al., 2015), and more than half of female sexual assault victims are assaulted more than once (Protect Our Defenders, 2015). In 2014, more than 20% of women service members experienced sexual harassment, and in a majority of those instances, the harassment was by a unit leader or superior (Morrall et al., 2015). With all combat roles now officially open to women, there is concern that women might face an even greater risk of sexual assault and sexual harassment, with consequences of those events that often extend long after the period of active duty. Throughout this dissertation, the term military sexual trauma (MST) will be used to encompass sexual harassment or assault during military service

and the long-term consequences experienced by survivors. The incidence and scope of MST make this problem a national health policy concern. This chapter summarizes the history of the problem of MST in the U.S. military and identifies the research questions that this study will attempt to answer.

History of MST

Although sexual harassment has persisted for years in the military, the first widely publicized U.S. military sexual assault incident occurred in the early 1990s, when the Tailhook scandal brought the MST problem to the public's attention (Estabrooks, 2013). The Tailhook Association is a voluntary, nonprofit organization whose purposes include advocating for and educating the public about the importance of military sea-based aviation and fostering esprit de corps among naval aviators (Tailhook Association/Tailhook Educational Foundation, n.d.). During the association's annual reunion in September 1991, seven men and 83 women, both civilians and service members, alleged they had been sexually assaulted at the Las Vegas hotel where the reunion took place (Browne, 2007; Estabrooks, 2013; Ogden, 2009). Some 140 Navy and Marine Corps aviators were referred for disciplinary action. Judicial proceedings were initiated against six junior officers: two cases were dismissed, one was fined \$1,000 and given a letter of admonition, and the other three officers argued that they were being held accountable for actions that the chief of Naval Operations at the time had witnessed and possibly participated in, but took no action to stop. The presiding officer found that there had been undue command influence in the investigation of the case and dismissed the charges against the three junior officers and all other officers who had been referred. Although many of the officers were disciplined, and some suffered adverse career

consequences, none was court-martialed. The chief of Naval Operations was admonished but was allowed to retire early without reduction in rank; his second in command was reduced in rank from admiral to rear admiral. In addition, the secretary of the Navy was forced to resign (Anonymous, n.d.; Cushman, 2013; Ogden, 2009).

Some five years later, in December 1996, U.S. Army drill instructors and one unit commander at the Aberdeen Proving Ground were charged with sexual assault (Browne, 2007; Estabrooks, 2013; Kitfield, 2012; Montgomery, 2013). The results of those cases varied from administrative action, such as reduction in rank with loss of pay and benefits and dishonorable discharge, to a 25-year prison sentence for one non-commissioned officer (Nelson, 2002, pp. 88 & 89; Richter, 1997).

At the U.S. Air Force Academy from January to September 2003, numerous allegations of rape or attempted rape, sexual harassment, and claims of retaliation toward victims who reported such sexual misconduct were revealed (Browne, 2007; Montgomery, 2013). Congress directed the DoD to submit an annual report on sexual harassment and sexual assault for the military service academies. Since 2004, the DoD has provided Congress with a consolidated report on sexual harassment and sexual assault at the service academies annually (Felsman, 2014). Ten years later, documented prevalence rates among female graduates were 12% for rape or attempted rape and 70% for sexual harassment (Estabrooks, 2013).

In 2012 and 2013, the media reported two more sexual scandal incidents. From 2009 to 2010, nine women, two of whom were civilians, reported being sexually harassed, assaulted, and raped while stationed and working at the U.S. Marine Barracks in Washington, D.C. (Estabrooks, 2013). None of the accused assailants received any

punishment (Kitfield, 2012). In addition, reports of sexual assault and misconduct by 32 trainers against 56 females and three male trainees at Lackland Air Force Base in Texas were revealed (Estabrooks, 2013; National Organization for Women Foundation, 2014). One Air Force male instructor was convicted of rape and multiple counts of aggravated sexual assault of female trainees, and sentenced to 20 years at Fort Leavenworth. In 2004, he committed suicide in his cell (Kitfield, 2012; Losey & Everstine, 2014; Risen, 2013). Sixteen other instructors were charged with aggravated sexual assault or having unprofessional relationships with female trainees (Kitfield, 2012).

While the number of women joining the military is increasing, military culture remains dominated by men (Hall, 2011). Traditional male gender roles in the military encourage competition, power, and dominance (Robinson Kurpius & Lucart, 2000). Military culture is further defined by unique characteristics, such as organizational structure, regulations, traditions, and a legal system that differs from civilian settings (Redmond et al., 2015).

Castro, Kintzle, Schuyler, Lucas, and Warner (2015) identified several structural characteristics of military organization that are conducive to the occurrence of sexual assault: the value placed on performance, emphasis on strength and resilience, team loyalty, and leadership responsibility. In addition, there are organizational factors that make it difficult to get convictions for this type of crime, including close-quartered living arrangements with limited privacy, movement of military personnel across duty stations, and a military reporting system that emphasizes resolution of problems at the lowest command level. Even with required training about MST, cultural and organizational

factors might tend to make it seem like just another training exercise to be completed regardless of whether the goals of the training were achieved.

MST remains a serious problem in all five U.S. military service branches—the Air Force, Army, Coast Guard, Navy, and Marine Corps—with disproportionate effects on female service members and harmful societal and economic impacts in terms of the consequences experienced by survivors. MST has potentially deleterious effects on recruitment, unit cohesiveness, and readiness; it also has deleterious effects on individual and unit morale, and on family relationships and civilian life after service (Stimson, 2013).

Sexual Assault Prevention and Response

Numerous policy and legislative reforms have been established to address sexual assault and harassment in the military. Reforms mainly deal with the following four areas: DoD management and accountability; prevention; victim protection and support; and military justice and investigations (Kamarck & Torreon, 2017).

DoD management and accountability. In October 2004, the DoD established a Joint Task Force for Sexual Assault Prevention and Response (DoD, 2004) that was responsible for developing a DoD-wide sexual assault policy (Kamarck & Torreon, 2017). In 2005, the task force led to creation of what is now known as the Sexual Assault Prevention and Response Office (SAPRO). SAPRO is responsible for developing and revising policies related to sexual assault including sexual assault reporting, development and oversight of prevention programs and victim support services, data collection, and submitting reports to Congress.

Prevention. The key activities related to prevention of sexual assault in the military focus on education and training (Kamarck & Torreon, 2017). All active duty and reserve component members are required to complete annual sexual assault prevention and response training. Congress also mandated training specific to service academy cadets and midshipmen and for new recruits. Additional training is required for new or prospective commanders (Kamarck & Torreon).

Victim protection and support. This area focuses on the safety and privacy of victims. The scope of activities encompasses medical care; helpline support; legal assistance and victim advocacy; and strategies to prevent retaliation against members who file a report or intervene on behalf of those who are sexually assaulted. (Kamarck & Torreon, 2017). Congress has required the DoD to establish comprehensive, evidence-based protocols for providing and documenting the medical care to victims of sexual assault who are on active duty while protecting their confidentiality (Kamarck & Torreon). SAPRO is responsible for the operation of the Safe Helpline which provides worldwide, around the clock, confidential crisis support through a contract with the Rape, Abuse, & Incest Network (RAINN) whose staff members are familiar with military-specific policies and procedures (Kamarck & Torreon). In 2005, the DoD created two roles—sexual assault response coordinator (SARC) and sexual assault prevention and response victim advocate (SAPR-VA)—to assist victims of sexual assault (Kamarck & Torreon). Since FY2011, all brigade- or comparable-level units must include a minimum of one full-time SARC and one-full time SAPR-VA.

Reporting Options

Prior to 2005, service members who were victims of sexual assault had only limited channels for confidential reporting, via disclosure to a chaplain or psychotherapist. As part of DoD-wide reforms initiated in 2005, separate channels were created for unrestricted and restricted reporting. Unrestricted reporting is

A process a Service member uses to disclose, without requesting confidentiality . . . that he or she is the victim of a sexual assault. Under these circumstances, the victim's report and any details . . . are reportable to law enforcement and may be used to initiate the official investigative process. (DoD, 2005, p. 11)

With unrestricted reporting, "the victim's report and any details provided to healthcare providers," a Sexual Assault Response Coordinator (SARC), [Sexual Assault Prevention and Response (SAPR)] Victim's Advocate (VA), command authorities, or other persons could trigger formal investigation" (DoD, 2005, p. 11). In contrast, restricted reporting was

A process used by a Service member to report or disclose that he or she is the victim of a sexual assault to specified officials on a requested confidential basis. Under these circumstances, the victim's report and any details provided to a healthcare provider, the SARC, or a VA will not be reported to law enforcement to initiate the official investigative process unless the victim consents or an established exception is exercised. (DoD, 2005, p. 10)

In 2008, *healthcare provider* in both definitions was changed to *healthcare personnel*.

More recent updates of the relevant DoD directives have expanded the definition of restricted reporting and the scope of its application. Under the current definitions, unrestricted reporting is

A process that an *individual covered by this policy* uses to disclose, without requesting confidentiality or Restricted Reporting, that he or she is the victim of a sexual assault. Under these circumstances, *the victim's report* provided to healthcare personnel, the SARC, a SAPR VA, command authorities, or other persons is reported to law enforcement and may be used to initiate the official investigative process. (DoD, 2012, p. 21; emphasis added to significant changes from the earlier version of the directive)

Those covered by at least some aspects of the policy now include all DoD personnel, members of National Guard or Reserve components, and military dependents 18 years of age and older. Restricted reporting is now defined as

. . . an option that allows sexual assault victims to confidentially disclose the assault to specified individuals (i.e., SARC, SAPR VA , or healthcare personnel), and receive medical treatment, including emergency care, counseling, and assignment of a SARC and SAPR VA, without triggering an investigation. The victim's report provided to healthcare personnel (including the information acquired from a SAFE [Sexual Assault Forensic Examination] Kit), SARCs, or SAPR VAs will NOT be reported to law enforcement or to the command to initiate the official investigative process unless the victim consents or an established EXCEPTION applies. The Restricted Reporting Program applies to Service members and their military dependents 18 years of age and older. Additional persons who may be entitled to Restricted Reporting are NG [National Guard] and Reserve members. DoD civilians and contractors, at this time, are only eligible to file an Unrestricted Report. Only a SARC, SAPR VA, or healthcare personnel may receive a Restricted Report. . . . (DoD, 2013, p. 121)

Established exceptions to restricted reporting include disclosures: authorized in writing by the victim, necessary to prevent imminent threats to the health or safety of the victim or others (e.g., multiple reports alleging sexual assault by the same individual), and those necessary for disability or fitness for duty determinations or coordination of health care for the victim. Civilian employees and contractors of the DoD are only permitted to make unrestricted reports (DoD, 2013).

Prevalence and Incidence of MST

Comparing the prevalence of sexual assault and harassment between military and civilian populations is challenging due to differing terminology, definitions or categorizations across studies (Kamarck & Torreón, 2017; Stander & Thomsen, 2016). Survey methods also differ in age distributions, gender balance, data collection, and terminology (Kamarck & Torreón, 2017). There have been a number of attempts to compare the risk of sexual harassment and assault between the military and the civilian

population of the U.S. (Stander & Thomsen, 2016). For women, the most direct comparison using the same methodology is with 2010 data from the National Intimate Partner and Sexual Violence Survey (Table 1.1) (Black & Merrick, 2013).

Table 1.1: *Prevalence of Contact Sexual Violence among Women in General U.S. Population and Active Duty Women*

Time Frame	Women in General U.S. Population (18-59 Years)		Active Duty Women (18-59 Years)		Adjusted OR ^b
	Weighted % (95% CI)	Estimated # of Victims ^a	Weighted % (95% CI)	Estimated # of Victims ^a	
Lifetime	40.3 (38.4, 42.1)	35,396,000	36.3 (33.6, 39.0)	68,000	0.9 (0.8, 1.1)
3 Year	7.7 (6.2, 9.1)	6,725,000	11.3 (9.5, 13.1)	23,000	1.1 (0.8, 1.4)
1 year	5.2 (4.4, 6.1)	4,598,000	5.6 (4.2, 6.9)	10,000	0.8 (0.5, 1.1)

Source: National Intimate Partner & Sexual Violence Survey (NISVS), 2010 data (Black & Merrick, 2013). Contact sexual violence: completed or attempted forced penetration, completed alcohol- or drug-facilitated penetration, being made to penetrate someone else, sexual coercion and other unwanted sexual contact. CI: Confidence interval.

^a Rounded to nearest 1,000

^b Comparison between active duty women and women in general population, controlled for age and marital status

More recent data for men and women have been published separately for the U.S. (Breiding et al., 2014; Smith et al., 2017) and active duty military populations (Office of People Analytics (OPA), 2017). These show similar rates over the preceding 12 months between general population and active duty men and between general population and active duty women for contact sexual violence / sexual assault and for rape / penetrative sexual assault (Table 1.2). However the rates for sexual harassment among active duty men are twice as high as the rate of non-contact unwanted sexual experiences among men in the general U.S. population, and are nearly 7 times higher among active duty women compared with women in the general U.S. population (OPA, 2017; Smith et al, 2017).

Table 1.2: Percentages of women and men in the U.S. and active duty military populations experiencing sexual assault or harassment in the previous 12 months

Type	U.S. Population (Smith et al., 2017)		Type	Active Duty (OPA, 2017)	
	Women %	Men %		Women %	Men %
Contact Sexual Violence	4.0	3.7	Sexual Assault	4.3	0.6
Rape	1.2	0.2	Penetrative sexual assault	2.2	0.2
Non-contact unwanted sexual experiences	3.2	2.6	Sexual Harassment	21.4	5.7

In the military, male-on-female incidents are the most common MST (Allard, Nunnink, Gregory, Klest, & Platt, 2011; Hillman, 2009; Kimerling et al., 2011; Suris & Lind, 2007; Van Pelt, 2011). The DoD estimated that in 2012, 26,000 sexual assault incidents occurred over the previous year, a profound increase from the estimated 19,000 in 2011; the greater number was not merely an artifact of increased reporting (DoD, Sexual Assault Prevention and Response [SAPR], 2013). However, only 3,374 cases (approximately 13%) were reported (Lucero, 2015).

In 2014, 20,300 military men and women were sexually assaulted, and 85% of those cases were not reported (Protect Our Defenders [POD], 2018a). Victims cited several reasons for not reporting military sexual assault, most commonly wanting to forget about it and move on (58%) and not wanting more people to know about the assault (49%) (OPA, 2017). Other reasons for not disclosing included not trusting that the process would be fair or concern about being labeled as a troublemaker (Appendix A). According to the DoD Annual Report on Sexual Assault in the Military for fiscal year

(FY) 2016 (DoD, SAPRO, 2017), approximately six of 10 victims reported experiencing some form of retaliation for reporting military sexual assault; the percentages of men and women who faced retaliation after reporting a sexual assault were approximately equal (POD, 2018a).

In 2012, sexual assault rates at U.S. military academies were higher than in the service branches (DoD, SAPR, 2012). The prevalence of unwanted sexual contact was 15% for female midshipmen at the U.S. Naval Academy and 11% for female cadets at both the U.S. Air Force Academy and the U.S. Military Academy (Defense Manpower Data Center, 2013). The 2016 estimated prevalence rate of unwanted sexual contact increased at all three military academies when compared with the prevalence rate calculated two years prior (Appendix B). The annual prevalence of unwanted sexual contact reported by female cadets or midshipmen and male cadets or midshipmen was 12.2% and 1.7%, respectively, compared with 8.2% and 1.1% reported in 2014 (DoD SAPRO, & Office of Diversity Management and Equal Opportunity, 2018).

Across all service branches, the incidence of sexual assault is highest in the Marine Corps and lowest in the Air Force (Appendix C; OPA, 2017). Among women in the military services, lifetime prevalence estimates ranged from 13% to 30% for sexual assault (Bostock & Daley, 2007; Sadler, Booth, Cook, & Doebbeling, 2003; Skinner et al., 2000) and from 31% to 79% for sexual harassment (Bostock & Daley; Sadler et al.; Skinner et al.; Street, Gradus, Stafford, & Kelly, 2007). According to data from the VA's screening program, the lifetime prevalence of MST for veterans seeking care from the VA ranged from 15% to 36% for women and 1% to 2% for men (Stander & Thomsen, 2016).

The most recent DoD SAPRO (2018b) report showed a decrease in the estimated incidence of sexual assault, from 20,300 in 2014 to approximately 14,900 in 2016 (14,881, 95% confidence interval, 14,041 to 15,748; OPA, 2017). While this was a positive sign, only 31% of sexual assaults on women and 15% on men were reported. Of those reported, initially slightly more than half (54% of reports by women and 55% by men) are unrestricted reports, hence subject to official investigation (DoD, SAPRO, 2018b). Although eventually 73% of reports by women and 61% by men are unrestricted (DoD, SAPRO, 2018), that amounts to fewer than one quarter of sexual assaults against women and fewer than 10% against men undergoing official investigation.

Retaliation: A Reason for Not Reporting

Fear of retaliation has been cited as one of the top reasons why victims of military sexual assault do not report incidents (Judicial Proceedings Panel, 2016). Retaliation is an umbrella term used to refer to a variety of behaviors that fall into three classifications: social retaliation, such as ostracism; professional retaliation, such as reprisal; and criminal retribution, such as cruelty, maltreatment, assault, stalking, and obstruction of justice (Judicial Proceedings Panel; Kamarck & Torreon, 2017; Appendix D).

Extent of retaliation. Prior to 2015, there was a lack of objective data related to this issue. Most of the data that the DoD had on retaliation came from self-reports of victims of sexual assault (Kamarck & Torreon, 2017). Unfortunately, victims who report a sexual assault occurrence are not the only ones who face retaliation. Individuals who supported victims were also at risk of retaliation (Human Rights Watch [HRW], 2015).

In FY2014, Congress mandated that the DoD develop regulations to retaliation against a service member or whistleblower who reports a crime and to make retaliation a

punishable offense under the Uniform Code of Military Justice. In 2015, the Secretary of Defense directed the DoD to develop a comprehensive strategy to prevent retaliation (Kamarck & Torreón). However, according to POD (2018a), retaliation against individuals who report sexual assault is still common. Approximately 60% of victims of both sexes who reported a sexual assault faced retaliation. Approximately 75% of retaliators were in the reporter's chain of command. Within seven months of filing a report about sexual assault, approximately one third of the victims were discharged (POD, 2018a). In addition, approximately one fourth of those who were discharged following a report of sexual assault received a less than honorable discharge, compared with 15% of all other service members (POD, 2018a).

Unlike civilians, individuals experiencing retaliation in the military cannot simply quit or sue (HRW, 2015; Judicial Proceedings Panel, 2016). In a protected activity such as reporting a hostile work environment, military service members do not necessarily have the same degree of protection as civilians who are covered by anti-retaliation laws (HRW).

Consequences of retaliation. According to the Judicial Proceedings Panel (2016), the effects of retaliation went beyond the harm caused to the individual victim. Retaliation also hurts the military's mission readiness. According to the HRW (2015) report, victims viewed retaliation for reporting to be as bad if not worse than the sexual assault itself. "In addition, according to an expert on veterans and PTSD, survivors of military sexual assault who experience retaliation for reporting may have more severe and complicated PTSD than they would have without the retaliation" (HRW, p. 76).

Nearly half of the 150 service members and veterans interviewed for the HRW report revealed having experienced feeling suicidal at some point.

Women and the Psychological and Physical Effects of Military Sexual Trauma

Sexual violence endured by women in active military service has profoundly affected their quality of life as service members and veterans. Women who experience MST might face myriad long-term psychological and physical health problems. Because of these long-term health sequelae, MST has emerged as a major health concern for this population (Sadler et al., 2003).

The literature on MST has focused on its psychological effects on women victims. Some of the psychological consequences of MST include post-traumatic stress disorder (PTSD), anxiety, depression, substance abuse problems, eating disorders, and suicidal thoughts (Cater & Leach, 2011; Fitzgerald, 2010; Freedy et al., 2010; Hyun, Kimerling, Cronkite, McCutcheon, & Frayne, 2012; Kimerling et al., 2010; Kintzle et al., 2015; Suris, Link-Malcolm, & North, 2011). Studies show that MST is a strong predictor of PTSD in women (Dutra et al., 2010; Ferdinand, Kelly, Skelton, Stephens, & Bradley, 2011; Kang, Dalager, Mahan, & Ishii, 2005; Street, Stafford, Mahan, & Hendricks, 2008). While MST affects male and female veterans, it is the No. 1 cause of PTSD among female veterans whereas combat trauma ranks first for causes of PTSD among males (Kang, Dalager, Mahan, & Ishii, 2005; Street et al., 2008). Military women are three times more likely to develop PTSD than men (Kimerling, Gima, Smith, Street, & Frayne, 2007). A majority of women veterans, who sought VA disability benefits for PTSD reported having experienced sexual assault while on active duty (Kintzle et al., 2015; Murdoch, Polusny, Hodges, & O'Brien, 2004). Many female service members are

sexually assaulted or harassed by service members of higher grade or rank (Allard et al., 2011; Campbell & Raja, 2005; Hillman, 2009; Suris & Lind, 2008; Van Pelt, 2011). Fear of being embarrassed; of not being believed; of being further harassed; or being judged mentally unstable, thus risking involuntary discharge, are reasons cited that deter service members from reporting an assault (Valente & Wight, 2007). Negative experiences of feeling blamed, doubted, and revictimized have been termed “secondary victimization” (Campbell & Raja). According to Campbell and Raja, research has shown that experiencing secondary victimization is associated with increased symptoms of posttraumatic stress.

Male and female veterans of the Afghanistan and Iraq wars who experienced MST were considerably more likely to receive a depression diagnosis than were male and female veterans who screened negative for MST (Kimerling et al., 2010). Veterans who experience MST are two or more times more likely to attempt suicide or intentionally harm themselves when compared to veterans who have not been exposed to sexual trauma (Kelty, Kleykamp, & Segal, 2010; Kimerling et al., 2007; Suris et al., 2011).

Female veterans who experienced MST also report a variety of physical health problems, including gynecological and gastroenterological complaints and increases in cardiovascular risk factors (Allard et al., 2011; Baltrushes & Karnik, 2013; Lutwak & Dill, 2013). Medical sequelae add to the public health burden associated with MST (Kimerling et al., 2007).

Interest Groups and MST

Interest groups are relevant to the issue of MST because they are in a position to raise public awareness of the problem, pressure the military to take care of its members

who experience sexual violence, and work with members of Congress in passing legislation that addresses concerns related to MST. Interest groups are organizations that rally around a problem or population and enter the political process with the aim of influencing policy. They serve the economic, professional, social, or ideological interests of those they represent by advocating for legislation and policies they view as beneficial or by opposing what they view as harmful. Interest groups educate legislators and citizens about issues and their concerns and viewpoints (Grossman & Helpman, 2001; Weissert & Weissert, 2012).

Interest groups call attention to the effects of MST on women in active duty or in reserve service and on women veterans. Such groups advocate for congressional action and institutional changes in the DoD and the service branches to bring an end to sexual assault and sexual harassment in the U.S. military and to increase the availability of services for survivors. Interest groups have also worked with print, broadcast, and online media to increase public awareness of the problem.

Interest groups have worked with members of Congress on legislation to remove military sexual assault prosecutions from the military chain of command and to ensure that MST survivors receive disability benefits for PTSD resulting from rape or sexual assault. They also seek to expand inpatient and outpatient treatment programs for women veterans to address their unique physical and mental healthcare needs (National Alliance to End Sexual Violence, 2013).

Prominent interest groups addressing these issues include Protect Our Defenders (POD), Iraq and Afghanistan Veterans of America (IAVA), and Service Women's Action Network (SWAN). Founded in 2011 by Nancy Parrish, POD is a human rights

organization with the mission of putting an end to the epidemic of military sexual violence and fighting the “culture of pervasive misogyny, sexual harassment, and retribution against victims” (POD, n.d. -a) through policy reform, legal assistance and advocacy, research, and education. In 2004, IAVA was founded by Iraq War veteran Paul Rieckhoff. Membership includes approximately 420,000 veterans, family members, and supporters. The organization advocates on a variety of issues affecting veterans and active duty military personnel. The organization has been very active in the legislative arena, including support for legislation to combat military sexual assault. SWAN (2016) is a member-driven network founded in 2007. Members include service members, veterans, and civilians. SWAN’s mission focuses on policy changes and the establishment of new policies related to the following issues: military sexual violence, reproductive healthcare, combat integration of women, as well as VA benefits and healthcare services for women veterans. Its mission is accomplished through policy reform, media advocacy, education, and community organizing.

Legislation Related to Military Sexual Assault

Since 2013, a number of bills related to various aspects of military sexual trauma have been introduced in the U.S. Congress. (See Torreon, 2013 for a summary of congressional activity prior to 2013.) Some have passed in one chamber but not the other (Ruth Moore Act, H. R. 671, 2013; Ruth Moore Act, H. R. 1607, 2015). Others have not passed either house (Military Justice Improvement Act, S. 967, 2013; Military Justice Improvement Act, S. 2141, 2017; Military Retaliation Prevention Act. S. 2870, 2016; Military Sexual Assault Victims Empowerment (SAVE) Act. S. 2521, 2016; Protect our

military trainees act. H.R. 430, 2013; Servicemembers and Veterans Empowerment and Support Act, H.R. 1954, 2017; Victims Protection Act, S. 1917, 2014).

Protect Our Military Trainees Act (2013). Jackie Speier (D-CA) introduced H.R.430 in January 2013. This legislation would protect new recruits undergoing basic training from sexual advances by military instructors who have supervisory authority over these members. In addition, it would require that any instructor who engaged in sexual acts with a trainee be punished by court-martial, even if the activity was consensual. The Committee on Armed Services referred the bill to the Subcommittee on Military Personnel on February 21, 2013, but it did not get reported out (Torreon, 2013; Protect our military trainees act. H.R. 430, 2013).

Ruth Moore Act of 2013 (H.R. 671/S. 294) and 2015 (H.R. 1607/S. 865). Rep. Chellie Pingree (D-ME) introduced this legislation in February 2013. The bill was named for a Navy veteran who battled depression and homelessness after being raped twice by the same superior. The legislation called for the Department of Veterans Affairs (VA) to cover a mental health condition, such as post-traumatic stress disorder, anxiety, depression, claimed by the veteran to have been incurred as a result of military sexual trauma. In essence, it would have permitted a statement by a survivor to be accepted as evidence that an assault occurred for purposes of determining whether the mental health condition was service connected, regardless of whether the sexual assault was reported prior to discharge from active duty. In addition, the VA would have been required to submit an annual report to Congress on covered claims submitted from 2014 to 2018. The House passed the bill in June 2013. On February 13, 2013, the Senate read the bill twice and then referred it to the Committee on Veterans' Affairs, which held hearings on June

12, 2013 (*Hearing on ending benefits legislation*, 2013; Torreon, 2013; Ruth Moore Act, H. R. 671, 2013). The Ruth Moore Act was reintroduced in the House in 2015 as H.R. 1607 and again passed, in July 2015. It then was received in the Senate and referred again to the Senate Committee on Veterans' Affairs, where it died (Ruth Moore Act, S. 865, 2015).

Military Justice Improvement Act (MJIA) of 2013 (S. 967) and 2017 (S. 2141). This bill was introduced on May 16, 2013 by Sen. Kirsten Gillibrand (D-NY). It attempted to address the way the military handles sexual assault cases through the chain of command and the military justice system. The legislation would have removed responsibility for prosecuting sexual assault crimes from the military chain of command by establishing an independent justice system to prosecute military rape crimes. On June 4, 2013, the Senate Committee on Armed Services held hearings (*Pending legislation regarding sexual assaults in the military*, 2013), but the bill fell short of the votes necessary to move forward (Torreon, 2013; Military Justice Improvement Act, S. 967, 2013). The measure was reintroduced in the Senate on November 16, 2017, as S. 2141 and was referred again to the Committee on Armed Services. It failed to make it out of committee (Military Justice Improvement Act, S. 2141, 2017).

Victims Protection Act of 2014 (S. 1917). This bill was introduced by Sen. Claire McCaskill (D-MO) on January 14, 2014, as an alternative to S. 967. This bill would protect victims of sexual assault in the military service academies by allowing the victims to choose if they wanted their cases to be handled by the military or the civilian justice systems. In addition, it would have prevented accused perpetrators of sexual offenses from using their service record as a defense against such charges. The bill also

included provisions for including evaluation of the handling of sexual assault reports in performance assessments for commanders. On March 10, 2014, the Senate passed the legislation with a yea-nay vote of 97-0. The House received the bill the following day and referred it to the House Armed Services, Transportation and Infrastructure, and Judiciary committees. Those House committees, in short order, referred the bill to Subcommittees on Coast Guard and Maritime Transportation; Crime, Terrorism, Homeland Security, and Investigation; and Military Personnel. The measure never made it out of the subcommittees. (Victims Protection Act, S. 1917, 2014).

Military Sexual Assault Victims Empowerment (SAVE) Act of 2016 (S. 2521). S. 2521 was introduced by Sen. Joni Ernst (R-IA) on February 9, 2016. It would allow veterans to seek care outside of the VA if their provider was unable to meet their needs. The Senate referred it to the Committee on Veterans' Affairs, but it was not reported out of the committee (Military Sexual Assault Victims Empowerment (SAVE) Act. S. 2521, 2016).

Military Retaliation Prevention Act of 2016 (S. 2870). S. 2870 was introduced on April 28, 2016, by Sen. Claire McCaskill (D-MO). It addressed problems related to retaliation after a service member filed formal complaints of sexual assault during military service. It aimed to better protect survivors of military sexual abuse from retaliation and amended title 10 of the Uniform Code of Military Justice, which prevented retaliation in the military. The bill would have amended the Uniform Code of Military Justice in four ways: retaliation would be cited as an offense; victims must be notified of the decision of their complaints, and the Pentagon must collect and publish information on retaliation complaints; training would be required for all investigators on the nature

and consequences of sexual assault trauma; and each of the services would adopt best practices by establishing metrics for the outcomes of efforts to prevent and respond to retaliation. The Senate referred the bill to the Committee on Armed Services, where it died (Military Retaliation Prevention Act. S. 2870, 2016).

Servicemembers and Veterans Empowerment and Support Act of 2017 (H.R. 1954). This legislation was introduced by Rep. Chellie Pingree (D-ME-1) on April 5, 2017, after incidents were reported of online postings of nude photos of women service members. Under current law, it is unclear whether victims of cyber sexual harassment are eligible for counseling and benefits. This bill would have ensured that they would be. On the same day H.R. 1954 was introduced, it was referred to the House Committee on Veterans' Affairs and Committee on Armed Services. The Committee on Veterans' Affairs referred the bill to the Subcommittee on Disability Assistance and Memorial Affairs; the Committee on Armed Services referred it to the Subcommittee on Military Personnel. The measure was not reported out of either subcommittee (Servicemembers and Veterans Empowerment and Support Act, H.R. 1954, 2017).

Purpose of the Study and Research Questions

A substantial amount of research on military sexual trauma and women veterans focuses on risk factors, prevalence, and incidence of MST and its impact on the mental and physical health of veterans who utilize a Veterans Affairs Medical Center for care (Allard et al., 2011; Baechtold & DeSawal, 2009; Baltrushes & Karnik, 2013; Bostock & Daley, 2007; Ferdinand et al., 2011; Freedy et al., 2010; Harrington, Crowther, Henrickson, & Mickelson, 2006; Kelty et al., 2010; Sadler et al., 2003; Skinner et al., 2000; Street et al., 2007; Suris & Lind, 2008). To date, no studies have analyzed the

politics of and relationships among interest groups working on issues related to MST. In particular, little is known about the strategies these interest groups use or the extent to which they work individually or together to get MST-related legislation on the congressional agenda.

The purpose of this study is to investigate the political strategies of national-interest groups engaged in activities focused on prevention of MST and advocacy for victims of MST. In this study, I will describe (a) how and why various interest groups become politically involved with issues related to MST, (b) how these interest groups develop policy positions, and (c) how the interest groups try to influence and implement policy. The study is an attempt to answer the following three questions:

- What are interest groups' strategies when interacting with officials in the legislative and executive branches of government with regard to MST advocacy for victims and their families?
- What factors affect the ability of interest groups to accomplish policy goals related to MST?
- How do interest groups interact with each other, and how do those interactions affect policy outcomes related to MST?

To answer those questions, I interviewed representatives of interest groups and others—lobbyists, legislators or legislative staff—who have been involved with efforts to combat MST and support survivors of MST through legislative or regulatory initiatives, lobbying, or efforts to increase public awareness. Understanding the process requires understanding more about the actors and their motives and actions. Answers to the research questions will be helpful in understanding the policy process and the approaches

taken by interest groups on future legislative issues related to the public health problem of MST.

Chapter Summary

Chapter 1 serves as an introduction to this study on interest groups' advocacy efforts at the national level for women veterans who experience MST. There is evidence of interest groups' activities to address the epidemic issue of MST, as shown through Congressional testimony, hearings, and reports (National Center on Domestic and Sexual Violence, 2004; *Testimony on sexual assaults in the military*, 2013; POD, 2016). The literature reveals very little about interest groups' strategies or the challenges they face in navigating the policy process with regard to the issue of MST. Research needs to address this area to better understand the issues that interest groups face as they attempt to improve the quality of life for women veterans who experience MST. The research questions will assist in the understanding of interest groups' behaviors in preventing MST.

Chapter 2: Review of Literature

We hear much of special interest groups. Well, our concern must be for a special interest group that has been too long neglected. It knows no sectional boundaries or ethnic and racial divisions, and it crosses political party lines. It is made up of men and women They are, in short, 'We the people,' this breed called Americans.

Ronald Reagan, inaugural address, January 20, 1981

To understand the role of interest groups in attempting to bring about policy change related to the issue of MST, it is important to comprehend the role of interest groups in American politics. In general, the primary goal of interest groups is to actively influence public policy on a narrow range of issues. Interest groups do this by defining the problem or issue and shaping the development, implementation, and modification of legislation (Kingdon, 2011; Longest, 2002; Weissert & Weissert, 2012).

Interest groups act proactively by stimulating new policies in their favor or reactively by blocking policies not in their best interests (Longest, 2002). More specifically, interest groups serve as a voice for their members, articulate members' preferences, inform policymakers of difficulties with proposals, and suggest ways to improve proposals (Weissert & Weissert, 2012). Interest groups rely on four primary tactics to influence all stages of the policy process. These tactics are lobbying, electioneering, litigation, and shaping public opinion (Longest, 2002). Interest groups have a number of useful mechanisms at their disposal to develop strategies for lobbying, including print, electronic, or social media; letter-writing or phoning legislators or other officeholders; grassroots mobilization campaigns; and sending delegations or creating coalitions (Kingdon, 2011). In addition, interest groups are in a position to provide essential information on a particular issue by delivering testimony before congressional hearings and committees. Whatever approaches interest groups utilize, they are a vital

part of the policymaking process (Lindbloom, 1992). However, there are fundamental differences in the literature on how interest groups form, conditions affecting their growth or decline, internal structure of their interactions, and how they influence policy.

Understanding Interest Groups: Frameworks and a Model

Pluralism. Interest groups are not a new phenomenon in American politics. In an earlier era, interest groups were equated with the term “faction.” In Federalist 10, Madison (1787), writing under the pseudonym Publius, commented on the need “to break and control the violence of faction” (para. 1). Madison defined a faction as any “number of citizens . . . who are united and actuated by some common impulse of passion, or of interest, adversed (sic) to the rights of other citizens, or to the permanent and aggregate interests of the community” (para. 2). Thus, for Madison, *faction* was a general term for any group, such as a state, a political party, religious sect, or other group, pursuing some interest or interests that would be to the advantage of its members, even if achieving it disadvantaged others or did not benefit society as a whole. Madison considered forming such groups an intrinsic aspect of human nature, and thus something that could not be prevented. The best a government could do would be to limit such groups’ pernicious effects. He argued that a representative, federal form of government was better suited than direct democracy for moderating such tendencies. Madison argued that as the size of the republic increased, the number and diversity of interests would also increase making “any . . . improper or wicked project . . . less apt to pervade the whole body of the Union” (para. 20). This view was a forerunner of what has come to be called *pluralism*.

By the mid-20th century, political scientists such as David Truman (1951) argued that the multiplicity of interests in society necessitated political and economic bargaining

among interest groups and between interest groups and various levels of government (local, state, federal). Truman, well-known for his contributions to the theory of pluralism, assumed that under a representative form of governance, political power would be dispersed among various organized groups in virtue of their participation in political processes, instead of power being dominated by a single group. Thus, the multiplicity of interests acted as a check on excessive concentrations of power in any one group.

According to Truman (1951), interest groups played a necessary role in the political process. A growing sense of shared concern creates the foundation for spontaneous formation of interest groups. Any group whose members share characteristics or interests potentially constitutes an interest group if it becomes politically active or attempts to impact public policy. From this perspective, the interests of groups are seen as the aggregation of groups' individual members' self-interests. The nature of this aggregation shapes the patterns of interaction within and between interest groups (pp. 34-35).

Interest groups mobilize as a response to problems requiring governmental redress (Truman, 1951, pp. 104-106). Different groups will enter the process when they identify issues that need to be addressed and will exit the system when their interests are met. In the process, various interests will compete with one another in an attempt to gain influence. The competition includes debates about what is best for the public good. Safeguards characteristic of federal and state governments prevent any single interest group from dominating the policymaking process. The resulting policy involves a series of compromises and bargains over public goods and means for achieving them between

the interest groups and policymakers, such as legislators or administrative agency personnel.

Truman argued that existing interest groups maintain a state of equilibrium until threats to their common interests emerge or evolve or a disruption forces new groups to form, a view referred to as disturbance theory (Berry, 1978, p. 382; Truman, 1951, p. 31). When changes threaten interests, individuals will coalesce around a common cause in an effort to balance or counter the power of government or of a competing group. For example, the National Right to Life Committee was founded in 1973 in response to the Supreme Court's ruling in *Roe v. Wade* (Bond & Smith, 2013, p. 197). The committee has been actively involved since that time in attempting to influence legislation and in legal actions to oppose abortion and severely restrict abortion or make it illegal.

In contrast to a group coalesced around a particular issue, a professional association such as the American Nurses Association (ANA) shares within its membership a certain self-identification on issues of common concern, such as public and environmental health; advocacy for the interests of patients; ethics and human rights; and issues pertaining to nursing practice, education, and conditions of work (ANA, 2015). However, views of individual members are by no means uniform, and not every member shares the same beliefs on all issues of concern to the association.

Truman suggested that interest groups proliferate in response to increasing societal complexity, economic specialization, and social differentiation, and thus the world of interest groups is inherently unstable (Truman, 1951, pp. 156, 162). New interests arise and old ones are redefined to maintain "equilibrium" in a society that is prone to many disturbances such as industrialization, technological change, or war (pp.

106-108). Truman argued that group formation “tends to occur in waves” (p. 59) and that interest groups proliferate to a greater extent in some periods relative to others. In contrast to Madison’s view of a faction as a potential threat to the interests of society as a whole, Truman believed that interest groups were a vital and legitimate aspect of representative government.

Collective action. Mancur Olson, an economist, challenged Truman’s pluralist explanations of why interest groups formed and how they behaved. He did not accept that economic, social, or technological disturbances in themselves led to the formation or demise of interest groups (Olson, 1971). He argued that individuals within a group do not necessarily subordinate self-interest to the common interest of the group. Thus, tension exists between individual interest and group interest, and this tension is a fundamental problem for collective action. According to Olson, even if individuals generally were motivated by self-interest, it did not necessarily follow that groups, especially large groups, formed out of a collective sense of self-interest or shared belief. To assume that they did could not adequately account for preferences of individual members or the internal dynamics of these groups (Olson, p. 124). The tendency of individuals to act in a self-interested manner interferes with their commitment to accomplishing a large group’s collective goal because each member obtains a lower share of the benefits as groups increase in size (p. 35).

According to Olson (1971), pluralists were susceptible to ecological fallacy in their treatment of interest groups to the extent that the pluralists assumed that individual members took on beliefs, values, and priorities that normally would be attributed to the group (pp. 126, 127). Olson argued that acting rationally; individuals with common

interests do not necessarily form organizations to address their concerns (Loomis & Cigler, 2002; Olson, pp. 50, 51). Individuals will join the group if they believe their views are listened to, that they can make a difference, and that they possess the required skills or resources to participate (Loomis & Cigler, Olson, pp. 53-55).

Olson also argued that for collective action to succeed in large groups, selective incentives or coercion would be necessary (Olson, 1971, pp. 57-65). Selective incentives can be positive or negative. Positive incentives include material benefits or tangible rewards, such as goods or services with monetary value (pp. 60-65); negative incentives might include fees, such as when unions assess agency or fair-share fees for nonmembers, or more coercive measures (pp. 2, 50-51). Individuals also might be motivated by social or psychological incentives such as the desire to gain respect, friendship, or prestige, especially in smaller groups (Olson, p. 62).

Incentives help to explain what motivates individuals to join an organization, what keeps them involved, as well as the degree to which they will remain involved in the group to accomplish a collective goal. Potential motivation and commitment of an individual to the group can be revealed by examining the selective incentives offered by the group (Olson, 1971, pp. 51, 60). The reasons that individuals choose to form, belong to, or leave a group depended on congruence between incentives and personal preferences (Olson).

Individual interests pursue what Olson termed “private good” whereas group interests seek “collective goods.” A private good can be viewed as the satisfaction of an individual need, such as economic gain or material reward, social status, or social acceptance. Positive incentives, as described above, can generally be viewed as private

goods. Conversely, a collective good is the achievement of any common goal that can include tangible benefits, such as public works or more-abstract goals, such as forming, modifying, or terminating a social welfare program. Collective goods provided by the government through legislation or regulation are public goods in which everyone shares and no one is excluded.

A major obstacle to group participation is what Olson (1971) referred to as the free-rider. Rational individuals might choose not to invest resources such as time and membership costs if they can gain the benefits by not joining. For example, in states that restrict the scope of advanced nursing practice, presumably most advance-practice registered nurses (APRNs) have an interest in removing barriers to autonomous practice. Even so, it is not necessarily economically rational for APRNs to join a state nurses association that lobbies to remove such barriers because, if that effort is successful, the benefits from favorable legislation would be enjoyed by all APRNs, regardless of membership status. For large groups, the free-rider problem is especially serious because an individual in a larger group would be less likely to perceive her or his contribution as having any influence on the group's success (Olson, p. 64). Hence, organizers of groups might seek ways to eliminate the free-rider, unless prohibited by law, as in right-to-work states, or by Supreme Court ruling (*Janus v. American Federation of State, County, and Municipal Employees*, 2017).

Organization of interests. Terry Moe (1980) criticized Olson's assumptions that common interests in collective good were not sufficient to motivate formation and maintenance of interest groups and that incentives based on rational, economic self-interest were required. Moe asserted that noneconomic, purposive incentives, such as

moral or religious principles, social pressures, and ideology, powerfully influence individuals' decisions to join interest groups (p. 122) and that such decisions are rational but often subjective and based on incomplete information. Moe's analysis of interest groups had three main components: the individual decision to join, organization formation and maintenance, and internal politics (Moe, pp. 14-20).

The individual decision to join. Moe (1980) argued that individuals base decisions about whether to join a group on their imperfect perceptions of their circumstances. Both political and nonpolitical inducements have essential but different roles in explaining group membership (Moe, pp. 34-35, 237-238). Political inducements are the net gains that an individual experiences when she or he feels that his or her contribution made a difference for the political success of the group (Moe, 1980, p. 34). Members might join for political reasons if they believe their contributions will contribute meaningfully to the group's purposes. Even small contributions or membership fees can be meaningful if members believe that every contribution counts. A case in point was Sen. Bernie Sanders' presidential campaign in which he persuaded large numbers of followers to make small donations; the average contribution was said to be \$27. Contributors of small sums of money were made to feel they were essential to a large political movement, an example of a political inducement.

Nonpolitical inducements consist of selective incentives that the individual receives for her or his contributions. The decision to participate is based on whether the gain from the selective incentive exceeds the individual's cost (p. 34). An example might be the kind of fundraising done by National Public Radio or Public Broadcasting Service. Much of their revenue comes from listeners, whom the organizations refer to as

members. The organizations tell potential members that all contributions are significant, regardless of the amount. Individuals are encouraged to donate what they can when they hear this appeal. However, if they donate a sum greater than some threshold, they will receive some sort of reward, such as a CD, DVD, or discounts at local restaurants. This can encourage individuals to make modestly larger contributions than they might without the inducement.

Some groups use a mixture of political and nonpolitical inducements. The American Association of Retired Persons is an example of an organization that uses mixed inducements. Some individuals might join primarily for political reasons that address the needs and concerns of the 50+ population. Others might join to be eligible for benefits, such as healthcare products; different types of insurance; and discounts for travel, dining, entertainment, or phone plans.

Organization formation and maintenance. Moe (1980) argued that a key player in the formation, maintenance, and leadership of interest groups is the political entrepreneur. This person plays two basic leadership roles in the group: administrative and political. In the administrative role, the political entrepreneur is responsible for recruitment and enrollment of new members, developing and marketing membership benefits, creating and managing administrative structures and processes, and mediating between members and the organization in the service of maintaining financial viability (pp. 37-38). The political role is exercised in defining and organizing efforts to achieve political goals of the organization. The entrepreneur also maintains control over communications with members, coordination of cooperative efforts among members, and

distribution of selective incentives, lobbying activities, and sometimes by pooling resources or making common cause with other organizations.

Moe (1980) assumed that policy decisions for what now would be known as strategic planning efforts are organized and controlled by the political entrepreneur. In these efforts, some members are likely to have more impact or influence than others. In addition, staff members often play key roles that influence policy and goal formation. Even some outsiders, such as governmental officials or agencies, nongovernmental organizations, or rival entrepreneurs might influence the internal politics or priorities of the interest group.

Advocacy Coalition Framework. Sabatier and Jenkins-Smith developed the Advocacy Coalition Framework (ACF) in the 1980s to explain policy change when goal disagreements exist among multiple groups of actors, such as interest groups, research experts, government officials, policy entrepreneurs, and even journalists (Weible & Sabatier, 2007). Policy change typically takes place over a period of years; therefore, to obtain a realistic and accurate picture of successes and failures, analysis of policy change must adopt a long-term perspective, typically over at least 10 years (Sabatier, 1993; Sabatier & Jenkins-Smith, 1999; Weible, Sabatier, & McQueen, 2009; Weissert & Weissert, 2012).

The focus of the ACF framework is on the interactions within a policy subsystem, which is where policy change takes place (Sabatier, 2007). A policy subsystem consists of several governmental and nongovernmental actors working together based on shared beliefs about the definition and importance of a given problem and how it could be addressed (Sabatier & Weible, 2007). The actors are goal-directed and have imperfect

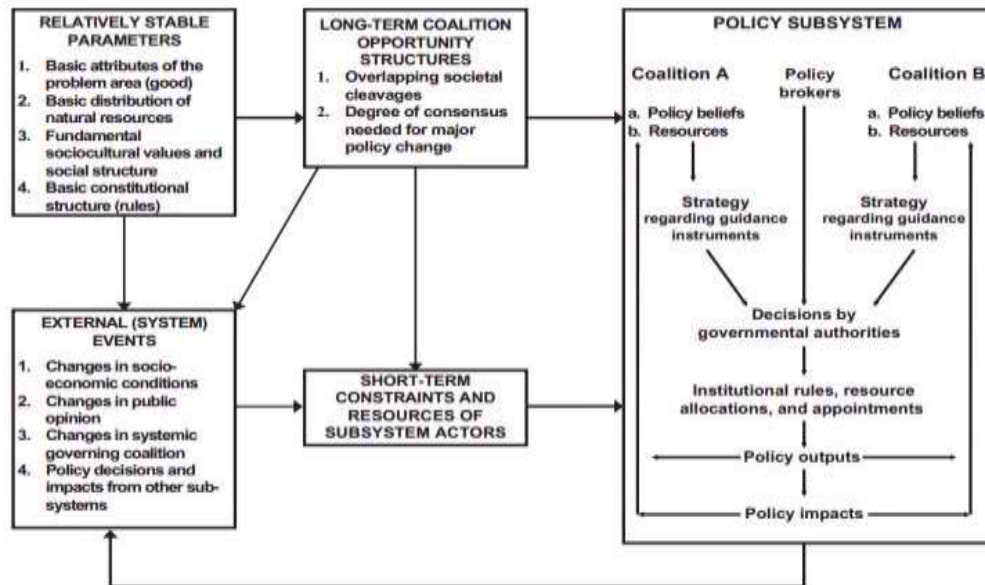
information and understanding. Their views and interactions are influenced by emotion, ideology, and personal background (Weible, Heikkila, deLeon, & Sabatier, 2012). These individuals, groups, and coalitions are not immune to the broader political and social contexts in which they operate; therefore, the policy subsystem they are engaged in is shaped by those contexts (Weible, Sabatier, & McQueen, 2009).

Within the policy subsystem, three structural categories of beliefs shape the political behavior of coalitions: deep core beliefs, policy core beliefs, and secondary aspects (Weible, Sabatier, & McQueen, 2009). The deep core beliefs are fundamental and difficult to change; they can be viewed as the glue that holds the advocacy coalition together (Ainuson, 2009). These beliefs are too broad to guide policy in any detail. Deep core beliefs concern human nature, justice, cultural and ideological identity, and which values are prioritized (e.g., individual liberty versus collective benefit; welfare of present versus future generations) (Sabatier & Jenkins-Smith, 1999; Sabatier & Weible, 2007). Policy core beliefs are more specific, and point to strategies and tactics a coalition prefers for achieving ends congruent with deep core beliefs (e.g., relative priority of market forces versus governmental intervention; economic development versus protection of environment) (Sabatier & Jenkins-Smith; Sabatier & Weible). These beliefs often drive the actions taken by coalitions in pursuit of or in opposition to policy change. A coalition's policy core beliefs can change over time, for example with accumulation of empirical evidence about effects of incremental, operational, or large scale changes in policies or programs, (Sabatier & Jenkins-Smith). Secondary aspects are narrower in scope and relate to how policy core beliefs are or might be implemented or evaluated

(e.g., appropriations, administrative rule-making, program evaluation, litigation) (Sabatier, 1988; Sabatier & Jenkins-Smith; Sabatier & Weible).

Policy subsystems are influenced by two sets of exogenous factors: (a) relatively stable parameters, such as attributes of the problem or social good, social values, resources, and broad constitutional structures, that change very slowly and (b) external systemic events, such as economic conditions, public opinion and governance, which tend to change periodically, often over a decade or so (Sabatier & Weible, 2007). Long-term changes affecting the consensus favoring or opposing change (coalition opportunity structures) as well as resources and constraints mediate the relationships of the stable parameters and external events to the policy subsystem (Sabatier & Weible; Weible, Sabatier, & McQueen, 2009; Figure 1).

Figure 1: Adapted version of 2007 Advocacy Coalition Flow Diagram



Source: Weible, Sabatier, & McQueen, 2009; used with permission

For policy change to occur, a number of external and internal subsystem events must take place as well as policy-learning within and across advocacy coalitions. Policy-oriented learning within coalitions contributes to their ability to achieve policy goals while policy-oriented learning across coalitions can have an effect on whether other coalitions modify their policy core or secondary beliefs (Ainuson, 2009).

Patient Advocacy Groups. Survivors of MST face many health challenges, and interest groups with a focus on MST bear some resemblance to patient advocacy groups. These are interest groups that are often patient-led and focus on concerns related to a specific medical condition or group of related conditions as opposed to broader health policy concerns (Wood, 2000). Often, such groups focus on needs of persons with the condition and their family members, but may also engage in lobbying for more research funding; they may also participate in coalitions focused on needs of persons with disabilities. Patient associations are often deferential to the authority of physicians and other health professionals, but they can constitute “a world of sleeping giants” that if awakened could become dominant players in health politics (Wood, 2000, p. *xvi*). Wood highlights what he referred to as *turfism*, competitiveness among patient associations with similar objectives that gives rise to difficulties in collaboration. For example, the desire for increased resources for research funding might pit some patient associations against others with broadly similar interests (Best, 2012). This type of competition might constitute a short-term resources-related constraint (Weible et al., 2009) that potentially impacts an organization’s willingness to collaborate or form an effective advocacy coalition with other groups.

Patient advocacy associations often view patients as their constituents (Best, 2012). Accordingly, politicians and health professionals, including their professional associations, view them as an active voice for patients, demanding more services or resources on their behalf (Wood, 2000, pp. 11, 172–176). These mutually reinforcing views can offer leverage to patient advocacy groups seeking a seat at the table when policies that affect their constituents are being developed or implemented. Thus, patient advocacy associations and their constituent patients have become influential actors in healthcare (Hogg, 1999; Landzelius, 2006).

As with other healthcare-related organizations, patient associations have had to adjust to changing environments brought on in part by health care reform. In addition to influencing political decision-making related to the increased funding for their field of interest (Wood, 2000, p. 106), patient advocacy groups and individual patients have been engaged as stakeholders with policymakers and researchers in research focused on genomics (Novas, 2006), on personalized medicine (Personalized Medicine Coalition, 2016), and on patient-centered outcomes (Patient Centered Outcomes Research Institute, 2011-2018).

Chapter Summary

In recent years, several interest groups have been active in advocating for a variety of legislative and administrative actions to prevent MST or to improve the amount, quality, and consistency of services available to victims. Frameworks relevant to interest group formation and activity—pluralism, collective action, organization of interests, and the ACF—and the patient advocacy organization as a particular type or model of an interest group are potentially relevant to understanding the behavior of

interest groups concerned with MST. Such interest groups can play an important role in placing MST on the agenda of Congress for the purposes of prevention and improvement of the range and quality of services available to victims of MST.

Chapter 3: Methods

This chapter describes the methods for this study. The chapter consists of four main parts: (a) restatement of the purpose of the study and research questions, (b) research approach, (c) study procedures, and (d) chapter summary.

Study Purpose and Research Questions

The purpose of this study is to describe the political strategies of national interest groups engaged in activities focused on prevention of MST and advocacy for victims of MST. Three primary questions guided this research:

- What are interest groups' strategies when interacting with officials in the legislative and executive branches of government with regard to MST advocacy for victims and their families?
- What factors affect the ability of interest groups to accomplish policy goals related to MST?
- How do interest groups interact with each other, and how do those interactions affect policy outcomes related to MST?

Type and Design of the Study

Because relatively few national interest groups are engaged in activities that focus on prevention of MST and advocacy for victims of MST, a case study approach was used. The case study is a commonly used qualitative research methodology (Yazan, 2015) that is appropriate when the objective of a research study is to address *what*, *how*, and *why* questions concerning a complex social phenomenon in a real-world context (Leonard-Barton, 1990; Silverman & Marvasti, 2008; Yin, 2012). Yin (2014) defined a

case study as appropriate for investigating “a contemporary phenomenon (the “case”) in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident” (p. 16). It is appropriate when the number of cases is small relative to the number of potential variables and when the overall focus is on in-depth understanding of the specific cases rather than generalizing from a sample to a population (Ragin, 1999).

Definition of a case. A requirement of case study research is the identification of the “case” under study, which can include an individual or several people, a program or policy, a process, or event, an experience or activity, or an organization, institution or community (Baxter & Jack, 2008; Creswell, 2013, p. 98, 104; Merriam, 1988). Cases can be selected because they are extreme in some sense or because they are typical (Ragin, 1999). Stake (1995) defined a case as “a specific, a complex, functioning thing,” that can be specifically depicted as “an integrated system” that “has a boundary and working parts” (p. 2). Examples of boundaries include time and place (Creswell, 2013, p. 97), time and activity (Stake, p. 2), and case definition and context (Miles, Huberman, & Saldana, 2014, pp. 29-30).

Case studies are appropriate for research questions that can be characterized as descriptive (“What is happening or has happened?”) or explanatory (“How or why did something happen?”) (Yin, 2012, p. 5). The explanatory case study allows the researcher to answer a question that looks at explaining the presumed causal links in real-life interventions that would be too complex for experimental or survey strategies. A descriptive case study is utilized to describe a phenomenon or an intervention in the real-

life context in which it occurred. An exploratory case study is used to explore interventions that have no clear, single set of outcomes.

This study used a descriptive case study approach. The case consisted of activities of national interest groups focused on prevention of MST and advocacy for victims of MST. Potential informants were representatives of those groups who were knowledgeable about their activities in relation to MST and others, i.e., lobbyists, legislators or legislative staff, other governmental employees, who had interacted with them in relation to those activities.

Rationale for qualitative approach. Although case studies can involve quantitative and qualitative data, it was anticipated that most of the data for this study would come from sources such as interviews and documents that would not be numerical in nature and would require qualitative analysis (Creswell, 2013; Guest, Namey, & Mitchell, 2013; Punch, 2005). Qualitative data and analysis methods are well-suited for in-depth understanding of a complex issue or problem, when relevant variables need to be identified, when theory is underdeveloped or it is not clear that existing theory is adequate, and when quantitative measures do not appear to fit the problem (Creswell; Denzin & Lincoln, 2011; Merriam, 2009). Qualitative analysis involves an inductive and iterative approach to identify patterns in the data through coding and developing categories and themes from the data sources (Patton, 2002, p. 453).

According to Yin (2014), interviews with key informants represent one of the most significant sources of data for a case study. Interviews allow the researcher to gain an understanding about informants' goals and perceptions (Maxwell, 2013). Audio recordings of the interviews, when feasible and acceptable to the informant, are used to

ensure accuracy of data that in turn, enhances richness of interpretation. I used a semi-structured approach for the interviews. Semi-structured interviews use an interview guide with a variety of question types (e.g., open-ended, short answer), but the interviewer has latitude to depart from the order of questions, to use probes, to follow up on individuals' responses, and to modify the interview guide, if necessary (Corbin & Strauss, 2008; Turner III, 2010).

Study Procedures

Ethical approval for an exempt study was received from the University of New Mexico Health Sciences Center Human Research Protections Office. Because it was not feasible to conduct in-person interviews, requirements for signed, informed consent were waived in favor of an approved consent script with verbal consent, which was obtained from all participants.

Overview of procedures. The study used a combination of purposive and snowball sampling approaches. To identify interest groups engaged in activities to prevent MST and support survivors, I began by attempting to contact representatives of three not-for-profit organizations whose work was highlighted in the documentary *The Invisible War* as organizations committed to effecting policy change regarding MST or offering support service to survivors: POD, IAVA, and SWAN.

I also searched official registers of lobbyists for other groups that have self-identified as having interests in this area. I sought interviews with representatives of these organizations who had direct knowledge of their initiatives and efforts regarding MST and support for survivors of MST. I attempted to recruit key informants from the following categories:

- Organization leadership—executive directors, officers, board or committee members or staff—communications, public relations, or governmental affairs directors or their associates of organizations that have been involved in legislative, lobbying, public awareness, or collaborative efforts related to MST.
- Legislators or legislative staff who have interacted with any of these groups on issues related to MST.
- Leads recommended by participants for others involved with issues related to MST.

There were minor differences in the semi-structured interview guides for interviews with interest group representatives (Appendix I) and legislators, legislative staff or other informants (Appendix J). The number of informants and their roles or titles could not be specified in advance. Given that a limited number of organizations and legislative-governmental offices have individuals with the requisite knowledge, I hoped to interview at least 10 key informants; but, ultimately, just interviewed six participants.

Recruitment. If a phone number was available, I attempted to make initial contact by phone, and when a phone number was not available, I sent an email to appropriate officials or staff of relevant organizations or legislative/governmental offices introducing myself and the study and requesting permission to contact knowledgeable individuals in their organization, office, or agency regarding participation in the study (Appendix E: Initial Contact Script). I forwarded by e-mail a flyer (Appendix F) describing the purpose of the study to potential participants identified through these initial contacts; the flyer also included my contact information. When potential participants contacted me, I informed them who referred them and described the study in

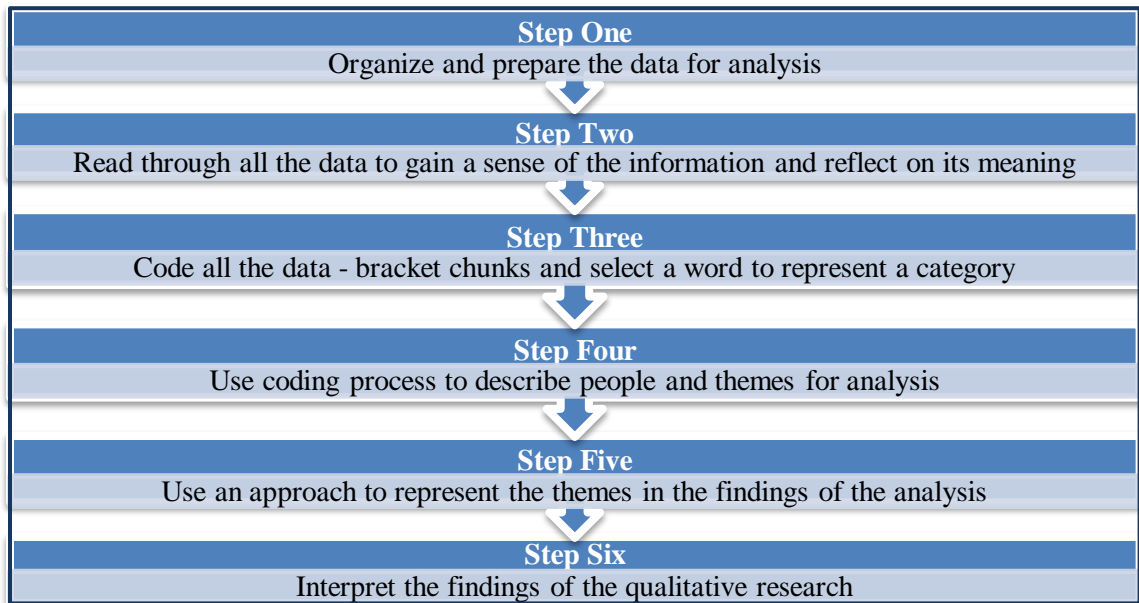
more detail (Appendix G: Recruitment Script). If the would-be participant agreed to be interviewed for the study, I obtained a verbal consent to participate (Appendix H: Consent Script). I secured contact information in a locked file cabinet in my locked office on the campus of East Tennessee State University (ETSU) where I am employed, and that information was destroyed at the conclusion of the study.

I conducted all interviews by telephone and audio-recorded if the participant consented to having the interview recorded. In addition, I took notes during the interviews. I used the ACR Pro License (Version 2.0, NLL Productivity, 2017) phone application for recording phone interviews. The interview recordings were stored on an encrypted server at the UNM College of Nursing. All recordings were destroyed at the conclusion of the study.

Prior to conducting the interviews and to protect the participants' names, I replaced their names with a coded system. Prior to the start of the interviews, I coded the groups of participants with a letter followed by a number for each participant interview in the group: "A" for representatives of national interest groups/lobbyist groups; "B" for staff of senatorial offices; and "C" for staff of members of the House of Representatives. The file linking the participants' names with codes was secured in a locked file cabinet stored in my locked office on the campus of ETSU.

Data analysis. For purposes of analysis, the primary data source was interviews with participants. I followed Creswell's (2014, pp. 196–198) six-step model for data analysis (Figure 2). According to Creswell, the data analysis process is not necessarily completed in the exact order presented (p. 195).

Figure 2. *Components of Creswell (2014) Model for Qualitative Data Analysis*



Prior to interviewing a representative of an organization or Congressional office, I thoroughly reviewed documents and other available resources on the organization's or office's website. At the conclusion of every interview, I summarized the interview and gave the participant an opportunity to correct any misunderstandings and to affirm what was said. I transcribed all interviews except for two in which there were technical difficulties that were not apparent until after the interviews concluded. In those two instances, I relied on notes taken during and at the end of the interview. After transcribing, I re-read each transcript completely for overall meaning before coding and categorizing the data. I identified provisional themes, initially in relation to the research questions. Through consultation with my dissertation chair, I refined and organized the categories and themes to develop a more integrated interpretation.

Additional data sources included news articles and editorials, transcripts of congressional testimony, published statements of organizations, and websites of interest groups and members of Congress. These sources contributed to the study background (Chapter 1). Published statements and websites of organizations or offices with which participants were affiliated were reviewed again prior to interviews with participants. In addition, published statements and websites of interest groups and members of Congress and recent legislative activity were also incorporated into data analysis and interpretation.

Methodological rigor. Several authors have developed criteria to evaluate rigor of data in qualitative research (Creswell & Miller, 2000; Davies & Dodd, 2002; Lincoln & Guba, 1985; Stige, Malterud, & Midtgarden, 2009). Lincoln and Guba proposed using trustworthiness as an umbrella term to characterize more-specific terms related to methodological rigor in qualitative studies. The constructs most relevant to the present study are credibility, dependability, and confirmability.

Credibility in qualitative research relates to the confidence in the truth-value of the study's findings based on the research design, participants, and context (Creswell, 2014; Krefting, 1991; Lincoln & Guba, 1985). Strategies to support credibility included triangulation between interviews, documents, and websites, member-checking, thick description, and assistance from the dissertation chair in reviewing my coding and interpretation. In addition, a preliminary summary of main findings was reviewed by one of the participants who had agreed at the time of interview to be contacted for that purpose.

Dependability implies “consistency and care in the application of research practices” (Davies & Dodd, 2002, p. 280) and whether similar results would be obtained over time and across researchers (Lincoln & Guba, 1985). Dependability was supported through a consistent interview approach, with all interviews conducted by the same interviewer using the interview question guide (Appendices I and J) as a basis for semi-structured interviews. No substantive changes were made to the interview guides during the study.

Confirmability is the extent to which other researchers or readers could corroborate or agree with a conclusion based on the data analysis (Lincoln & Guba, 1985). Shenton (2004) stated that “steps must be taken to help ensure as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher” (p. 72). Strategies I used to support confirmability included “critical self-reflection” (Merriam & Tisdell, 2016, p. 259) about my assumptions and biases. As much as possible, I used words and phrases of informants for coding categories and themes (Saldana, 2016; Shenton).

Chapter Summary

A case study approach was used as the method to access knowledge of informants regarding how interest groups operate and interact to bring about policy change related to MST. Data were obtained from audio-recorded phone interviews with participants and documents such as white papers, testimonies, and other resources obtained from the websites of the organizations at which the participants worked or congressional sources. I strove to maintain methodological rigor through documenting contact efforts (Appendix

K), using thick description, triangulation, and member-checking, to support credibility, dependability, and confirmability of findings.

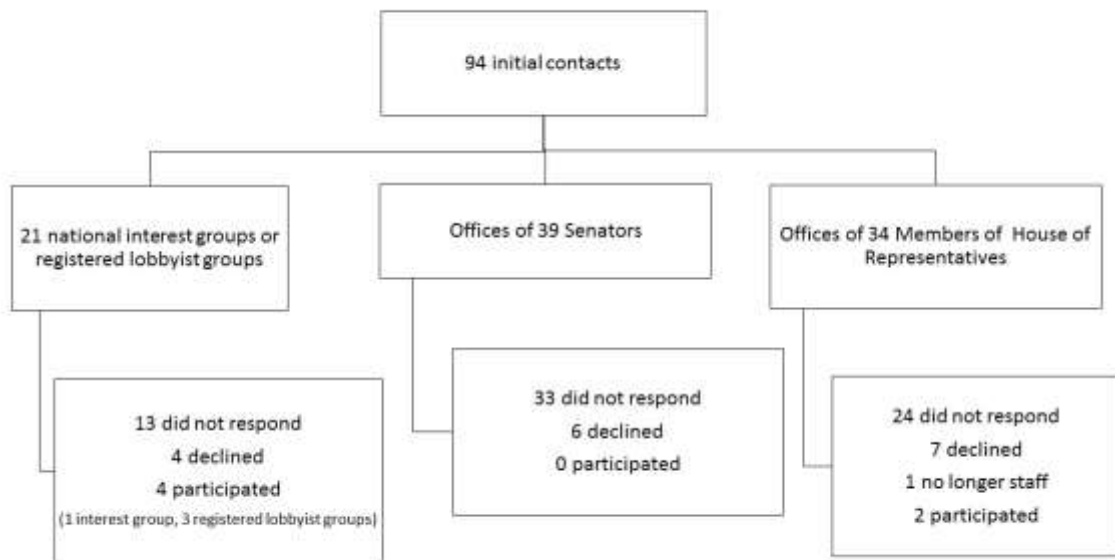
Chapter 4: Findings

Chapter 4 provides a general summary of recruitment for the study, a brief description of the participants, and principal findings related to the research questions. In addition to the three organizations mentioned in Chapters 1 and 3, other groups with interests related to MST were identified through registers of lobbyists maintained by the U.S. House of Representatives and Senate for the years 2015 and 2016 and through referrals from contacts. Senate and House offices were contacted based on past introduction and co-sponsorship of legislation related to MST. A coded system was used to protect the participants' confidentiality, the names of their respective national interest groups, registered lobbyist groups, and congressional offices.

Overview of Recruitment and Participants

Contacts. Based on public information, I contacted interest groups, registered lobbyists (individual or corporate), and legislative/governmental offices by phone or email to introduce myself, describe the general purpose of the study, and obtain contact information for an individual with direct knowledge of activities related to MST. I made follow-up phone calls and sent emails with a copy of the recruitment flyer. I made 94 initial contacts: 21 national interest groups or registered lobbyist groups, 39 senatorial staff, and 34 House of Representatives staff. Figure 3 summarizes recruitment and participation.

Figure 3: Contacts, Responses, and Participants



Participants. Despite extensive efforts over a 10-month period, only 6 individuals agreed to be interviewed for the study: one from a national interest group, 3 from registered lobbyist organizations, and two congressional staff members (both from offices of members of the House of Representatives). Participants from organizations had three to eight years of experience with their organizations and held positions such as executive director, policy or legal services director, or legal counsel. The congressional staffers held positions of deputy chief of staff and legislative director. Each had four to eight years of experience working as congressional staff. Three of the interviews were approximately 50 minutes in duration; two were shorter and one longer.

Prior to conducting the interviews, I familiarized myself with websites, documents, and other public information about the organizations or legislators for whom the participants worked. All participants chose to be interviewed by phone and agreed to be audio-recorded. During interviews, I took notes. At the end each interview, I

summarized key points to provide the participant an opportunity to correct any misunderstandings.

National Interest Groups' Strategies

Based on interviews, I identified eight strategies used by national interest groups when interacting with federal agencies, legislators, and their respective staff: cultivating relationships, putting a face on the problem, giving voice to survivors, heightening public awareness, bringing media and public pressure to bear, assembling and providing factual information, connecting the dots, and involvement in MST-related legislation. Based on reflection and dialogue with the dissertation chair, I organized the eight strategies under three broader themes (Table 4.1). Strategies 1 through 3—cultivating relationships, putting a face on the problem, giving voice to survivors—are forms of direct advocacy regarding access to services and resources and seeking legislative or policy solutions for survivors of MST or veterans in general. Strategies 4 and 5—heightening public awareness and bringing media and public pressure to bear—have to do with mobilizing support. Strategies 6 through 8 reflect engagement in policy and legislative processes. Strategies associated with the themes of direct advocacy and engagement in policy process were identified in interviews with participants who represented interest or lobbying groups and participants who were congressional staff. Strategies associated with the theme of mobilizing support were identified mainly by representatives of interest or lobbying groups.

Table 4.1: *Interest Group Strategies and Associated Themes Identified in Interviews*

Strategies	Themes
1. Cultivating relationships 2. Putting a face on the problem 3. Giving voice to survivors	Direct advocacy
4. Heightening public awareness 5. Bringing media and public pressure to bear	Mobilizing support
6. Assembling and providing factual information 7. Connecting the dots 8. Involvement in MST legislation	Engagement in the policy and legislative process

Strategy 1: Cultivating relationships. Participants referred repeatedly to the importance of relationships: with survivors of MST, legislators or legislative staff, other governmental officials, other interest groups or stakeholders, and the media. Most participants indicated that developing and maintaining relationships were critical for their work.

Once we have established that relationship with lawmakers, we were able to provide some facts on the actual draft of the legislation and give our input on things we felt were important in creating that policy. So really, it was a ground-up effort. I think that's why our organization has been really successful in tapping a lot of other kind of smaller, but really significant changes to victims' rights in the military has been because we have worked directly with survivors of sexual assault. We're able to see what is and isn't working. (Participant A1, lines 129-136)

The same participant also said they were “proactive about engaging with the media. . . . If we see a case or a story that we think needs attention, we’ll actively go after the press and journalists that we’ve worked with and make them aware of those issues” (Participant A1, lines 275-279).

Another participant said her organization stayed in close contact with congressional committees dealing with military or veterans’ issues. “You hold open programs, you use your social media, you write to members of Congress, and you take every opportunity you can [to] talk to legislators, government officials, and members of the public” (Participant A3, lines 222-225). When interacting with executive branch agencies like the DoD, she said they “try to figure out who the key people are and get in to see them as the case or situation warrants” (Participant A3, lines 144-145).

Participant A4 said they maintained regular contact with staff of the DoD Family Advocacy Program Office. His organization connects female and male veteran victims of domestic violence to available assistance and resources through webinars and guides that explain the military’s response to sexual assault and assist victims to understand the military justice system. Word of mouth and training that they provide assists with gaining the attention of professionals, legislators, and advocacy organizations. Victims or survivors might come across the resources once the information gets out.

Participant C1 mentioned a number of times during the interview how important relationships are with MST survivors, policymakers—legislators, staff, or in executive branch agencies, such as the VA or in the service branches—interest groups and other stakeholders, and the media.

There are times when we have had cases that were so egregious or so concerning that we have gone directly in some cases to the military branches like the secretary of the Army. (Participant C1, lines 360-363)

. . . . We know the DoD and their whole staff involved in their sexual assault prevention program and sexual assault response program (lines 388-389). So we're tracking what they're doing and what they say they're doing and what we're hearing about how it's working. (lines 394-396)

. . . . Well every service branch of the military has a Congressional liaison staff (lines 400-401). . . . We work directly on all military cases with the liaison at each branch. Again, it's only in the most egregious, you know, big-time cases when we say, 'We don't want to talk to the liaison. We want to talk to the secretary of the Army.' (lines 406-409)

When arriving at a policy position related to prevention or treatment of MST, one congressional staffer emphasized that building trusting relationships was a key factor for their office to accomplish its goal in regard to MST. "It's related to what we're hearing from individuals of where the problems are and where the problems are still not fixed" (Participant C1, lines 422-424).

Relationships, probably, you know, people trust us now (Participant C1, line 659). It's little bits, and that's how Congress works, right? You don't always get everything you want. You get something (lines 661-663). . . . So continuing the conversation, not giving up, but I think a lot of it has been developing relationships over time. Our win on that . . . case was completely connected to connecting with a guy in the [executive branch office]. As I said, sending him the stories and saying 'You can do this. You can do this. There is no reason you can't change this.' He said when he left the office, it was the single most significant thing he had done in terms of the pride he had in his work was fixing this problem. Because he began to have personal stories, you know, telling the stories is so powerful. As I said, I think the wins come from the relationships with other members, with committee staff, with people within the VA, and people that really trust that we know what we are talking about. There is not unlimited money at the VA. And as you know . . . they are really challenged to meet the financial needs of all these veterans. So we understand that; but we also know we have to do the right thing. And a lot of it is about setting priorities. But I do think that successes are almost completely totally, you know, it's relationships. (lines 668-685)

Participants C1 and C2 said that relationships were important in achieving the policy goals of their offices. Participant C2 said his office maintains relationships with

other legislators' offices, with agencies or service branches, or with stakeholders or interest groups concerned with a particular issue. Participant C2 said his office talks with other staff in person or over the phone (lines 78-79). He also said he believed that efforts by grassroots organizations helped to achieve his office's policy or public awareness goals with regard to MST (line 111). Knowing how the system works and who the key players are helps to focus where relationships need to be developed, maintained, or re-established.

Strategy 2: Putting a face on the problem. Two participants referred to facilitating face-to-face contact between MST survivors and legislators to put a face on the MST problem.

We brought the survivors to the Hill to meet with lawmakers, to senators of the Armed Services Committee (Participant A1, lines 112-113). . . . We're able to actually take those stories and take those real people who are dealing with these issues and bring them and communicate their issues to lawmakers in a way that is compelling and has resulted in a lot of positive changes for survivors. (lines 136-140)

She went on to say her organization provides input on legislation and reaches out to lawmakers to explain how the current status of the law affects individual survivors' lives.

But for us, the reason that we decided to focus on the legal, the military's legal system, was really the direct result of working with sexual assault survivors and hearing the negative effect of that process on them. Also, seeing how the military's inability to hold sexual assault assailants accountable was really having an additional negative effect both on the individual and on the military as a whole. (Participant A1, lines 232-238)

. . . . It was the area that survivors themselves were organizing around and why they clearly felt a need for change. (Participant A1, lines 245-246)

. . . . We started bringing people to the Hill to actually meet with the lawmakers (Participant A1, lines 260-261). . . . A huge part of our success is we have a bipartisan effort where we have senators from all parts of the political spectrum who have come on board with the changes that we've argued for. I think it's because it's very effective to speak with those service members who have served

their country and who have made those sacrifices and asked to stand up for them. (lines 264-269)

In addition, survivors of MST participate in the organization's efforts to share information with legislators and their staff. Participant A1's organization used the same strategy of sharing the stories of survivors of MST when communicating its positions and concerns about MST to the media or the general public. "You know, make them aware of those issues that have led to a lot of releases of in-depth and hard-hitting pieces that I think has really been extremely effective in educating people" (lines 279-281).

Congressional staff also used much the same strategy in their attempts to develop legislation or change policy related to MST. One staffer reported:

We were contacted by Ruth Moore, who you probably know from the Ruth Moore Act . . . I'm not telling anything out of line because she [publicly] tells the story that she had been sexually assaulted twice while serving. She was one of the many who received a personality disorder discharge, and it took her decades to resolve the claim with the VA (Participant C1, lines 155-163). . . . Then our office, including myself and a former colleague, became very involved in her VA claim and eventually helped win her retroactive benefits (lines 170-172). But that really then gave us an individual and a face that we were able to use to begin our legislative process and the goal of the Ruth Moore Act. (lines 175-177)

Strategy 3: Giving voice to survivors. Giving voice is defined as "empowering people to be heard who might otherwise remain silent" (Bogdan & Biklen, 1998, p. 204) or who have been silenced by other individuals. This provides the bedrock for survivors of MST to know that they are heard and believed and that they can count on these organizations for support. "A commitment to voice attests to the right of speaking and being represented" (Britzman, 1989, p. 146). Taking the survivors of MST to speak with legislators not only puts a face on the problem, it provides survivors with a forum to tell their stories and make their experiences and perspectives known to others.

The voices of the survivors always work well and not just telling them but actually showing them the impact that this broken system has had. I think that

those two things have been equally important to being effective. (Participant A1, lines 304-307)

Participant A2 said, “It’s what we’re hearing and being able to take stories from people that are dealing with the issue and explain those directly to policymakers” (lines 156-158).

In addition to communicating with legislators, “having survivors who want to speak out and actually talking at conferences, engaging in media, sharing their stories” (Participant A1, lines 253-254) is another opportunity to amplify survivors’ voices in the public sphere and to highlight the importance and legitimacy of their stories.

It takes somebody bold to take it on and be willing to talk about it. Say it out loud. . . . I mean it’s not really about sex for the most part in terms of rape. It’s about power and abuse. Not everybody’s very comfortable talking about that. (Participant C1, lines 903-904, 910- 912)

Strategy 4: Heightening public awareness. Interest groups can increase the visibility of an issue with the assistance of various kinds of media to try to win support for policies on a particular issue.

You know, one of the things that we’ve done in addition to the public awareness and outreach is just trying to keep this an issue that our public is concerned about. We tried to really make sure that people understand that this is an issue that affects the broader community. It’s not just our service members. This affects people who live and work around bases. This affects people whose family members serve (Participant A1, lines 310-317). . . .We think that we appeal to people’s sense of patriotism and shared American values. So we talked a lot about how these are men and women who have signed up to serve their country, and they are protecting and defending a set of values and a system that they, themselves, are not actually being supported when they’re put in harm’s way. (Participant A1, lines 350-355)

We identify members of Congress that are taking the lead on the issue, and we try to identify members in their states that are dealing with it, attend events, and give quotes for local media. We also give letters of support and testimony when asked to [at] congressional hearings focusing on the matter. (Participant A2, lines 163-167)

Another participant said “. . . we do have a social media presence, and military sexual trauma is an issue that comes up on our blog and Facebook from time to time” (Participant A3, lines 187-189). “We try to make information available for people and encourage them to write their members of Congress” (Participant A3, lines 235-236).

This strategy was also identified by a participant who was a congressional staff member.

Every member of Congress has a communication team. Our communication team is always working to push out stories about our work and our initiatives. Stories we’re hearing to get it out into the public. So, when we had the big win on the . . . security clearance issue, there was lot of publicity about that. We worked closely with others when we were creating our newest piece of legislation. We were talking to SWAN. We’re talking to Protect Our Defenders. They’re getting information out into their newsletters. (Participant C1, lines 583-592)

Strategy 5: Bringing media and public pressure to bear. In addition, the use of a variety of the media is powerful in shaping public opinion on an issue. Media strategies play a vital role in building successful and effective outside lobbying tactics through public pressure. Two participants spoke about putting pressure on lawmakers with assistance from the media.

When we couldn’t get a response or couldn’t get a meeting or reach them [referring to members of Congress], we’ve gone public. You know public pressure campaigns. We’ve gone through the media or we’ve gotten other lawmakers to comment on things to try to put pressure to get some of those things we were expecting. We were able to get that change from being signed into law. (Participant A1, lines 183-189)

Lately, there have been issues in the media relating to problems with active duty force related to military sexual trauma. You know. We use that sort of attention-grabbing media wave to explain the issue and support legislation that’s been introduced. It’s many factors. It’s timing. It’s what we’re hearing and being able to take stories out in the field from people that are dealing with the issue and explain those directly to policymakers. (Participant A2, lines 152-158)

Another participant said her organization encourages individuals who follow them on social media to be active and to engage directly with lawmakers. “We have encouraged people that follow us to contact their members of Congress about issues” (Participant A3,

lines 189-190). A participant who was a congressional staff member also referred to ways of bringing pressure to bear. She said her office was working “with the folks, the other groups out there like Protect Our Defenders, SWAN, etc., having them apply pressure to their people that they know within their constituency” (Participant C1, lines 702-705).

So, we reach out to the groups that are doing this work to make sure they have awareness. When I talk to veterans, now currently every day, and when somebody calls me for help, I say, ‘And here’s what I want from you now. I’m willing to do this, and here’s what you need to do. I want you to call your member of Congress, and I want you to ask them to co-sponsor this bill, and if they won’t, I want you to ask them to explain why.’ This is not part of an issue. We’re really trying to encourage survivors to be advocates. (Participant C1, lines 596-603). . . . We normalize the conversation, and there’s more awareness, so more people come forward. (lines 607-609)

Strategy 6: Assembling and providing information. According to participants, a key role for interest groups was to assemble and provide factual information in various ways to assist or benefit lawmakers, officials of service branches or executive branch agencies, stakeholders, MST survivors, or members of the public to achieve goals. All participants said they provided factual information to assist with policy development or modification or drafting legislation. For example, “. . . we were able to provide some facts on the actual draft of the legislation and give our input on things we felt were important in creating that policy” (Participant A1, lines 129-130).

One participant said the organization he works for provided testimony for the House and Senate Committees on Veterans’ Affairs concerning legislation as well as participating “. . . on scheduled government calls, scheduled government meetings, and routinely communicate our members’ concerns with people in the executive branch on these calls, on these stakeholder meetings (Participant A2, lines 105-108). “We go to the Pentagon now and again to discuss issues that are affecting the active duty” (lines 113-

114). Prior to arriving at a policy position, they “read journals and government reports and make determinations based on the latest information” (Participant A2, lines 121-125). When communicating in support of legislation, they share that information with legislators and their staff via emails, letters of support, and hold in-person meetings on the Hill. When interacting with military service branches, Participant A3 said,

We found that something like what we call one-pagers are most useful, something very succinct to explain the issue and facts and our position to advocate for something that we can leave behind. We also write letters directly to members of Congress. (Participant A3, lines 176-180)

Participant A4’s organization researches and develops legal and policy papers on issues concerning domestic violence in the military and related issues. They also identify best-practice initiatives from across the country and provide resources for policymakers related primarily to domestic violence.

Strategy 7: Connecting the dots. One participant noted the need to point out to policymakers when there were indirect or nonobvious links between policies unrelated to sexual assault that nonetheless increased risks. Specifically, when women service members were barred from combat duties, it made them more vulnerable to assault. She said,

Our argument with this [keeping women from combat roles] is that it relates to the issue of sexual assault and sexual harassment. When women were prohibited from the full range of military duties, that made them second-class citizens. We know from research that when people are in the minority and can be determined to be *the other*, they’re more likely to be harassed and discriminated against. (Participant A3, lines 196-201)

Participant C1 told a story that someone brought it to the attention of her office that men could be compensated by the VA for the “loss of a procreative organ” (line 889) whereas women who were raped didn’t have a similar code. She wrote a letter to the secretary of the VA about this, saying her office agreed that men should be compensated for the

inability to have a sexual relationship as a consequence of something that happened in the military. But if it was a service-connected disability, there was no justification for denying women compensation for a sexual arousal disorder after having been sexually assaulted in the military. This needed to be changed from an equality standpoint. Toward the end of the interview, Participant C1 cited the change in policy related to female sexual arousal disorder was one of the successes of her legislator's office.

Strategy 8: Involvement in MST legislation. Most participants had been involved with attempts to develop or change policy or legislation related to MST. Several specific pieces of legislation were referred to by the participants. Two participants referred specifically to efforts related to the Military Justice Improvement Act.

There's been criticism from many that the current prosecution model does not necessarily do enough to provide support for victims of military sexual trauma in the event that the assailant is in the chain of command. So we've supported the Military Justice Improvement Act, which would change the way that sexual assault cases are prosecuted in the military, and that's the specific piece of legislation we have worked on. (Participant A2, lines 88-97)

Participant A3 said that since the time of the Tailhook scandal, her organization has been involved with several attempts to change policy or legislation related to MST. In particular, the leadership of the organization took a strong stand in support of the Military Justice Improvement Act.

Both of the congressional staffers referred to legislation that their respective offices had been involved with, either introducing or co-sponsoring. One had introduced a bill to change the standard of proof for victims of MST to substantiate disability claims for PTSD through their own testimony. Another bill would make it easier for survivors of MST to qualify for benefits. Under the current law, a veteran must prove that a mental health condition was caused by sexual assault while on activity duty in order to be

eligible for the necessary examinations and medical care. Both offices had been involved in a legislative attempt to close a loophole whereby members of the National Guard and reserve components could qualify for benefits and services only if an assault occurred during deployment. The legislation extended counseling and treatment for sexual trauma to victims who experienced sexual assault while performing their inactive duty for training (IADT). The bill was passed by the House, but not by the Senate (*To Amend Title 38, United States Code, H. R. 2527, 2014*). When asked how her office goes about gaining support from other legislators for its policy goals that relate to MST, one congressional staff participant said, “We can’t be on every bill nor do we want to be on every bill. But I will be able to then tell the policy staff, we’ve heard from people. People are calling us about this” (Participant C1, lines 723-725).

Strategies identified from sources other than interviews. Review of organizations’ websites and position statements led me to identify three additional strategies: networking, supporting legal challenges, and maintaining an active presence on Capitol Hill. Networking and support for legal challenges were categorized under the theme of direct advocacy, whereas maintaining a presence on Capitol Hill was categorized under the theme of engaging in policy and legislative processes (Table 4.2).

Table 4.2: *Additional Interest Group Strategies and Associated Themes Identified from Organization Websites*

Strategies	Themes
<ol style="list-style-type: none"> 1. Networking 2. Support for Legal Challenges 	Direct advocacy
<ol style="list-style-type: none"> 3. Maintaining Presence on the Hill 	Engagement in the policy and legislative process

Examples of networking included an online community forum (SWAN, 2018), blog (IAVA, 2018a), and sponsoring community-based veterans’ events (IAVA, n.d. b). Support for legal challenges included filing amicus curiae briefs for appeals pertaining to a case of sexual assault in a service academy (“Jane Doe v. Franklin Lee Hagenbeck, William E. Rapp, and the United States on appeal from the U. S. District Court for the Southern District of New York; Brief of Amici Curiae”, 2018) and opposing the proposed ban on transgender persons serving in the military (Jane Doe 2 et al., v. Donald J. Trump et al., on appeal from the United States District Court for the District of Columbia; Brief of Amici Curiae,” 2018). Maintaining a presence on Capitol Hill is identified in the policy statement of Protect Our Defenders (n.d. -b) as one of its strategies, and IAVA has a leadership development program called Storm the Hill that trains veterans to work effectively with members of Congress to support its legislative efforts (IAVA, 2018c).

Accomplishing Policy Goals

In the interviews, participants identified a number of factors they believed contributed to accomplishing policy goals. Although collaboration and coalition-building with other groups was originally conceived as a separate research question, participants viewed this as an integral part of pursuing and accomplishing policy goals. Responses pertaining to goals were initially categorized according to whether a factor contributed to success in achieving goals or created challenges or barriers to achieving goals. It became apparent during analysis that some factors identified by participants were more ambiguous in the sense that whether they facilitated or were obstacles to accomplishing policy goals depended on political circumstances. Therefore, a third category was added to capture that ambiguity (Table 4.3).

Factors that contribute to success.

Providing or facilitating access to services or benefits. Participant A2 said, “If a veteran had a question about military sexual trauma, they could email us. We would answer that question, and we could direct them towards resources with issues that they’re struggling with” (lines 174-177).

Another participant said that if benefits were the issue, he would “reach out to various organizations such as nonprofit ones and the veterans’ law clinic” (Participant A4, lines 84-85). He added that his organization’s primary policy goal was to connect professionals and advocacy organizations with resources and the military response system. His organization has two listservs: one for advocates and one for legal professionals. Both are used for networking and sharing information with subject matter experts who work with military personnel, veterans, and their family members.

Table 4.3: *Factors Affecting Interest Groups' Ability to Accomplish Policy Goals*

Factors that contribute to success

- Providing or facilitating access to services or benefits (case-assistance / case management)
- Expertise
 - Knowing the issues
 - Knowing military, legal, or legislative processes
- Organizational reputation
- Framing the issue
- Forming / maintaining coalitions

Factors that create challenges or barriers

- Institutional inertia
- Institutional resistance and sexism
- Competing issues & costs of addressing problem

Factors that depend on political circumstances

- Change in administration
 - Party control
 - Seniority
-

Congressional staffers were also very engaged in facilitating access to services, resources, and benefits. Ordinarily, this type of assistance would likely be considered as constituent services, but one congressional staffer said that veterans from outside of her state often contact their office when they have been unable to get any help from the VA or their own members of Congress with a concern related to MST.

So the same policies are being interpreted very differently, and we were hearing this from all over the country. I do hear almost every day from someone saying, 'My member of Congress doesn't know anything about this issue. Can you please help me?' There is real unevenness in how the policy and regulations are

interpreted. . . . As we hear that, you know, we continue to give that feedback back to the people we are connected to in Washington about training that needs to happen, oversight evaluation of how these claims are being resolved. I find most of the people that call me who are having serious problems cluster around certain parts of the country. (Participant C1, lines 438-442, 447-454)

I can call their member's office, contact their VA staffer, and say, 'I've been reached. I've been contacted by this person about their case. We specialize in this issue. I've reviewed their case. I believe they have a strong case for why an error has been made at the VA. Here's why.' (Participant C1, lines 521-525)

We've worked closely tracking down the information that can confirm a diagnosis and get it into the files for the files to be reviewed again. (Participant C1, lines 577-579)

Other wins, I would say though, are personal wins—over a million closer to two million dollars in wins on claims for veterans. And those are just retroactive benefits. I'm not talking about benefits going forward from around being able to help people resolve claims that have been erroneously or incorrectly adjudicated at the VA. And so personally, I've done advocacy work my whole life, but when you can say to somebody 'I'm happy to tell you that the VA has service-connected you with 100%, and you will have \$200,000 in your bank account next week.' For somebody who's been homeless for 20 years, I'm telling you it's pretty darn fabulous (Participant C1, lines 927-934). . . . And so for me to have a job where I do have access to people at the highest level, you know, to call the secretary of the VA's office or to contact the secretary of the Army and say, 'You need. We've got to do this,' is amazing. It's so fun. I have to say, you know, in terms of personal satisfaction. It is really powerful, and to know that somebody, to see the course of somebody's life changed so dramatically with some advocacy from our office, has been very, very satisfying. (Participant C1, lines 937-944)

Review of organizations' websites indicated that this type of support was referred to variously as case assistance (POD, n.d.-c) or case management (IAVA, 2018b).

SWAN maintains an online resource portal with links to a wide variety of services for servicewomen and women veterans.

Expertise. Participants described expertise in relation to knowing the issues and knowing military, legal, and legislative processes. Issue expertise was mentioned in relation to strategies, especially under the theme of engagement in the policy process. In addition, one participant said, "It's a combination of knowing what we already know, the

history and experience, putting that together with current research and current thinking of ourselves and experts to come up with a policy” (Participant A3, lines 168-171).

Participant A4 said his group provides “quality assistance,” such as technical assistance and training to professionals and “subject matter expertise” in addition to providing resources for survivors of MST (lines 191– 193).

With respect to knowledge of military and legal processes, one participant said that having people in the organization with experience in the military justice system lent credibility to their efforts.

. . . having that level of expertise, having someone who can respond to concerns and questions about the potential impact of any changes that we’re arguing for would have. Having that person that has that expertise who can really talk through . . . how would you actually implement them . . . And I think especially when you have an area where lawmakers are unfamiliar . . . they don’t have a lot experience, so they will tend to defer to the Department of Defense and military services if they don’t know. And so you have to have that experience and that expertise . . . and you have to be able to speak to that. So that’s been extremely helpful.
(Participant A1, lines 291-303)

The following exemplifies knowledge of legislative processes from the perspective of a legislative staff member:

You know, we’ve tried [several] times, right? And we’ve won on small wins each time. It’s little bits, and that’s how Congress works . . . You don’t always get what you want. You get something. (Participant C1, lines 660-663)

There is a process within Congress when you are developing . . . a new bill, and it’s something called a ‘Dear Colleague’ letter . . . So once you’ve done your initial, you know, usually on any topic, you’ve got your people, . . . you know who’s on, who’s sort of tracking this stuff, and so you’re going to your people first. You’re getting them on board, you’re getting their support. You[’re] also working then with the folks, the other groups out there like Protect Our Defenders, SWAN, etc., having them apply pressure to their people that they know within their constituency. But then there’s the next level, which is the ‘Dear Colleague Letter,’ which goes out electronically to all offices, saying, ‘Here’s a piece of legislation. This is what we’re trying to fix. We’d like to see your sponsorship and support.’ So that then gets it out to a broader audience of people that are beyond what are sometimes your inner circle of known advocates on a particular issue. So those ‘Dear Colleagues’ will come across my desk every day,

dozens and dozens and dozens of them. I'm looking through them, saying, 'You know, we should be on this bill.' (Participant C1, lines 695-713)

There's a bazillion bills. So I'll say, 'Hey, I didn't know about this bill. This is a good one.' I'll send it to my colleague in Washington who's also tracking, obviously. But he'll also look for our feedback. He doesn't always know this is a problem. (Participant C1, lines 718-722)

Organizational reputation. One participant cited her organization's reputation as a key factor that assists her organization in accomplishing its policy goals related to MST. Its reputation was based in part on its expertise. Having been in existence for many years, the organization she works for has

. . . a very strong reputation as being a respected source of information and analysis on all kinds of issues relating to women. That kind of solid reputation enables us to speak with authority on issues of military sexual assault and trauma. (Participant A3, lines 210-213)

Framing the issue. Framing an issue requires careful thought in order to garner the necessary public support and subsequent solution (Weissert & Weissert, 2012). One participant described the importance of framing the problem of MST in different ways to gain support for policy change goals related to MST. "You must know, of course, what your objective is, what you're advocating for, have a clear message, and then repeat it in a different form" (Participant A3, lines 225-227).

Forming / maintaining coalitions. Coalitions have the potential to enhance interest groups' capacity to engage in effective problem solving related to the prevention of MST and advocacy for survivors of MST.

As an organization, we've worked to build a coalition of organizations who have a common interest who maybe aren't specifically focused on sexual assault in the military but maybe they're better service organizations whose constituency are experts in themselves on this issue or maybe they're a women's organization who is concerned about women's status in the military and their duty to serve in a safe environment. (Participant A1, lines 318-324)

I think the biggest benefit to collaborations with other organizations is that we speak to people with different sets of values. So for instance, when we work with the veterans' services organizations, you know they speak from a place of military expertise and [that] lawmakers view them as representing the veteran community. They have a lot of respect because of that. When it comes to social justice organizations, who may not typically see the military as a place where they would necessarily focus their efforts, they're able to kind of communicate with them on the issues that they are already localized around which may have not been sexual assault in the military but maybe sexual assault violence against women or it might be disparities against women. (Participant A1, lines 383-393)

Another participant's organization collaborated with other interest groups to support legislation or to arrive at a policy position. "There are also other veteran service organizations or advocacy groups that have more in-depth research related to the matter, and we review those materials as well when making decisions about the issue" (Participant A2, lines 121-125). "We encourage organizations to read our newsletter whenever we talk about the issue and contact their legislators" (Participant A2, lines 171-173).

We will attend committee meetings, public meetings in Washington, D.C., where the issues are discussed. We also sign on to letters going out from a coalition on the issue where everyone puts their voices together. We will add the organizational name to that letter which can also be supporting legislation or supporting an approach that Congress should be taking related to changing policy, to improve support or the way in which sexual assault is prosecuted in the military. (Participant A2, lines 184-191)

Participant A3 said her organization maintains relationships with another interest group and with a senator's office on issues related to MST.

We know and try to keep track of the groups that are interested in these issues and found that coalitions are very helpful in advancing any cause. It just works better when, you know, 'It takes a village.' We work closely with other groups like [named four organizations]. (Participant A3, lines 242-247). . . . I can't think of any hindrance. We try to always work in a coalition. We think that is beneficial all the time." (Participant A3, lines 254-255)

What we are doing now is continuing to advocate for a change in the military justice system that will take commanders out of the military justice decision process and put those decisions in the hands of prosecutors. . . . So we worked

with [another advocacy organization] on that and also with Sen. Gillibrand's office. (Participant A3, lines 328-335)

Participant A4's organization was limited in political activity due to receiving federal grant funds, but it still works with other organizations. For example, when contacted by other groups about MST, they have added their organization's name to legal briefs to show their support on the issue.

One of the congressional staff cited the importance of working collaboratively with veteran service organizations.

That's been very significant. We work with all of the groups whether it's the VFW or the Post 9-11 veterans or the American Legion. They are the groups that often try helping veterans to prepare their claims. They're on the ground. They know the problems intimately. There's leadership in Washington on all these. They have public policy people. They have been very significant partners and when we have hearings, they come. They participate and submit testimony even if they aren't speaking publicly in the hearing. (Participant C1, lines 779-788, 791)

So getting the support of the veteran service organizations is always tremendously important and they have been very supportive of our legislation. (Participant C1, lines 826-828)

Factors that create challenges or barriers.

Institutional inertia. One participant said that the sheer size of the DoD made it challenging to seek change.

I think the biggest inertia is in the Defense Department itself, and of course, it's just a gigantic organization with lots and lots of moving parts—the different military services and lots of different separate organizations. They don't quickly change course. Let's just say that's the bad thing. The good thing is that when they do, they generally are quite serious about it and communicate that generally pretty well throughout the organization. (Participant A3, lines 263-270)

Institutional resistance and sexism. One participant described a clear example of the resistance to change in the DoD and military service branches. "We found that the Department of Defense has been extremely resistant to change" (Participant A1, lines 194-195). She noted that some of the resistance was rooted in opposition to integrating

women into combat roles and drew an analogy to the historical example of how long it took to achieve racial integration in combat and leadership roles.

I think the military, like all institutions, tend to have a hard time seeing when its own systems aren't working, and the military's got a history with not just this issue but in general with integration of people of color, with integration of women. It's kind of arguing that any changes to the way that they view things will have a negative impact on their ability to operate and be efficient and effective as a fighting force. That has really been their main argument for why they have been very resistant to change—particularly at Sen. Gillibrand's proposal for removing commanders from some of these key decisions about whether or not cases get prosecuted. I see it has just an institutional reflex which is opposed to outside influence on the organization. (Participant A1, lines 214-226)

So for me as an organization going into meetings, trying to explain to lawmakers the impact of the system and why it needs to be fixed; but, then you have a general coming in behind you to tell them why they should keep the status quo. That's a tall order. (Participant A1, lines 403-408)

The same participant said that the Congress had its own varieties of resistance.

We found that their claims weren't actually supported by the facts at all (Participant A1, line 420). . . . So I think we were effective in [that] we got a lot of attention around the fact that the military had actually been extremely misleading and so we were able to kind of bring the debate back (lines 424-426). Other things I would say is because we have had lawmakers who have been more supportive of the status quo, . . . one of the things that happened over the past five years since we first introduced [inaudible] larger reform efforts, a lot of smaller changes have taken place; and the military has kind of peppered everyone with a lot programs and policy changes and statements and a lot of lawmakers have been convinced that with the military's arguments that we need to wait and see how all these smaller changes work. (lines 429-436)

Participant C1 made a reference to resistance to change when she talked about attempts to change standards for receiving compensation to treat sexual assault as compared to the standards for combat trauma.

We have gone twice to make the same standard as combat trauma. There is a feeling of, 'Well people will just lie.' And it is very difficult to overcome that. You know, there is just no evidence to back that up. People don't lie about combat trauma any more than rape trauma. (Participant C1, lines 857-861)

Competing issues and costs. Participant A2 offered a different perspective on why his organization had not been able to achieve some of its policy goals.

Really, it isn't opposition. There's a lot of problems in this country from mental health care to gun violence, you know, crime extending from illegal immigration and economic issues. It's one of those things where we are constantly trying to elevate our issues in an environment in which there're a lot of problems to solve. You know homelessness among veterans, suicide among veterans. So we're constantly trying to look for those opportunities to push the issue when the timing is right. (Participant A2, lines 195-202)

The costs associated with policy change can serve as a great deterrent. When one of the legislative staff participants was asked about what kinds of inertia or opposition from other legislators her office ran into while pursuing policy positions related to MST, she replied:

No one will say out loud that they're opposed to supporting a veteran who has been raped, right? No one wants to talk to that. However, so in terms of oppositions, most of the opposition I believe comes from the cost associated with making changes that will significantly enhance people's success at winning these claims. Of course, our statement is, 'That shouldn't be a factor.' But it is not inexpensive. If someone is 100% service connected and getting a retroactive claim, I've had people with claims of half a million dollars that we've helped win going back many years. So you get a half million dollars tax free and \$3,500 a month for the rest of your life. That's a lot of money times many thousands of people. (Participant C1, lines 834-846)

I don't think really any adjudicator denies the claim [because] they don't want to spend the money. They, I mean, they do feel a tremendous responsibility to be fiscally responsible. (Participant C1, lines 850-852)

We're basically saying, 'If somebody recounts a story of sexual assault and can detail the story and they have a trauma syndrome and a therapist links it, I can say I have no question that this is the result of what they're describing.' We felt that that is [an] appropriate standard of evidence as it is in combat (lines 865-869). . . . So the cost and I think the other is just getting people on board to some degree being the face, being a bold face about sexual trauma. Some people just don't want to have that be their marker. (Participant C1, lines 871-874)

Participant C2 also said that the main reason for opposition to the VA's request to help solve problems related to MST was a lack of funding.

Factors that depend on political circumstances. Three factors were identified during the analysis that were ambiguous in that, under some circumstances, they might facilitate policy change, but under other circumstances they could be obstacles. These circumstances were political in nature and were related to changes in administration or which party controlled either or both chambers of Congress.

Change in administration. Three participants spoke to the change in administration and its effect on their organization's ability to accomplish their policy goals related to MST. When the political party in charge of the executive branch changes, senior (appointed) leadership and priorities of executive branch agencies change.

Participant A1 talked about the setback they encountered when trying to remove sexual prosecutions from the chain of command. She said, “. . . that's something that was hard with the election changes and the make-up of both the administration and Congress. It's a constant battle to keep movements and often to keep people educated about the urgency for making that change” (Participant A1, lines 481-484). Participant A3 said “Right now, for example, it's a bit interesting because the administration has changed and a lot of the key appointments in the Defense Department have not been made” (lines 147-149). However, a change in administration was not always an obstacle. For example, Participant A3 referred to a position paper that was the result of a coalition effort between her organization and several others that they produced in December 2008 to welcome in the Obama administration.

. . . we had some specific actions that we thought we'd like to see done like making it a top priority—attention to prevention efforts, making sure that there's regular training on this [referring to eliminating sexual assault], that data would be collected on this [sexual assaults], that an individual who's been assaulted should receive confidential and expeditious treatment . . . and that the perpetrators should be punished that sort of thing and this stuff should be in the

performance review. So those things have all been done. The DoD has got lots and lots of emphasis on training and victim response and keeping good track of all the complaints. (Participant A3, lines 279-288)

She went on to say that having achieved those objectives, her organization was now focused on changes to the military justice system, but so far without that kind of success.

Party control and seniority. A legislator's party and seniority or proximity to seniority can be relevant to interest groups' efforts. Participant C1 spoke to challenges her office was experiencing on MST legislation because of the change in party control of Congress.

Right now, we are in the minority. Things don't see the light of day unless you get some majority support. So often times it's really trying to find those key people on the other side of the aisle that can get on board as sponsors or co-sponsors so that we can move things through the committee, you know, mark up, and on the floor. (Participant 1C, lines 331-336)

Participant C1 worked for a representative who was contacted by an interest group about an issue related to MST because the legislator has a reputation for being a progressive. However, the representative was a relatively junior member at that time and was not on a key committee that represented the interests of the group. Another member from the same state and party had greater seniority on an important committee that had authority in that area. So the representative facilitated efforts to connect the group with the more-senior member (Participant C1, lines 150–153). However, both members were in the minority party at the time, and legislation they introduced did not pass.

Examples of Efforts to Accomplish Policy Goals

Interview participants provided several accounts of issues where they had achieved some success and others that were unsuccessful.

Successes. Participant A1's organization worked on a bipartisan bill to change pretrial processes in the military to make them more like civilian processes for pretrial.

Prior to those efforts, a service member who filed a complaint related to sexual harassment or assault could be cross-examined as part of processes for determining whether charges should be brought to a court martial proceeding. Often the pretrial questioning was difficult and traumatic for plaintiffs and the prospect of having to undergo such questioning dissuaded many from seeking justice.

So we had a lot of successes with ending some of the more blatant abusive practices in the military. We completely reformed what's called the Article 32 steering process. There used to be a pretrial process where honestly, it was viewed by the defense counsel to beat up on victims. (Participant A1, lines 445-449)

. . . . We've also had success on a slew of victims' rights in terms of protecting their mental health history, their privacy rights during the trial, so they [the prosecutors] aren't gaining access to their [the victims'] therapy records, aren't being able to use their [the victims] personal history against them in order to discredit them (Participant A1, lines 458-461).

This example, while not explicit about strategies, at least implicitly reflects organizational expertise and engagement in policy efforts.

Participant C1 talked about what she referred to as a major piece of legislation that was a success for her office.

About four years ago, we began working with [name deleted] around the issue that rape survivors who get mental health counseling would lose their security clearance and thus their jobs. You have to answer a question '*Have you received counseling for a mental health disorder?*' We worked very closely with intelligence agencies to say that's crazy because it's people who get counseling who are the most apt to be less of a security risk. Getting counseling in and of itself shows resiliency, not a risk. We worked really closely over several years with . . . the intelligence community to fix that. That allows someone who has been sexually assaulted and received appropriate counseling to answer in such a way that they don't lose their security clearance. That was a big deal from our office and I take a lot of pride in that. (Participant C1, lines 299-312)

This reflects the importance of relationships and also issue-framing. Later during the interview, Participant C1 spoke about another success for her office. It was in reference to an issue that an advocacy group brought to their attention. Participant C1's office was

informed that there was a service-connected disability category in the VA system for men who had been sexually assaulted and who subsequently developed erectile dysfunction, but a corresponding disability category did not exist for women who had been sexually assaulted.

We said ‘What?’ Well, that’s wrong and that’s going to change. We wrote a letter to the secretary of the VA and said ‘It’s been brought to our attention that men are compensated and appropriately so. This is a huge part of our humanity, the inability to have sexual relationships for the rest of your life because of something that happened in the military. We agree they should be compensated but to not compensate women for female sexual arousal disorder, you’ve got to be kidding.’ It was changed. So that was huge. (Participant C1, lines 892-902)

This reflects elements of relationships and organizational expertise and reputation (e.g., having the credibility to contact a cabinet secretary directly) and also is an example of connecting the dots and issue-framing.

Participant C2 also said the representative’s office he worked for had several successes. These related to looking into the VA’s review of paperwork related to claims and inserting certain language into legislation related to MST among National Guard members.

Non-interview sources. Among organizations involved in MST-related advocacy and lobbying, POD (2018b) maintains an online list of policy achievements focused on reforms to the military justice system. The list covers legislative and policy changes they have been involved in from 2013 to 2018. Examples include reforms of specific military justice processes (e.g., for Article 32 probable cause hearings, eliminating consideration of good military character as a factor in charging decisions or as a defense once charged), requiring that service members convicted of rape must at a minimum receive dishonorable discharge as punishment, and criminalization of revenge-porn. The Congressional Research Service issues reports on military personnel issues addressed

through annual National Defense Authorization Acts that, in recent years have summarized provisions related to military sexual assault (Mendez, Kamarck, Kapp, & Torreon, 2018; names redacted, 2017), many of which are congruent with those listed by POD.

Unsuccessful efforts. Participant A1 said the following in relation to her organization's greatest challenge regarding its efforts to prevent MST or to advocate for victims. "I would say that the setback has been that we haven't passed our old reform to get commanders out of the role of making the decisions of which cases go forward to trial" (Participant A1, lines 478–480).

The main challenge that Participant C1's office had been working on without success was related to attempts to change policies related to discharge from military service for survivors of MST.

What was done for years is when somebody was raped, one, they didn't tell, or even if they did, you know, obviously when you have some type of trauma, your behavior changes and the way the people just got booted out of the military without any responsibility rather than a medical discharge which would have cost money, they would say, 'They're crazy' basically and put them out on a personality disorder . . . so they would get a general discharge so they didn't even get an honorable. And it impacted the rest of their lives, right? You're booted out of the military. You don't even get an honorable discharge and it's because of something that happened in the military. (Participant C1, lines 959-968)

She said that processes for retroactive review of discharge status were "very, very cumbersome and ineffective, and most people don't win" (Participant C1, lines 972-973). "If you get a certain kind of discharge from the military, you're denied benefits by the VA" (lines 978–979). She also said her office collaborated with a well-known advocacy group to publicize a research report on the issue, but that so far, the legislation that had been introduced to address the problem "didn't go anywhere" (lines 981-982).

Participant C2 said his office’s biggest challenge related to advancing legislation and policies to decrease the incidence of sexual assault in the military. Like Participant A1, Participant C2 saw making a change to the military justice system as an uphill battle. He said his office “would now like to focus on changing up the military justice system to make it fairer for women who want to file a complaint or men about sexual assault” (lines 303–305).

Non-interview sources. While not directly related to MST, recent remarks by Secretary of Defense James N. Mattis illustrated several of the factors that constitute challenges or barriers to full integration of women into all military specialties and combat roles. These include bureaucratic resistance, implicit sexism, and change of administration. Until 2013, women were largely barred from direct combat roles in infantry and related specialty units. In 2015, the Secretary of Defense at the time (Ashton Carter) “directed the services to open all military occupational specialties to women;” as of 2018, fewer than 500 women were in combat specialties in the Army and the Marine Corps (Garamone, 2018, para. 4). In recent remarks to cadets at the Virginia Military Institute, the Secretary of Defense stated data were insufficient to judge the effectiveness of units in which they served (Mattis, 2018). He went on to express considerable ambivalence about women in combat infantry units.

This is a policy that I inherited, and so far the cadre is so small we have no data on it. . . . We're hoping to get data soon. There are a few stalwart young ladies who are charging into this, but they are too few. Clearly the jury is out on it, but what we're trying to do is give it every opportunity to succeed if it can. (Mattis, as cited in Garamone, 2018, Unit Culture, para. 4)

He said it was “a very, very tough issue because it goes from some people’s perspective of what kind of society . . . we want.”

In the event of trouble, you're sleeping at night in your family home and you are the dad, mom, whatever. And you hear glass break downstairs. Who grabs a baseball bat and gets between the kids' door and whoever broke in, and who reaches for the phone to call 911? In other words, it goes to the most almost primitive needs of a society to look out for its most vulnerable. (Mattis, as cited in Garamone, 2018, para. 2)

However, Fazio (2018) noted that in other countries in which women have served in combat roles over a longer period of time, their overall performance was less of an issue than the degree to which men in those units did or did not accept them.

Methodological Rigor

Notes taken during each interview were summarized back to each participant at the end of the interview to ensure that major points had been captured accurately. All six participants expressed willingness to be contacted about findings, but only one (from a lobbyist group) responded to a follow-up contact. The participant was provided with a brief, written summary of findings and invited to comment on anything that seemed unclear or that did not make sense. The participant did not wish to add anything and indicated that the summary made sense.

Information on the websites for the organization or congressional office of each of the participants who agreed to be interviewed was reviewed prior to conducting the interviews and again after coding and thematic analysis of interview transcripts. Those sources were highly congruent with strategies identified from interviews and factors influencing attainment of policy goals. For example, the policy statement of Protect Our Defenders (n.d.-b) refers to institutional resistance, mobilizing survivors and public opinion, arranging for survivors to testify in congressional hearings, and engagement in legislative efforts.

While the military continues to resist fundamental reform, POD has made rapid, tangible progress by coalescing and mobilizing the survivor community,

maintaining an active presence on Capitol Hill and in the media, providing victims with case assistance, and supporting legal challenges in military courts to procedures that harm victims. Our policy work includes organizing press conferences, bringing survivors to testify before Congress, meeting with members and their staff, and drafting proposals for legislative change. Through this comprehensive approach, we have made important progress while continuing to push for fundamental reform. (POD, n.d.-c, para. 3)

One element in that statement that was not found in interviews was support for legal challenges.

Documents such as the HRW (2016) report and one from the Government Accountability Office (GAO, 2014) pointed to issues also described during the interviews, such as practices that led to involuntary discharge. For example, one participant mentioned that survivors of sexual assault suffering from PTSD sometimes received other-than-honorable discharges due to alleged personality disorder or pre-existing mental illness (Caplan, 2013; HRW, 2016). The GAO (2014) report on MST also called attention to inconsistencies across VA facilities in how sexual assault claims were processed, which also came up in interviews.

Specific policy matters or legislation for which public information and interviews were congruent included changes to security clearance practices, support for several specific legislative initiatives, adding a cyberbullying provision to the National Defense Authorization Act, and legislation to ensure that victims of sexual assault while serving in the National Guard or reserve components receive care and benefits, regardless of whether the assault occurred while on active duty or in training. However, whereas interview participants referred to specific bills that had been introduced in previous Congresses, POD's website identifies specific reforms to the military justice system that they support, without reference to specific bills pending or previously introduced in the Congress. By supporting specific reforms instead of particular bills that may incorporate

multiple provisions, they leave the door open for separate reforms to be introduced and enacted incrementally, seeking sponsorship from either party (regardless of which one controls either chamber).

Chapter Summary

The main themes identified from interviews and non-interview sources pertained to Direct Advocacy, Mobilizing Support, and Engagement in Policy and Legislative Processes. Table 4.4 summarizes the interest group strategies and factors associated with accomplishing policy goals in relation to those 3 themes.

Table 4.4: *Strategies and Factors Related to Accomplishing Goals in Relation to Themes*

Strategies	Themes	Factors associated with ability to accomplish policy goals
Cultivating relationships Networking Putting a face on the problem Giving voice to survivors Supporting legal challenges	Direct advocacy	Facilitating Access to services or benefits (case assistance / case management) (+) Expertise (+) Organizational reputation (+)
Heightening public awareness Bringing media and public pressure to bear	Mobilizing support	Framing the issue (+) Forming / maintaining coalitions (+) Changes in administration / party control / seniority (\pm)
Maintaining active presence on Capitol Hill Assembling and providing information Connecting the dots Involvement in MST legislation	Engagement in policy and legislative processes	Expertise in issues and processes (+) Institutional inertia (-) Institutional resistance (-) Competing issues and costs (-)

(+) Factors that contribute to success; (-) Factors that create challenges or barriers;

(\pm) Factors that depend on political circumstances

In Chapter 5 these findings and themes will be evaluated in the light of prior theory and literature pertaining to interest groups and study limitations. Chapter 5 will conclude with policy recommendations, suggestions for future research, and personal reflections.

Chapter 5: Summary, Discussion, and Personal Reflections

Chapter 5 consists of the following: (a) summary of the study; (b) comparison of the findings with relevant literature; (c) limitations and strengths of the study; (d) the relevance to the study of the Advocacy Coalition Framework and patient association groups; (e) recommendations for future studies; and (f) my reflections.

Summary of the Study

The purpose of this study was to investigate the political strategies of national-interest groups engaged in activities focused on prevention of MST and advocacy for victims of MST. The study was an attempt to increase knowledge about the strategies that national interest groups use to advance their policy goals related to MST and the extent to which these groups work alone or in coalitions to bring about policy change, either through helping to get legislation related to MST on the congressional agenda or through interactions with relevant federal departments, such as service branches and the VA.

Recruitment of interview participants was far more challenging than anticipated. A majority of those contacted did not respond, and a majority of those who did respond to an initial contact declined to participate. Nearly all who declined indicated that their organization or congressional office had some policy against participation in research. Ultimately only six participants agreed to interviews (four from interest groups or organizations engaged in lobbying activities relevant to MST, two congressional staff). Participants were generally upbeat about their accomplishments and their interactions with other interest and lobbyist groups, legislative staff, and departments.

Based on interviews and non-interview sources, I identified ten strategies organized into three main themes: direct advocacy, mobilizing support, and engagement

in policy and legislative processes. Factors associated with accomplishing policy goals were related to those themes and categorized according to whether they contributed to success, created challenges or barriers, or depended on political circumstances.

The Case Study Approach

Initial formulation of the case. According to Dumez (2015), cases and case studies are more complicated and puzzling than what one expects. The study was designed as a qualitative, descriptive, single-case study. The initial statement of the case was both vague and narrowly drawn: activities of national interest groups focused on prevention of MST and advocacy for victims of MST. Initially, I posed three research questions pertaining to strategies interest groups used in advocacy efforts related to MST, factors affecting their ability to accomplish their policy goals, and how their interactions with other interest groups affected outcomes related to MST. Throughout the study, my view of what the case was continued to evolve (Ragin, 1992).

Based on interviews and non-interview sources, approaches used by interest groups involved in MST advocacy were, for the most part, not unique to that issue. One strategy, connecting the dots, was somewhat novel in that it involved situating MST-related issues in a broader context of treatment of women in the military as second-class citizens and how that increased vulnerability to sexual assault and harassment. While it is certainly the case that male service members are victims of sexual assault and harassment, the annual incidence rates of both are much higher among active duty women (OPA, 2017). Other strategies may have differed more in degree than in kind from strategies used by interest groups in general. For example, it is not unusual for interest groups to use stories of affected individuals to draw attention to issues and how

they impact peoples' lives. However, interest groups involved in MST prioritize case assistance to individuals as both a moral imperative and to establish and maintain credibility with survivors. In that aspect, activities of some groups are similar to patient advocacy groups discussed in Chapter 2. In hindsight, I should have explored more systematically how strategies and approaches used to advance MST-related policy objectives differed from strategies interest groups generally use with other issues.

More importantly, as analysis proceeded, it became apparent that the case of interest group activities related to MST was embedded in issues pertaining to political climate and to bureaucratic inertia and resistance. Had this been anticipated, I should have asked specifically why major pieces of legislation related to MST had not been able to pass in more than one chamber of the Congress. Possible reasons for lack of major legislative success are complex and need to be explored in the light of literature on interest groups and patient advocacy groups, political climate, bureaucracy in general, opportunities for policy change, and the advocacy coalition framework (ACF).

Interest groups. Paletz, Owen, and Cook (2012) cited six primary factors that determine an interest groups' effectiveness: the interest group's assets, objectives, and alliances, the visibility of its involvement in policy decisions, its responses to political change and crisis, and the media's portrayal of it. Interest group assets include its finances, prestige, leadership, and political skills. Attempting to prevent legislation from being enacted is generally easier than trying to get new legislation passed (Paletz et al.). "Public opinion may sometimes direct government *to* do something, but it more often constrains government *from* doing something" (Kingdon, 2011, p. 65). Alliances and coalitions assist interest groups to achieve policy objectives through expanding resources,

broadening expertise, and enhancing the credibility of policy objectives (Paletz et al.). In addition, “A new president or a change in party control of Congress usually benefits some groups while putting others at a disadvantage” (Paletz et al., p. 387). The political party in control dictates whether interest groups focus on protecting what they have or go on the offensive to gain new benefits (Paletz et al.).

Findings of this study were mostly consistent with those propositions. The participants’ responses clearly demonstrated that most were involved in supporting new legislation. Although none referred specifically to efforts to block legislation, major legislative initiatives had not made it through both chambers of Congress. Less-ambitious efforts to achieve what one participant referred to as “small wins” seem to have had greater success. For example, several efforts to expand eligibility for services or benefits, whether through legislation or administrative changes at the agency level, had succeeded. Participants clearly identified organizational reputation and staff expertise as factors that contributed to success (similar to prestige and skills, Paletz et al.), and they viewed assisting survivors of MST and veterans generally to obtain benefits or access resources as an important part of their jobs. The way participants spoke of their efforts to collaborate or to form coalitions with other organizations was similar to the advantages of alliances identified by Paletz et al. Participants, whether representatives of organizations or congressional staff, also identified changes in control of the legislative and executive branches as having influence over how successful or unsuccessful they were at achieving their objectives.

Paletz et al. (2012) also argued that interest groups often are better served when the media do not report their activities and when their activities are concealed from the

public because it is difficult to oppose a group's activities when they are not visible. In the present study, none of the participants referred to keeping their activities or positions under wraps. Their responses were more consistent with using traditional and social media to facilitate civic engagement and collective action (Obar, Zube, & Lampe, 2012). However, they viewed mobilizing public opinion as a strategy to employ only after laying some groundwork behind the scenes.

“The vast bulk of lobbying in Washington has to do not with the creation of new programs, but rather with the adjustment of existing programs or with the maintenance of programs just as they are” (Baumgartner, Berry, Hojnacki, Kimball, & Leech, 2009, p. 240). The same can be said about the creation of new legislation related to MST. Two examples follow where changes to existing policies and legislations seemed to be easier to complete than major new legislation. In the National Defense Authorization Act for FY 2018, a punitive article (sec. 533) regarding the “wrongful broadcast or distribution of intimate visual images” (e.g., so-called revenge-porn) was added to the Uniform Code of Military Justice (National Defense Authorization Act, 2017, Nov. 9, p. 810). In the same bill (sec. 535), policymakers also require that the Sexual Assault Prevention and Response Program be expanded to require that those enlistees in the services' delayed-entry programs complete the sexual assault and response training prior to beginning basic training or initial active duty for training in the armed forces (National Defense Authorization Act for FY 2018; Shane III, 2017). Because defense authorizations are must-pass legislation, amendments of limited scope may have a better chance of securing approval in both the House and Senate than stand-alone legislation that can stall in committee.

Participants' lobbying strategies cited when interacting with legislators about issues related to MST were similar to those identified by Kingdon (2011), including:

- Taking survivors of military sexual assault to the Hill to meet with lawmakers.
- Making phone calls to legislators or their staff.
- Providing information via testimonies at hearings or documents with important information on the issue as well as sharing what they were hearing from victims, survivors or other constituents / stakeholders.
- Holding face-to-face meetings.
- Writing letters or, for congressional staff, circulating a "Dear Colleague" letter that is sent out electronically to all the legislators' offices to ask for their support or co-sponsorship on a piece of legislation.
- Employing grassroots campaign efforts to raise public awareness about MST and to keep the issue out front. One participant said this issue not only affects the individual but also goes well beyond to the community.
- Using print, electronic, and broadcast media, ranging from local to national.
- Using social media.

Media of various kinds were viewed as important tools that can assist interest groups in educating the public, in outreach efforts to garner support for their proposals, and in getting lawmakers' attention.

Patient advocacy groups. Survivors of MST exhibit a range of physical and mental health conditions, often over many years. Physical symptoms can run the gamut from chronic pain to more serious physical health problems. Emotional responses from sexual assault can lead to physical manifestations of stress such as changes in eating and

sleeping patterns as well as difficulties with attention, concentration, and memory. In addition to PTSD, military personnel who experience sexual assault can also be diagnosed with depression and other mood disorders (Department of Veterans Affairs, 2018). Patient advocacy organizations are interest groups devoted to providing education, advocacy, and support services to patients and their families (Wood, 2006). An example is the National Alliance on Mental Illness (NAMI), which focuses on advocating for and providing services to individuals with mental illness. Their advocacy efforts and services are carried out in a variety of ways and include outreach, meetings, counseling, websites, and printed material (Markman, 2008). In addition, patient advocacy organizations seek to raise public awareness about a variety of conditions and to promote research toward cure or prevention. Patient advocacy organizations have also played a significant role in lobbying lawmakers with the goal of increasing research funding and changing legislation related to the diseases they represent (Armstrong, Carpenter, & Hojnacki, 2006; Lofgren, 2004; Markman). Some interest groups involved in MST have at least some characteristics that are similar to the ways that patient advocacy organizations use their credibility and political clout to increase public awareness of medical conditions and problems faced by their constituents and, in some cases, to change policy (Rose, 2013). Like patient advocacy organizations, national interest groups that advocate on behalf of survivors of MST attempt to facilitate access to resources and benefits for their constituents, provide education and advocacy for constituents and their families, participate in outreach via their websites, and marshal organizational expertise, patient or survivor voices, and public opinion to influence policy related to the interests of those for whom they advocate.

Political climate. Major policy changes often depend on external factors, whereas smaller-scale policy changes are the result of policy learning (e.g., from new information or policy failure) within a policy subsystem (Real-Dato, 2009; Sabatier & Jenkins-Smith, 1999). Important external factors include changes in public opinion and changes in the governing coalition (Jenkins-Smith & Sabatier, 1994). With respect to the failure of standalone legislation to advance, an additional political climate factor needs to be considered. Since 2007, there have been only two sessions of Congress (the 111th, 2009-11 and the 115th, 2017-19) in which the same party controlled the White House and both houses of Congress (“Party divisions of United States Congresses,” 2018). Those sessions were dominated by major legislative priorities requiring largely party-line votes (e.g., health care, taxes) that left little room for anything requiring significant bipartisan cooperation. In addition, over that interval, the majority leadership in both houses of Congress has been increasingly unwilling to bring to the floor any measure that did not have majority support within the controlling party’s caucus, even if the measure potentially could have garnered a bipartisan majority.

With the change in control of both the executive and legislative branches of government after the 2016 election, direct legislative attempts to reform the military justice system, which were always an uphill battle, lost steam. However, the congressional response to cyberbullying and revenge-porn, which were relatively novel threats that existing policies did not cover, occurred over a relatively brief interval via amendment to a must-pass bill.

Bureaucratic inertia and resistance. In an atmosphere of increasing partisan rancor, dysfunction, and gridlock, the Congress is at considerable disadvantage relative to

an entrenched bureaucracy with interests in maintaining the status quo. Weber (1922 / 1946) noted that the “concentration of means of administration” (p. 221) and “permanent character” (p. 228) of a large bureaucracy such as the DoD create a form of power that is “practically unshatterable” (p. 228) with mechanisms that are quite impervious to external pressures. Downs (1967) noted that bureaucracies are characterized by ideologies that are unlike partisan ideologies in the sense that they are less concerned with mass appeal and electoral politics than with appeal to “a small but intensely interested audience” (p. 224) of elected officials, legislators, and policy experts in a position to help the bureaucracy maintain or expand its authority. Bureaucratic ideology emphasizes past and present achievements, the benefits of the bureau’s activities for society as a whole, the “desirability and high present state of its efficiency and centralized coordination” while minimizing its failures (Downs, p. 225).

Given those general characteristics of bureaucracy, it is no wonder that the DoD is resistant to wholesale reform of the military justice system. Supporters of the status quo emphasize that they take MST seriously. They argue that the DoD and service branches are in the best position to decide what changes are needed and to make those changes in a manner and time frame that will not disrupt ongoing responsibilities for national defense. As noted in Chapter 4, there is still substantial ambivalence about whether women should, for example, serve in front-line combat units. While expressing a kind of jury-is-still-out viewpoint, at least some of the resistance is rooted in sexism (Fazio, 2018; Garramone, 2018; Mattis, 2018).

In recent years there have been incremental reforms enacted by the Congress via provisions in must-pass appropriations bills such as National Defense Authorization Acts

(e.g., making cyberbullying or revenge-porn on social media a chargeable offense). The DoD has been reasonably responsive to congressional and presidential demands for more systematic and reliable reporting on sexual assault and harassment. However, they have also succeeded in sidetracking some proposed reforms by agreeing to make them subjects for further study (POD, n.d.-b.) The DoD has substantially increased mandatory training regarding sexual assault and harassment. They can point to a number of reforms, such as victim advocates and implementation of restrictive reporting, that afford greater protection to victims. They can also point to some procedural reforms in probable cause determinations and in disallowing good military character as consideration in charging decisions for sex offenses or as an affirmative defense for those charged (POD, 2018b). In some cases, reforms have come through legislative action or lobbying from interest groups. It is also possible that some reforms arose from attempts to ward off threats of more comprehensive action. In the context of the ACF, such incremental reforms provide cover to members of Congress. They can oppose larger scale reform by maintaining that the DoD and service branches are in the best position to take care of problems while avoiding unintended consequences.

Windows of opportunity. Governmental agendas consist of issues or problems that government officials, individuals involved in policy decisions, and, in some cases, the voting public follow closely at any given time (Kingdon, 2011). Policy concerns reach governmental agendas through three streams that are largely independent: the problem, policy, and political streams. At least two streams must come together for a window of opportunity for policy change to open (Kingdon). The window of opportunity is a period, often brief, during which decision-makers begin to recognize that a problem

needs attention and is amenable to change. It then becomes feasible to push policy viewpoints forward under conditions favorable for change. When streams do not come together, the window of opportunity shrinks or closes (Kingdon). In relation to MST, it seems that with the change in 2016 of the presidential administration and party control of congress, the political stream has not been favorable for major change, so any window of opportunity is either closed or barely cracked open for small-scale changes based on occasional convergence between problem and policy streams.

The Advocacy Coalition (ACF) Framework. The logic of the ACF suggests that coalitions seeking to translate their beliefs into policy compete with each other in a policy subsystem by using strategies to influence the public and decision-makers. Policy subsystems arise around specific issues and include diverse groups of actors with shared concern about a particular policy domain (Jenkins-Smith & Sabatier, 1994; Sabatier, 1988). The policy subsystem relevant to MST consists of national interest groups, survivors, members of Congress and their staff, officials of executive branch departments, the media, and researchers and policy analysts concerned with sexual violence and military justice.

Within a given policy subsystem, advocacy coalitions may arise that represent divergent or opposed beliefs.

These are people from a variety of positions (elected and agency officials, interest group leaders, researchers) who share a particular belief system—i.e., a set of basic values, causal assumptions, and problem perceptions—and who show a non-trivial degree of coordinated activity over time. (Sabatier, 1988, p. 139)

Thus, advocacy coalitions comprise elected officials, career officials and appointed leadership of governmental agencies, leaders of interest groups (e.g., policy entrepreneurs), and others (e.g., survivors of MST) who, either formally or informally,

act in concert to varying degrees in pursuit of preferred policy objectives (Sabatier & Weible, 2007).

A key feature of the ACF is a hierarchy of beliefs within any advocacy coalition. Deep core beliefs are fundamental beliefs about society and human nature that rarely change. Policy core beliefs are “a coalition’s basic normative commitments and causal perceptions across an entire policy domain or subsystem” (Jenkins-Smith & Sabatier, 1994, p. 180). Secondary aspects of a coalition’s beliefs and commitments have to do with the relative importance or seriousness of a problem relative to others in a given policy domain (Jenkins-Smith & Sabatier; Sabatier, 1988). Beliefs about secondary aspects are far more susceptible to revision based on new or better data and changing political circumstances than are policy core or, especially, deep core beliefs.

Commonly, there are only a small number of advocacy coalitions (two to four) that are influential in a policy subsystem at a given time (Jenkins-Smith & Sabatier, 1994), with one coalition favoring policy or legislative change, and another (or others) opposing that change, favoring an alternative, or preferring the status quo. Each coalition attempts to influence the others as part of its overall efforts to transform its beliefs and policy preferences into policy. Because it is impossible to satisfy all policy preferences, at any given time, one coalition is typically dominant, partly due to external events, such as a change in the party in control of Congress, and partly through influencing the others. In addition, there may be officials or other actors in the policy subsystem who are not aligned with any advocacy coalition but serve as “policy brokers . . . whose dominant concern is with keeping the level of political conflict within acceptable limits and with reaching some ‘reasonable’ solution to the problem” (Sabatier, 1988, p. 141).

The fate of legislation to reform the military justice system is an example of how advocacy coalitions have operated in the policy subsystem related to MST. Actors favoring major reform include interest groups, survivors, and some members of Congress. Deep core beliefs in this advocacy coalition likely include that all military jobs and specialties should be open to women who meet the requirements, sex offenders must be held accountable through the military justice system, and barriers to disability claims of victims and survivors of MST must be eliminated (SWAN, 2016). Policy core beliefs have to do with creating “a fair, impartial, and objective system of [military] justice” that includes “giving professional military prosecutors, rather than untrained, conflicted and often biased commanders the decision to prosecute” (POD, n.d.-b). Within their belief system, the drawbacks of the current military justice system seem obvious, for example, that victims of sexual assault are discouraged from coming forward for a variety of reasons (POD, n.d.-d). From that standpoint, a potential advantage of removing charging decisions from command authority is that prosecutors would have the benefit of greater legal training and enjoy more independence from the chain of command. In addition, victims would be better protected from humiliation and retaliation (POD, n.d.-b; n.d.-c; n.d.-d). In short, the advocacy coalition favoring change views current levels of sexual assault and harassment as evidence that the system is not working, and they believe that a number of changes they favor (secondary aspects) would protect victims and do a better job of ensuring justice (POD, n.d.-b; n.d.-d).

Obviously, there is no coalition favoring sexual assault. Rather, opposition has taken the form of resistance to stand-alone legislation focused on major reform of the military justice system. The coalition opposing the reform of the military justice system

believes that the military justice system exists, first and foremost, to support the armed forces in maintaining order to succeed in their mission. From that standpoint, commanders are accountable for preventing sexual assaults in their units and for deciding which offenses to prosecute. Taking the decisions away from commanders eliminates an indispensable authority and commitment to mission that is necessary for maintaining order and morale. Thus, to the coalition opposing the policy change, the status quo involves policy core beliefs about how the military justice system should operate and deep core beliefs about its fundamental purposes. That coalition also may have secondary beliefs that, all things being equal, it is best to leave policy changes to the internal expertise of the DoD and service branches.

The coalition favoring change has been successful in achieving near-universal appreciation that MST is an important problem, and some incremental reforms to the military justice system. However, more comprehensive change in the military justice system has been elusive. For the coalition supporting change, comprehensive and fundamental reform has the character of a policy core belief. From the perspective of the coalition favoring the status quo, both policy- and deep-core beliefs are involved. Given that difference of perspectives, absent some compelling external event(s) (e.g., some new major scandal or thorough change of the governing coalition), it seems likely that, for the near future, only incremental changes in military justice procedures will be achievable.

Reformulation of the case. The initial formulation of the case was far too narrowly focused on activities of interest groups concerned with MST. Based on the foregoing considerations, the case can be viewed in the broader contexts of a policy subsystem related to MST. Understanding the case thus required attention to factors such

as bureaucratic inertia or resistance, political climate, and hierarchical systems of beliefs and value commitments of advocacy coalitions favoring thoroughgoing reform versus trust in the service branches to administer justice according to established principles and procedures.

Accordingly, reforms have largely been incremental. For example, when a service member discloses a sexual assault to healthcare personnel, a SARC, or SAPR VA, the default is restricted reporting. Healthcare personnel confidentially contact a SARC or VA who provides immediate assistance (or referral for confidential mental health services or legal advice from a Special Victims' Counsel). The SARC or SAPR VA also explains differences between restricted and unrestricted reporting. They also explain that the victim can decide to change from restricted to unrestricted reporting at a later date (DoD, 2013). Since passage of the FY2014 NDAA, commanding officers are required to forward (unrestricted) reports of sexual assault to the appropriate military criminal investigative organization as soon as possible and file an incident report within eight days (Kamarck & Torreon, 2017). Other incremental legislative changes enacted through NDAs have dealt with reporting practices, victim support, data collection, and improving services to survivors after discharge (Mendez et al., 2018; names redacted, 2017). In addition, NDAs have been used as a vehicle to require DoD to study or report on a variety of issues, including the ability of military health care providers to address needs of sexual assault victims (e.g., certification of providers conducting SAFEs) (Department of Defense Office of the Assistant Secretary of Defense Health Affairs, 2014).

Interest groups have played an important role in heightening public awareness of MST. Their proposals for comprehensive reform, even though unsuccessful to date, can be viewed as a strategy for maintaining pressure on the Congress, the DoD, and the VA. But there are numerous other actors and influences in the complex policy subsystem concerned with MST.

Limitations and Strengths

This study has several limitations. As noted above, the focus on interest groups was narrow. Data were collected from a single interview with a limited number of participants. The small sample size was an important limitation, although no definite criteria exist for determining adequate sample size in case studies. Potential participants were contacted by telephone and email only. I did not use regular mail for initial contacts or to follow-up with those who did not respond to initial contacts.

The research was further limited by place and time. Data collection was conducted during a period in which the political climate in Washington was highly charged, following a change in administration. Several major issues, such as health care and taxes, took time and energy away from issues needing bipartisan support. That overall political climate might have had an impact on willingness to participate. However, divided government and a broader political climate of intense partisanship and legislative gridlock long predated the most recent change of administration.

A limitation also might exist because of the technical difficulties I encountered during two interviews. I had to rely on the notes that I took during the interviews with two of the participants. Because the recordings did have my voice, they captured my end-

of-interview summary of main points in each interview, and both participants indicated the summary was accurate.

A strength of the study was that all participants had extensive experience in issues related to MST (or, in one case, domestic violence) among active duty or reserve service members or veterans. Overall, responses of participants from interest groups and congressional staff were congruent with respect to the strategies they identified as contributing to success or as challenges to bringing about change. They also had similar perspectives on the value and importance of collaboration. All interviews were conducted and transcribed by a single researcher to ensure consistency across interviews; that also contributed to dependability. Transcripts and analyses were reviewed by the chair of the dissertation committee to ensure that the analysis and interpretation were congruent with participant perspectives. In addition, several steps identified in Chapter 3 were taken to ensure that the findings were faithful to the participants' interview responses and explanations (credible), including triangulation between participants' responses and non-interview sources and one post-analysis member-check.

Policy Implications

Since 2013, a number of major legislative initiatives have been introduced in Congress, but have not been enacted into law. However, more modest, incremental changes have won congressional approval via amendments to National Defense Authorization Acts that must be passed annually. The fact that interest groups are active in advocacy for survivors of MST and in keeping the issue in the public eye and in congressional awareness may increase the pace of internal reforms in DoD and VA policies and support for victims or survivors, even absent specific legislative actions.

That is, some reforms might well have not happened at all or might have taken longer if interest group advocacy had not been as vigorous and persistent.

Further incremental changes in policies and procedures in four areas could rectify some of the problems relating to MST: creating stronger policies against retaliation; strengthening sexual harassment policies and protections; providing incentives for the reduction of sexual harassment, sexual assault, and retaliation; revising administrative processes for reviewing less than honorable discharges for individuals who experienced MST while serving; and reviewing the effectiveness of the sexual assault and response training programs and updating as indicated.

Create stronger policies against retaliation. While retaliation is prohibited under the sexual assault regulations and the Military Whistleblower Protection Act, the problem persists (Gilberd, 2017). According to the DoD (2014), survivors of MST who face retaliation have eight avenues of recourse—three related to removing the victim from the situation or protecting the victim from harm and five regarding accountability mechanisms (DoD, 2014). These mechanisms “are not utilized, are ineffective, poorly understood, hamstrung by jurisdictional limitations, not sufficiently independent of command structures, mistrusted because they lead to new incidents of retaliation—or all of the above” (HRW, 2015. p. 10). Stronger policies holding accountable individuals who commit or tolerate acts of retaliation must be created with stricter requirements for reporting incidents of retaliation to the DoD and outlining the number of retaliation reports filed, what actions were taken, and the outcomes.

Strengthen sexual harassment policies. Sexual harassment continues to be a major problem in the military. As noted in Chapter 1 men and women in military service

are two to seven times more likely, respectively, to experience sexual harassment compared with the civilian population. In addition, sexual harassment in the military is more likely to involve superior-subordinate relations than in civilian life (DoD, 2017/2018; Smith et al., 2017). However, sexual harassment in the military is viewed primarily as a form of employment discrimination. Complaints are the responsibility of the DoD Military Equal Opportunity (MEO) Program (DoD, 1995), not SAPRO. There are zero-tolerance policies within service branches (e.g., Department of the Air Force, 2012). Complaints can be informal (addressing the offender directly or in writing, or requesting intervention by a co-worker or chain of command) or formal (to the MEO office). Formal complaints must be specific: about the alleged actions, where and when they occurred, and whether there are witnesses. There are only limited avenues for anonymous reporting, and no role comparable to the SAPRO VA.

Provide incentives for the reduction of retaliation. The DoD SAPRO initiated two annual sexual assault recognition awards (DoD, SAPRO, n.d., Incentives to promote prevention). The Sexual Assault Prevention Innovation Award was created to recognize a group or individual in each military service branch or reserve component who contributes an innovative idea or approach that positively impacts the sexual assault prevention efforts and training. The Exceptional Sexual Assault Response Coordinator (SARC) recognition acknowledges individuals who go above and beyond to support service members and respond to the needs of victims. Yet a more comprehensive approach would include the issue of retaliation. Units that take retaliation seriously should be acknowledged in similar fashion. Highlighting successes based on data from regular, quarterly, or semiannual reports related to retaliation would enhance awareness of

retaliation and efforts to end it. Presently, the Pentagon releases an annual report based on data compiled from a biannual survey (Office of People Analytics, 2017; Truth in Media, 2018).

Revise administrative processes for reviewing discharges of service members who have a history of MST. According to an HRW report (2016), between FY 2001 and FY 2010, 31,000 veterans were discharged from military service with a personality disorder; a disproportionate number of them were women. A bipartisan bill was introduced in 2017 in the House by Rep. Jaime Herrera Beutler (R-WA) and in the Senate by Sen. Richard Blumenthal (D-CT) (*Protecting Military Honor Act*. H.R. 3209, 2017; *Protecting Military Honor Act*. S. 1543, 2017). The bill aims to ensure a fair discharge and appeals process for veterans, particularly for survivors of MST. The bill's focus is on veterans whose efforts to appeal wrongful discharges have been hampered. This piece of legislation has not progressed beyond the Armed Services committees of either chamber.

Another potential measure that might help all survivors of MST with wrongful discharges would be to change the administrative process in how the respective service's Discharge Review Board and Board for Correction of Military Records handles these types of discharges. At the time of this study, veterans received virtually no judicial assistance to fix a wrongful discharge; the burden was on them to learn how to appeal and to make a formal request for review and upgrade (HRW, 2016). Initial changes might include simplifying review processes and a review of all discharges with a history of MST, not just appeals from individuals seeking upgrade (HRW, 2016).

Review the effectiveness of the sexual assault and response training program. Regardless of the DoD's mandated sexual assault education and training programs,

sexual assault remains a significant problem in the military. Service members are expected to complete the sexual assault training programs yearly. According to Castro et al. (2015), a large portion of the sexual assault training focuses on the legal definition of sexual assault and on the steps that must be taken to report it. In addition, the researchers said that the training did not consider a service member's age, gender, or function in the unit, and other pertinent topics such as the root causes and cultural aspects of sexual assault. Data from focus groups consisting of 647 participants from the Army, Navy, Marine Corps, Air Force, and National Guard revealed that no new information was being learned by completing the sexual assault prevention and response training and that service members were becoming desensitized due to the lack of variety of topics and types of training modalities (Rock, Van Winkle, Namrow, & Hurley, 2014). Research should be conducted on critical elements of the program to determine if they are effective, and elements deemed not effective should be revised. In addition, the DoD should rigorously evaluate the outcomes of its sexual assault training efforts.

Recommendations for Future Studies

Based on my experiences with conducting this study, the following recommendations for future studies would enhance understanding of policy development regarding MST, particularly with regards to the activities and influence of interest groups.

- Include other interest groups that deal with sexual assault in general and not just those that have a focus or shine a spotlight on this issue in the military. National interest groups contacted included those that are involved with military sexual assault. Groups that have involvement with nonmilitary sexual assault, such as the Rape, Abuse & Incest National Network might have offered valuable information.

In addition, broader-based Veterans Service Organizations were mentioned by one of the participants as being helpful allies in attempting to address problems related to MST and how MST affects veterans' claims of service-connected disability.

- It was noted by one participant that there were local and regional variations in adjudication of veterans' benefits and disability claims. It could be worth exploring if there are state-to-state differences in how National Guard components address MST.
- Previously, I mentioned that patient advocacy groups might be a relevant model for survivors of MST because many survivors suffer physical and mental health consequences. Research with groups such as NAMI could be beneficial in shedding light on strategies used by these groups as they interact with legislators to accomplish their specific advocacy goals and reveal factors that contribute to success.

Personal Reflections

As this dissertation comes to an end, I would like to briefly reflect on my thoughts related to this study. First, this investigation opened my eyes to the complex process of policymaking. There are so many moving parts, and all must come together at the right time. I learned a lot about the strategies and interactions of national interest groups in advancing their cause related to MST. In addition, I acquired knowledge about the hardships survivors of MST endure and the importance of interest groups' actions in advocating for legislation changes. While I understand that it is important for military commanders to maintain good order and discipline in their units to accomplish their

mission, an atmosphere characterized by reluctance to report and fear of retaliation can be corrosive to order and discipline. A problem exists in the system when perpetrators of sexual assault are not held accountable for their actions and victims are further traumatized for reporting crimes committed against them. It is my hope that legislation of some kind relating to how sexual assault cases are handled would be passed one day that can better meet the needs of survivors of MST while accounting for legitimate concerns of the military. In the meantime, incremental changes to existing policies and legislations might be feasible that would assist survivors of MST in enhancing their ability to seek justice and a decent quality of life. Lastly, I realize that there are many other important issues on the congressional agenda, including healthcare, immigration, taxes, combating the opioid epidemic, and so on. However, I was surprised and disappointed by the limited progress on the issue of MST, considering the legislative attention and support given generally to military and veterans issues.

List of Appendices

Appendix A: Reasons for Nondisclosure among Women MSA Victims 109

Appendix B: Prevalence of Unwanted Sexual Contacts for Military Service Academy Women..... 110

Appendix C: Sexual Assault Prevalence Rates for Active Duty Women by Military Service Branch—2016 111

Appendix D: Types of Retaliation and Investigative Authority..... 112

Appendix E: Initial Contact Script 113

Appendix F: Research Flyer 114

Appendix G: Recruitment Script 115

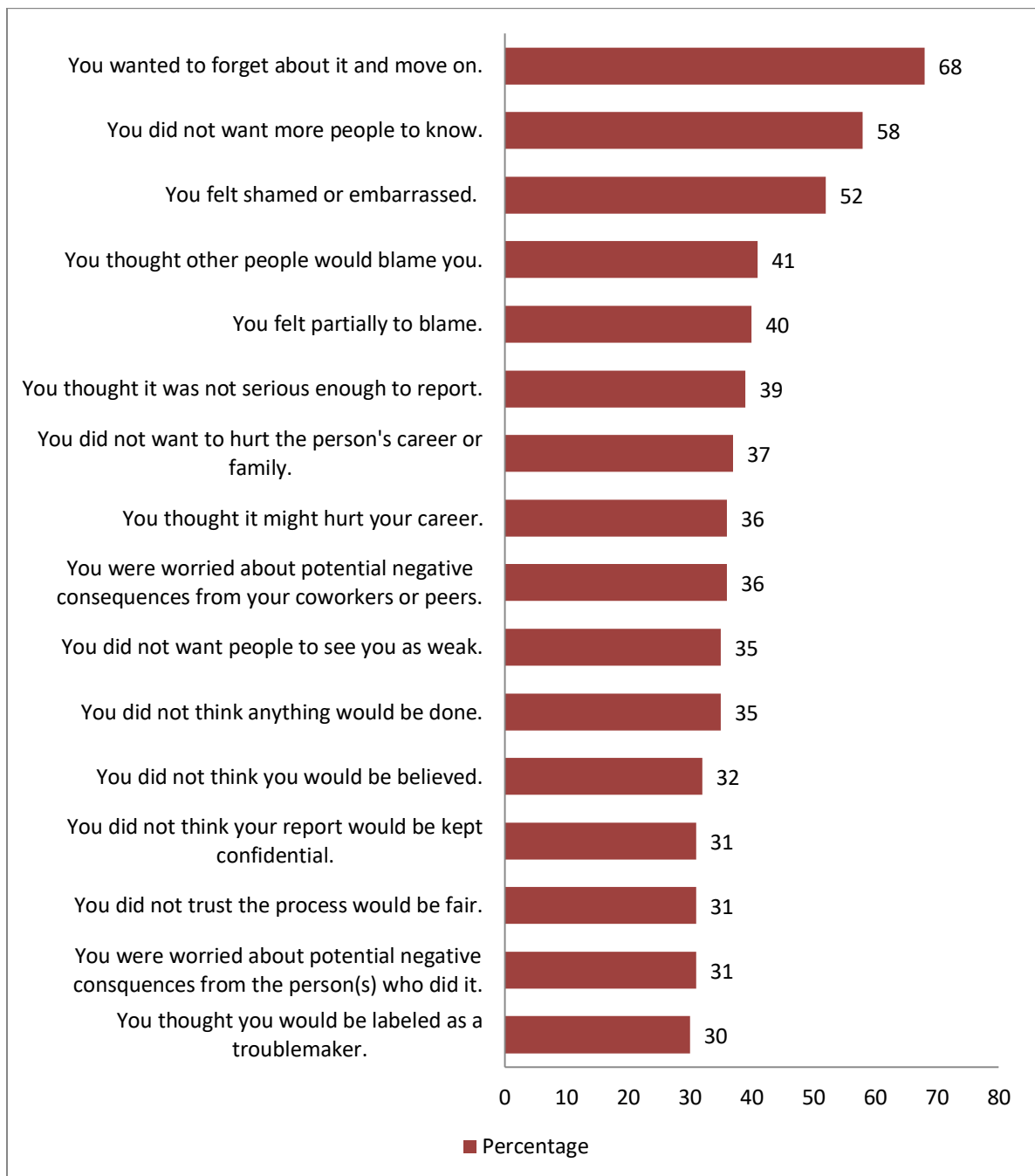
Appendix H: Consent Script 116

Appendix I: Interview Questions Guide for Interest Group/Organization 118

Appendix J: Interview Questions Guide for Legislative Staff or Others 120

Appendix K: Summary of Recruitment and Interviews 122

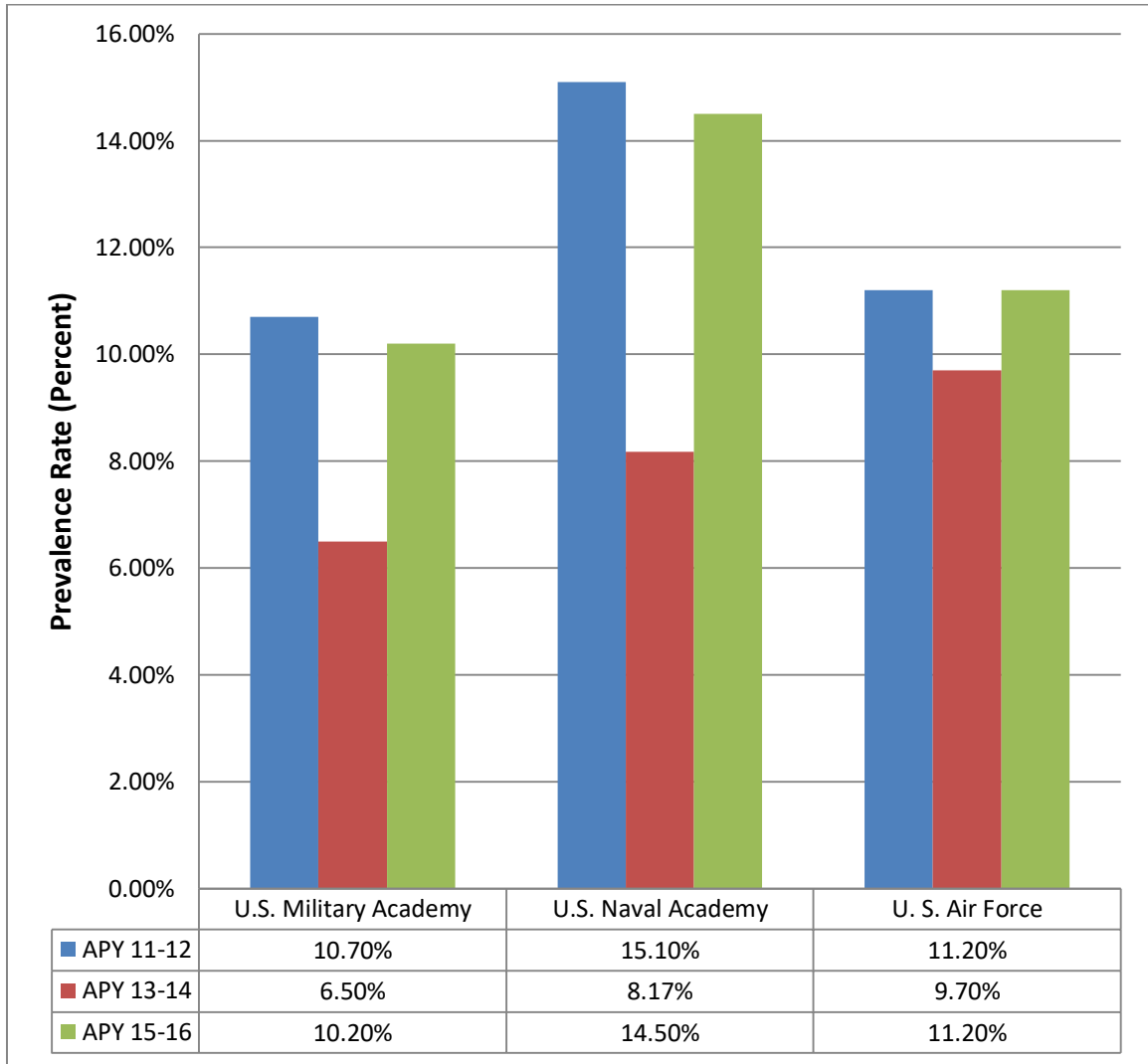
Appendix A: Reasons for Nondisclosure among Women MSA Victims



Office of People Analytics (2017).

Appendix B: Prevalence of Unwanted Sexual Contacts for Military Service

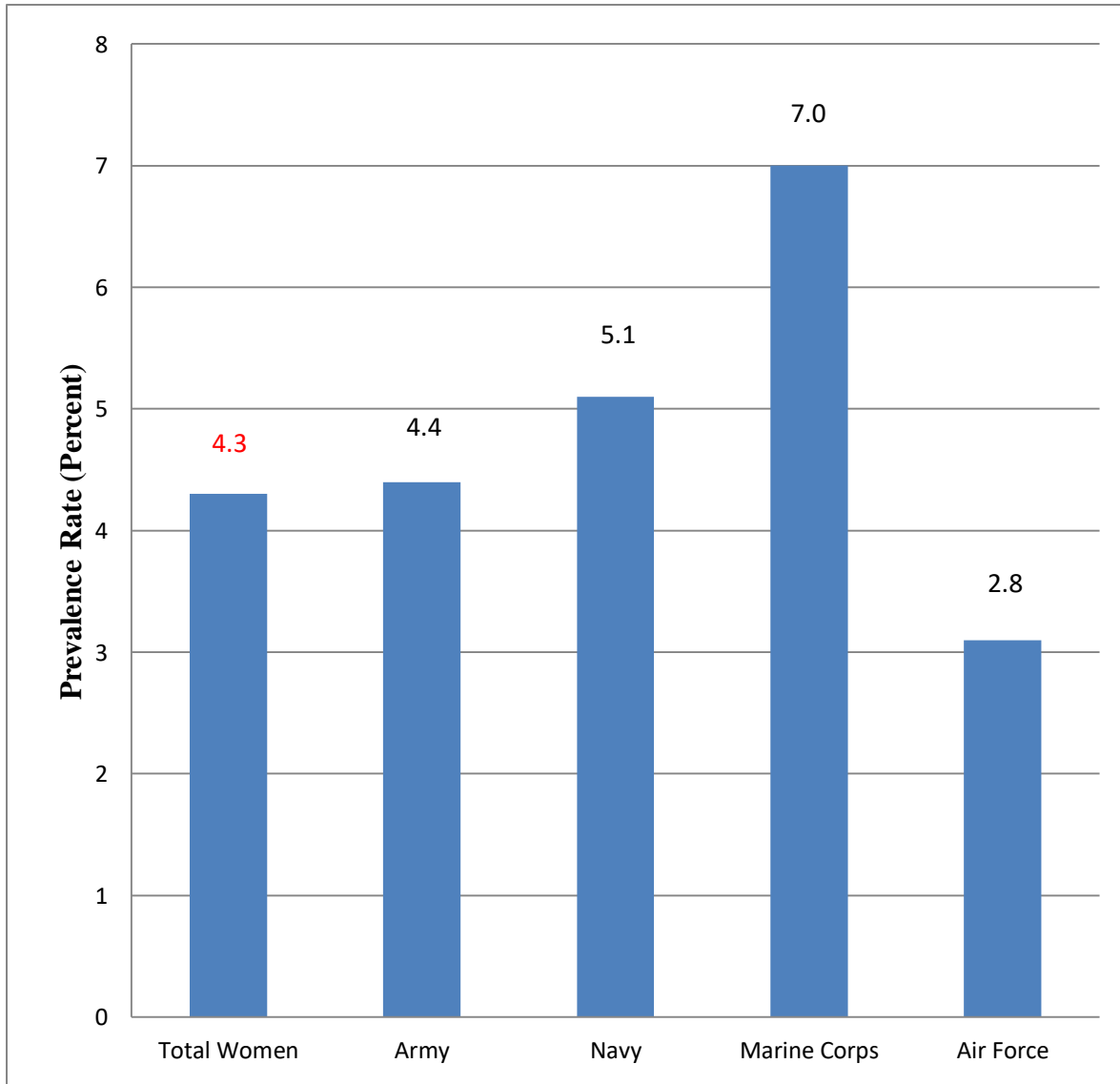
Academy Women



APY Academic Program Year

Source: DOD SAPRO & Office of Diversity Management and Equal Opportunity. (2017).

Appendix C: Sexual Assault Prevalence Rates for Active Duty Women by Military Service Branch—2016



Source: Office of People Analytics. (2017).

Appendix D: Types of Retaliation and Investigative Authority

Type of Retaliation	What is it, and what does it include?	Investigative Authority
Reprisal (professional retaliation)	Adverse personnel actions by chain of command against the individual making a report. <ul style="list-style-type: none"> • Interference with promotion • Unwarranted disciplinary action or negative performance evaluation • Involuntary transfer / reassignment • Unfair decision about pay, benefits, awards, or training • Making or threatening significant change in duties / responsibilities not commensurate with grade / rank 	DOD Inspector General (IG)
Ostracism (social retaliation)	Social exclusion by anyone against the individual making a report. <ul style="list-style-type: none"> • Disparate treatment by and among peers • Exclusion from social acceptance, privilege, or friendship • Workplace incivility • Individuals distancing themselves from the victim • Victim-blaming • Excluded from social activities or interactions • Harassing or “unfriending” on social media 	Military Criminal Investigative Organizations, law enforcement or commander-directed investigations
Maltreatment or Criminal Retribution	Criminal misconduct by anyone against the individual making a report. <ul style="list-style-type: none"> • Cruelty or maltreatment • Destruction of property • Stalking • Assault • Threats • Obstruction of justice • Other crimes 	Military Criminal Investigative Organizations, law enforcement or commander-directed investigations

Source: Kamarck, K. N., & Torreon, B. S. (2017).

Appendix E: Initial Contact Script

PROTOCOL TITLE: The Role of Interest Groups in Shaping U.S. Governmental Responses to Military Sexual Trauma

The co-investigator will follow the recruitment protocol to identify the potential participants to call:

When speaking to a receptionist or operator at the organization or office:

“Hello, my name is _____. Can you please connect me to _____, the communications or public relations office? Thank you.”

If transferred to a voicemail, the co-investigator will leave the following message for the potential interview participant:

“Hello, my name is _____. I am a graduate student at the University of New Mexico College of Nursing. I’m conducting a study about the role of interest groups in legislative and other governmental responses to military sexual trauma. I am hoping to interview representatives or staff of organizations or legislative / governmental offices who have been involved in activities related to prevention of military sexual trauma or support for service members or veterans who were victims of military sexual trauma. I would appreciate it if you would contact me at _____ (phone number) to help me identify individuals in your organization / office who are knowledgeable about those issues so I can contact them to see if they would be willing to be interviewed. Thank you, and have a great day!”

If no phone number is available, but an email address is available, the following email will be send to the potential participant:

“Dear _____: I am a graduate student at the University of New Mexico College of Nursing. I’m conducting a study about the role of interest groups in legislative and other governmental responses to military sexual trauma. I am hoping to interview representatives or staff of organizations or legislative / governmental offices who have been involved in activities related to prevention of military sexual trauma or support for victims of military sexual trauma. I would appreciate it if you would contact me at _____ (phone number) or by e-mail reply to help me identify individuals in your organization / office who are knowledgeable about those issues so I can contact them to see if they would be willing to be interviewed. I look forward to hearing from you. Thank you, and have a great day!”

Sincerely, *Fabrice A. Williams-Church* (co-investigator)

Appendix F: Research Flyer

Does your organization deal with issues related to military sexual assault?

If so, researchers from the University of New Mexico College of Nursing would like to speak with you. We are interested in learning about activities of organizations focused on bringing about effective policy change related to the issue of military sexual assault (MST). We are conducting interviews with leaders and staff of your organization to better understand how voluntary organizations and interest groups work to bring issues and proposed legislation to the attention of legislators and policy makers. We are also interested in learning about whether and how organizations collaborate in moving legislative or policy proposals to the agenda of appropriate decision-making bodies.



If you are interested in learning more about the study, please contact Patricia Harnois-Church via email at pharnois-church@salud.unm.edu by (date). Thank you for your consideration.

Researchers of the Study

Patricia A. Harnois-Church, MSN, MHA, RN is a PhD candidate at the University of New Mexico, College of Nursing and nursing faculty at East Tennessee State University, College of Nursing.

Mark Parshall, PhD, RN, FAAN is Professor and Interim Research Chair, University of New Mexico, College of Nursing.

Purpose of the Research

The purpose of this study is to describe the activities and strategies of voluntary organizations and interest groups engaged in efforts focused on prevention of MST and advocacy for victims of MST.

Study Procedures

Participation in the study is voluntary.

Participation will consist of an interview with a researcher that should take 45 to 60 minutes or less. The inter-views are focused on activities of organizations that have been involved in efforts to heighten awareness of issues related to prevention of MST and advocacy for victims of MST. Unless participants request otherwise, interviews will be recorded via web-conferencing or by telephone that can be set up at a time that is convenient for the participant. Interviews will be recorded and transcribed for accuracy, but identifying information not be collected. There is no compensation for participating, but your responses will help researchers better understand activities, strategies, and collaborative efforts of organizations committed to advocating for the needs of victims of MST as well as preventive efforts.

Appendix G: Recruitment Script

PROTOCOL TITLE: The Role of Interest Groups in Shaping U.S. Governmental Responses to Military Sexual Trauma

When speaking to the potential interview participant:

“Hello, my name is Patty Harnois-Church. I am a graduate student at the University of New Mexico College of Nursing. I am also a Registered Nurse. I am conducting a research study under the direction of Dr. Mark Parshall, a faculty member of the College of Nursing. We are conducting a study about the role of interest groups in legislative and other governmental responses to military sexual trauma. I am hoping to interview representatives or staff of organizations or legislative / governmental offices who have been involved in activities related to prevention of military sexual trauma or support for victims of military sexual trauma. I was referred to you by _____ and was told you were/understand you are) knowledgeable about those issues. Do you have a few minutes to hear about the study?”

(If the person says “Yes,” continue with the script. If the person would prefer to hear about the study at another time, determine a better time to call back to discuss the study. If the answer is “No”, thank them for their time.)

“The purpose of the study is to describe the political strategies of national-interest groups engaged in activities focused on prevention of military sexual trauma (MST) and advocacy for victims of MST. I am conducting one-time interviews with individuals who have been involved with efforts to combat MST and support survivors of MST through legislative or regulatory initiatives, lobbying, or efforts to increase public awareness.

The interviews in most cases take about 30 to 40 minutes to complete via web-conferencing or over the phone, and interview responses will be anonymous. Participation is voluntary, and participants can decline to answer any questions they prefer not to answer. Participants can also stop the interview at any time, no questions asked.

Do you think you would be interested in being interviewed for the study? When would be a good time for you to participate in an interview?

(If the person says now would be a good time, continue with consent script. If the person says that another time would be better, schedule a time to call back.)

Appendix H: Consent Script

PROTOCOL TITLE: The Role of Interest Groups in Shaping U.S. Governmental Responses to Military Sexual Trauma

(Follow this script when speaking with the potential participant at the time they agreed to discuss the study and potentially participate in the interview.)

My name is Patricia Harnois-Church. I am a graduate student at the University of New Mexico College of Nursing. I am conducting this study under the direction of Dr. Mark Parshall, a faculty member of the College. The purpose of the research is to find out about the political strategies of national-interest groups engaged in activities focused on prevention of military sexual trauma (MST) and advocacy for its victims.

Participation in this study is completely voluntary and you may choose not to participate. Participation will involve participating in a single interview via web-conferencing or phone, as you prefer.

The interview ordinarily takes about 45 to 60 minutes or less to complete. You can refuse to answer any of the questions at any time, and you are free to stop participating at any time. There is no penalty for declining to answer questions. The interview is conducted at one time unless you request otherwise.

Interview responses will not be linked to information that might identify you or where you work. There is no direct benefit to participants of this study. However, the study findings will help provide information on how interest groups influence or shape governmental responses to MST, factors that affect whether or not interest groups accomplish their policy goals (for example legislation or increasing public awareness), and how interest groups interact with each other and with legislative and other governmental offices.

There are no known risks to participation in this study, but it is possible that some individuals may experience discomfort answering some questions. Interviews are recorded unless you request otherwise. The purpose of recording is just to make sure that responses have been accurately noted. Recordings will be transcribed and will be destroyed once transcripts are completed and verified against the recording. All of the interview transcripts rendered anonymous and will be stored in a secure, encrypted platform until the study is closed.

Consent:

“Do you have any questions?”

(Answer all questions presented by the potential participant)

“Do you agree to participate in this study?”

(If the participant states “Yes”, continue with script and document oral consent below. If the participant answers “No”, thank them for their time.)

“If you have any questions about this research project, please feel free to call Mark Parshall, PhD, RN at (505) 272-8248, or you may call the UNM Health Sciences Center, Office of Human Research Protections at 505-272-1129.”

Documentation of Consent

Name of Subject:

I have read this form to the participant. An explanation of the research was given and all questions from the subject were answered to the subject's satisfaction.

In my judgment, the subject has demonstrated comprehension of the information and meets the eligibility criteria for the study. The participant has provided oral consent to participate in this study.

The participant consented to be interviewed by web conferencing ; by phone .

The participant consented to have the interview recorded: Yes ; No .

Printed Name and Title of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

At the conclusion of the interview:

Your interview responses will not be linked to the information I obtained to contact you and set up the interview. I will not maintain your contact information unless you request that I provide you with a brief summary of study findings at the conclusion of the study.

The participant does does not wish to receive a summary of study findings.

Appendix I: Interview Questions Guide for Interest Group/Organization

1. How long have you been involved with (name of group)?
 - a. Prompt: How did you become involved with (name of group)?
2. What is your position or role in the organization?
 - a. Prompt: How long have you been in that position?
 - b. Prompt: How would you describe your responsibilities?
3. How would you describe your involvement in developing policies or legislative strategy for this organization?
4. How has your organization been involved with attempts to develop or change policy or legislation related to military sexual trauma?
5. How has your organization interacted with
 - a. Legislators or legislative staff or committees?
 - b. Executive branch agencies (e.g., DoD)?
 - c. Military service branches?
6. How does your organization arrive at a policy position related to prevention or treatment of military sexual assault?
7. How is that information shared with or communicated to legislators and their staff?
8. How does your organization communicate its positions and concerns about MST to the general public?
9. What do you see as the key factors that facilitate or assist your organization to accomplish its policy goals in regard to military sexual assault?
10. How does the organization go about gaining support for its goals of policy change that relate to military sexual assault?
 - a. Prompt: What kinds of organizational activities help gain the attention of legislators, government officials, or the general public?
 - b. Prompt (if applicable): What, if any, incentives or assistance do you offer to members to engage them in showing support for your organization's positions or advocacy related to MST?
11. How does your organization communicate or collaborate with other organizations involved with issues related to MST?
 - a. Prompt (if applicable): In what ways have collaborations or coalitions with other groups helped or hindered your organization to achieve its policy or public awareness goals with respect to MST?
 - b. Prompt: What kinds of inertia or opposition have your organization run into pursuing its policy or public awareness goals with respect to MST?
12. What have been your organizations greatest successes so far? What do you see as its greatest challenges?
13. Who else should I be talking to?

- a. Prompt: Are there specific legislators, staff of legislative committees, DoD, service branch personnel engaged in MST prevention who you know who would be good resources for this project?

14. Is there anything else you would like to share with me on this topic?

Before we conclude, if you will permit me, I would like to summarize briefly a few key points of our interview to ensure that I have understood correctly. Please feel free to correct anything you feel I have not understood. Thank you very much for taking the time to participate in this study.

Appendix J: Interview Questions Guide for Legislative Staff or Others

1. How long have you worked in your office or on your committee?
 - a. Prompt: How did you go about getting this position?
2. What is your title and role in the office you work or committee you serve on?
 - a. Prompt: How long have you been in that position?
 - b. Prompt: How would you describe your responsibilities?
3. How would you describe your involvement in handling policy issues for this office or committee?
4. How has your office or committee been involved with attempts to develop or change policy or legislation related to military sexual trauma?
5. How has your office or committee interact with
 - a. Other legislators or legislative staff or committees?
 - b. Executive branch agencies (e.g., DoD)?
 - c. Military service branches?
6. How does your office or committee arrive at a policy position related to prevention or treatment of military sexual trauma?
7. How is that information distributed or communicated to other legislators and their staff?
8. How does your office or committee communicate its position and concerns about MST to organizations that deal with this issue and the general public?
9. What do you see as the key factors that facilitate or assist your office or committee to accomplish its policy goals in regard to military sexual assault?
10. How does your office or committee go about gaining support from other legislators and groups for its goals of policy change that relate to military sexual trauma
 - a. Prompt: What kinds of information and documents from your office help gain the attention of other legislators, government officials, or groups that focus on the issue of MST?
 - b. Prompt (if applicable): What, if any, incentives or assistance does your office offer to other legislators or groups engaged in showing support for your office's position or advocacy related to MST?
11. How does your office or committee communicate or collaborate with other legislators and organizations involved with issues related to MST?
 - a. Prompt (if applicable): In what ways have collaborations or coalitions with other legislators or groups helped or hindered your office or committee to achieve its policy or public awareness goals with respect to MST?

- b. Prompt: What kinds of inertia or opposition from other legislators or groups have your office or committee run into pursuing its policy position or public awareness goals with respect to MST?
12. What have been your office's or committee's greatest successes so far? What do you see as its greatest challenges?
 13. Who else should I be talking to?
 - a. Prompt: Are there other legislators, staff of legislative committees, DoD, service branch personnel engaged in MST prevention who you know who would be good resources for this project
 14. Is there anything else you would like to share with me on this topic?

Before we conclude, if you will permit me, I would like to summarize briefly a few points of our interview to ensure that I have understood correctly. Please feel free to correct anything you feel I have not understood. Thank you very much for taking the time to participate in this study.

Appendix K: Summary of Recruitment and Interviews

January 2017

- 17th: Letter received from the UNM Human Research Review Committee (HRRC), Human Research Protections Office indicating approval of the study.
- Phone calls made to two national interest groups.
- Initial emails sent to one national interest group.

February 2017

- Phone calls made to one national interest group and seven lobbyist groups.
- Initial emails sent to one national interest group and four lobbyist groups.
- 10th: Interviewed one national interest group participant and transcribed notes.

March 2017

- Phone calls made to four lobbyist groups.
- Initial emails sent to two lobbyist groups.
- Follow-up emails sent to one national interest group and one lobbyist group.
- 24th: Interviewed one national interest group participant and transcribed notes.

April 2017

- Phone calls made to four national interest groups and two lobbyist groups.
- Initial email sent to one national interest group.
- 26th: Interviewed one national interest group participant and transcribed notes.

May 2017

- Phone calls made to six Senators' offices and seven Representatives' offices.
- Initial emails sent to two national interest groups, four staffers of members of the U.S. Senate, and four staffers of members of the U.S. House of Representatives.

- Follow-up emails sent to two national interest groups and two lobbyist groups.

June 2017

- Phone calls made to 27 Representatives' offices and 11 Senators' offices.
- Initial emails sent to 15 staffers of members of the U.S. House of Representative and five staffers of members of the U.S. Senate.
- Follow-up emails sent to five staffers of members of the U.S. House of Representative and four staffers of the U.S. Senate.
- 6th: Interviewed one staffer of a member of the U.S. House of Representative and transcribed notes.

July 2017

- Phone calls made to 22 staffers of members of the U.S. Senate.
- Initial emails sent to one staffer of a member of the U.S. House of Representative and nine staffers of members of the U.S. Senate.
- Follow-up emails sent to one national interest group, 13 staffers of members of the U.S. House of Representative, and 13 staffers of members of the U.S. Senate.
- 14th: Interviewed one staffer of a member of the U.S. House of Representative.
- 26th: Interviewed one national interest group participant.

August 2017

- Phone calls made to four national interest groups and two staffers of members of the U.S. House of Representatives.
- Initial emails sent to four national interest groups and one staffer of a member of the U.S. House of Representatives.

- Follow-up emails sent to four national interest groups, one staffer of a member of the U.S. House of Representatives, and six staffers of members of the U.S. Senate.

October 2017

- Transcribed two interviews conducted in July.

References

- Ainuson, K. (2009). An advocacy coalition approach to water policy change in Ghana: A look at belief systems and policy oriented learning. *Journal of African Studies and Development, 1*(2), 16-27.
- Allard, C. B., Nunnink, S., Gregory, A. M., Klest, B., & Platt, M. (2011). Military sexual trauma research: A proposed agenda. *Journal of Trauma & Dissociation, 12*(3), 324-345. doi:10.1080/15299732.2011.542609
- American Nurses Association. (2015). *Official ANA position statements*. Retrieved May 11, 2015, from <https://www.nursingworld.org/practice-policy/nursing-excellence/official-Position-statements/>
- Armstrong, E. M., Carpenter, D. P., & Hojnacki, M. (2006). Whose deaths matter? Mortality, advocacy, and attention to disease in the mass media. *Journal of Health Politics, Policy and Law, 31*(4), 729-772. doi:10.1215/03616878-2006-002
- Baechtold, M., & DeSawal, D. M. (2009). Meeting the needs of women veterans. *New Directions for Student Services, 2009*(126), 35-43. doi:10.1002/ss.314
- Baltrushes, N., & Karnik, N. S. (2013). Victims of military sexual trauma—you see them, too. *Journal of Family Practice, 62*(3), 120-125.
- Baumgartner, F. R., Berry, J. M., Hojnacki, M., Kimball, D. C., & Leech, B. L. (2009). *Lobbying and policy change: Who wins, who loses, and why*. Chicago, IL: University of Chicago Press.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544-559. Retrieved from <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1573&context=tqr>
- Bennett, C. J., & Howlett, M. (1992). The lessons of learning: Reconciling theories of policy learning and policy change. *Policy Sciences, 25*(3), 275-294.
- Berry, J. M. (1978). On the origins of public interest groups: A test of two theories. *Polity, 10*(3), 379-397.
- Best, R. K. (2012). Disease politics and medical research funding: Three ways advocacy shapes policy. *American Sociological Review, 77*(5), 780-803. doi:10.1177/0003122412458509

- Black, M. C., & Merrick, M. T. (2013). *Prevalence of intimate partner violence, sexual violence, and stalking among active duty women and wives of active duty men—Comparisons with women in the U.S. general population, 2010*. Retrieved from National Center for Injury Prevention and Control, Atlanta, GA: http://www.sapr.mil/public/docs/research/2010_National_Intimate_Partner_and_Sexual_Violence_Survey-Technical_Report.pdf
- Bogda, R., & Biklen, S. K. (1998). *Qualitative research for education: An introduction to theory and method*. Boston, MA: Allyn & Bacon.
- Bond, J. R., & Smith, K. B. (2013). *Analyzing American democracy: Politics and political science*. New York, NY: Taylor & Francis.
- Bostock, D. J., & Daley, G. (2007). Lifetime and current sexual assault and harassment: Victimization rates of active-duty United States Air Force women. *Violence Against Women, 13*(9), 927-944. doi:10.1177/1077801207305232
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization--National Intimate Partner And Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report. Surveillance Summaries, 63*(8), 1-18. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4692457/pdf/nihms745990.pdf>
- Britzman, D. (1989). Who has the floor? Curriculum, teaching and the English student teacher's struggle for voice. *Curriculum Inquiry, 19*(2), 143-162.
- Browne, K. R. (2007). Military sex scandals from Tailhook to the present: The cure can be worse than the disease. *Duke Journal of Gender Law & Policy, 14*(2), 749-789.
- Campbell, R., & Raja, S. (2005). The sexual assault and secondary victimization of female veterans: Help seeking experiences with military and civilian social systems. *Psychology of Women Quarterly, 29*(1), 97-106. doi:10.1111/j.1471-6402.2005.00171.x
- Caplan, P. J. (2013). Sexual trauma in the military: Needed changes in policies and procedures. *Women's Policy Journal of Harvard, 10*(Spring 2013), 10-21.
- Castro, C. A., Kintzle, S., Schuyler, A. C., Lucas, C. L., & Warner, C. H. (2015). Sexual assault in the military. *Current Psychiatry Reports, 17*(7), 54. doi:10.1007/s11920-015-0596-7
- Cater, J. K., & Leach, J. (2011). Veterans, military sexual trauma and PTSD: Rehabilitation planning implications. *Journal of Applied Rehabilitation Counseling, 42*(2), 33-40.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.

- Cortina, L. M., & Berdahl, J. L. (2008). Sexual harassment in organizations: A decade of research in review. In J. Barling & C. L. Cooper (Eds.), *The Sage Handbook of Organizational Behavior* (Vol. 1, pp. 469-497). Thousand Oaks, CA: Sage.
- Counseling and treatment for sexual trauma, 38 U.S. C. Sec. 1720D. (2011). Retrieved from <https://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/html/USCODE-2011-title38-partII-chap17-subchapII-sec1720D.htm>
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W., Hanson, W. E., Plano, V. L. C., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35(2), 236-264.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice*, 39(3), 124-130.
- Cushman Jr., J. (2013, June 28). Adm. Frank B. Kelso dies at 79; Tied to Tailhook scandal. *New York Times*. Retrieved from <https://www.nytimes.com/2013/06/29/us/adm-frank-b-kelso-dies-at-79-tied-to-tailhook-scandal.html>
- Davies, D., & Dodd, J. (2002). Qualitative research and the question of rigor. *Qualitative Health Research*, 12(2), 279-289.
- Defense Manpower Data Center. (2013, March 15). *Survey note: 2012 Workplace and gender relations survey of active duty members*. Retrieved from http://www.sapr.mil/public/docs/research/2012_Workplace_and_Gender_Relations_Survey_of_Active_Duty_Members-Survey_Note_and_Briefing.pdf
- Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed. pp. 1-20). Thousand Oaks, CA: Sage.
- Department of Defense. (1995, August 18). Department of Defense Directive No. 1350.2 (Certified Current as of November 21, 2003; Incorporating Change 2, June 8, 2015): Department of Defense Military Equal Opportunity (MEO) program. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/135002p.pdf>
- Department of Defense. (2004). *Task force report on care for victims of sexual assault*. Retrieved from <http://www.sapr.mil/public/docs/reports/task-force-report-for-care-of-victims-of-sa-2004.pdf>

- Department of Defense. (2005, October 6). Department of Defense Directive No. 6495.01: Sexual Assault Prevention and Response (SAPR) program (Incorporating Change 1, November 7, 2008). Retrieved from <https://www.hsdl.org/?view&did=233698>
- Department of Defense. (2013, March 28). Department of Defense Directive No. 6495.02: Sexual Assault Prevention and Response (SAPR) program procedures (Incorporating Change 3, May 24, 2017). Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649502p.pdf>
- Department of Defense. (2014). *Report to the President of the United States on sexual assault prevention and response*. Retrieved from http://www.sapr.mil/public/docs/reports/FY14_POTUS/FY14_DoD_Report_to_POTUS_SAPRO_Report.pdf
- Department of Defense Office of the Assistant Secretary of Defense Health Affairs. (2014). *Response to Senate report 113-44, Report on the medical management of sexual assault cases*. Retrieved from <https://health.mil/Reference-Center/Reports/2014/05/20/Medical-Management-of-Sexual-Assault-Cases>
- Department of Defense. (2017). Department of Defense press briefing on sexual assault in the military at the Pentagon. Retrieved from <https://dod.defense.gov/News/Transcripts/Transcript-View/Article/1168915/departments-of-defense-press-briefing-on-sexual-assault-in-the-military-at-the-p/>
- Department of Defense, Sexual Assault Prevention and Response Office. (n.d.-a). Prevention program elements: Incentives to promote prevention. Retrieved from <http://www.sapr.mil/index.php/prevention/prevention-program-elements>
- Department of Defense, Sexual Assault and Prevention Office. (n.d.-b). Reporting options. Retrieved from <http://www.sapr.mil/index.php/reporting-options>
- Department of Defense, Sexual Assault Prevention and Response. (2012). *Annual report on sexual harassment and violence at the military service academies: Academic program year 2011 – 2012*. Retrieved from http://www.sapr.mil/public/docs/reports/FINAL_APY_11-12_MSA_Report.pdf
- Department of Defense, Sexual Assault Prevention and Response. (2013). *Department of Defense annual report on sexual assault in the military: Fiscal year 2012* (Vol. 1). Retrieved from http://www.sapr.mil/public/docs/reports/FY12_DoD_SAPRO_Annual_Report_on_Sexual_Assault-VOLUME_ONE.pdf
- Department of Defense, Sexual Assault Prevention and Response Office. (2018). *Annual report on sexual assault in the military: Fiscal year 2016*. Retrieved from http://sapr.mil/public/docs/reports/FY16_Annual/FY16_SAPRO_Annual_Report.pdf

- Department of Defense, Sexual Assault Prevention and Response Office, & Office of Diversity Management and Equal Opportunity. (2018). *Annual report on sexual harassment and violence at the military service academies: Academic program year 2015 – 2016*. Retrieved from http://sapr.mil/public/docs/reports/MSA/APY_15-16/APY_15_16_MSA_Report_v2.pdf
- Department of the Air Force. (2010). *Air Force Instruction 36-2706: Equal Opportunity Program--Military and civilian*. Retrieved from <https://www.af.mil/Portals/1/documents/eeo/afi-36-2706.pdf>
- Department of Veterans Affairs. (2018). *Military sexual trauma*. Retrieved from <https://www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp>
- DeSantis, L., & Ugarriza, D. N. (2000). The concept of theme as used in qualitative nursing research. *Western Journal of Nursing Research*, 22(3), 351-372. doi:10.1177/019394590002200308
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, 40(4), 314-321. doi:10.1111/j.1365-2929.2006.02418.x
- Dick, K. (2012). *The invisible war*. United States: Documentary, Cinedigm Entertainment Group. doi:10.1177/0095327X06287883
- Dougherty, D., & Smythe, M. (2004). Sensemaking, organizational culture, and sexual harassment. *Journal of Applied Communication Research*, 32(4), 292-317. doi:10.1080/0090988042000275998
- Downs, A. (1967). *Inside bureaucracy: A RAND Corporation research study*. Boston: Little, Brown.
- Dumez, H. (2015). What is a case, and what is a case study? *Bulletin of Sociological Methodology/Bulletin de Méthodologie Sociologique*, 127(1), 43-57. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/0759106315582200> doi:10.1177/0759106315582200
- Dutra, L., Grubbs, K., Greene, C., Trego, L. L., McCartin, T. L., & Kloezeman, K. (2010). Women at war: Implications for mental health. *Journal of Trauma & Dissociation*, 12(1), 25-37. doi:10.1080/15299732.2010.496141
- Estabrooks, E. (2013). In search of the arc: The path to justice for women in the military. *Columbia Social Work Review*, IV, 46-56.
- Fazio, T. (2018, November 22). Let women be warriors: It's time to stop questioning whether women should be in combat units. *New York Times*. Retrieved from <https://www.nytimes.com/2018/11/22/opinion/let-women-be-warriors.html>

- Felsman, J. P. (2014). "To support and defend" against sexual misconduct: Calling on future military leaders to bridge the cultural divide. *Ohio State Journal of Criminal Law*, 11(2), 353-387.
- Ferdinand, L. G., Kelly, U. A., Skelton, K., Stephens, K. J., & Bradley, B. (2011). An evolving integrative treatment program for military sexual trauma (MST) and one veteran's experience. *Issues in Mental Health Nursing*, 32(9), 552-559. doi:10.3109/01612840.
- Fitzgerald, C. E. (2010). Improving nurse practitioner assessment of women veterans. *Journal of the American Academy of Nurse Practitioners*, 22(7), 339-345. doi:10.1111/j.1745-7599.2010.00520.x
- "Frank Kelso". (n.d., April 24, 2018). *Wikipedia*. Retrieved from https://en.wikipedia.org/wiki/Frank_Kelso
- Freedy, J. R., Magruder, K. M., Mainous, A. G., Frueh, B. C., Geesey, M. E., & Carnemolia, M. (2010). Gender differences in traumatic event exposure and mental health among veteran primary care patients. *Military Medicine*, 175(10), 750-758.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12(2), 219-245.
- Garamone, J. (2018). Mattis: More data needed to assess women's effectiveness in combat arms. *DoD News*. Retrieved from <https://dod.defense.gov/News/Article/Article/1645598/mattis-more-data-needed-to-assess-womens-effectiveness-in-combat-arms/>
- Gilberd, K. (2017, July). Challenging military sexual violence: A guide to sexual assault and sexual harassment policies in the US Armed Forces for servicemembers, MSV survivors and their advocates. Retrieved from <https://www.servicewomen.org/wp-content/uploads/2017/10/MSV-Guide-201707-1.pdf>
- Government Accountability Office. (2014). *Military sexual trauma: Improvements made, but VA can do more to track and improve the consistency of disability claim decisions*. (Publication No. GAO-14-477). Retrieved from <https://www.gao.gov/assets/670/663964.pdf>
- Grossman, G. M., & Helpman, E. (2001). *Special interest politics*. Cambridge, MA: Massachusetts Institute of Technology.
- Guest, G., Namey, E. E., & Mitchell, M. L. (2013). *Collecting qualitative data: A field manual for applied research*. Thousand Oaks, CA: Sage.
- Hall, L. K. (2011). The importance of understanding military culture. *Social Work in Health Care*, 50(1), 4-18. doi:10.1080/00981389.2010.513914

- Harman, J. (2008, March 31). Rapists in the ranks: Sexual assaults are frequent, and frequently ignored, in the armed services. *Los Angeles Times*. Retrieved from <http://www.latimes.com/news/la-oe-harman31mar31,0,5094340.story>
- Harrington, E. F., Crowther, J. H., Henrickson, H. C., & Mickelson, K. D. (2006). The relationships among trauma, stress, ethnicity, and binge eating. *Cultural Diversity and Ethnic Minority Psychology, 12*(2), 212-229. doi:10.1037/1099-9809.12.2.212
- Haskell, S. G., Gordon, K. S., Mattocks, K., Duggal, M., Erdos, J., Justice, A., & Brandt, C. A. (2010). Gender differences in rates of depression, PTSD, pain, obesity, and military sexual trauma among Connecticut war veterans of Iraq and Afghanistan. *Journal of Women's Health, 19*(2), 267-271. doi:10.1089/jwh.2008.1262
- Hearing on pending benefits legislation, Hearing before the Committee on Veterans' Affairs, U.S. Senate, (S. HRG. 113-111), 113th Cong., (2013)*. Retrieved from <https://www.gpo.gov/fdsys/pkg/CHRG-113shrg82714/pdf/CHRG-113shrg82714.pdf>
- Hillman, E. L. (2009). Front and center: Sexual violence in U. S. military law. *Politics & Society, 37*(1), 101-130. doi:10.1177/0032329208329753
- Hogg, C. (1999). *Patients, power & politics: From patients to citizens*. Thousand Oaks, CA: Sage.
- Hojnacki, M. (1997). Interest groups' decisions to join alliances or work along. *American Journal of Political Science, 41*(1), 61-87.
- Human Rights Watch (HRW). (2015). *Embattled: Retaliation against sexual assault survivors in the US military*. Retrieved from <https://www.hrw.org/report/2015/05/18/embattled/retaliation-against-sexual-assault-survivors-us-military>
- Human Rights Watch (HRW). (2016). BOOTED: Lack of recourse for wrongfully discharged US military rape survivors. Retrieved from https://www.hrw.org/sites/default/files/report_pdf/us0516_militaryweb_1.pdf
- Hyun, J. K., Kimerling, R., Cronkite, R. C., McCutcheon, S., & Frayne, S. M. (2012). Organizational factors associated with screening for military sexual trauma. *Women's Health Issues, 22*(2), e209-e215. doi:10.1016/j.whi.2011.09.001
- Iraq and Afghanistan Veterans of America. (2018a). Blog. Retrieved from <http://iava.org/blog/>
- Iraq and Afghanistan Veterans of America. (2018b). Rapid Response Referral Program. Retrieved from <http://iava.org/rrrp-contact-us/>

- Iraq and Afghanistan Veterans of America. (2018c). Storm the Hill. Retrieved from <http://iava.org/storm-the-hill/>
- Iraq and Afghanistan Veterans of America (IAVA). (n.d.-a). IAVA. Retrieved from <http://iava.org>
- Iraq and Afghanistan Veterans of America. (n. d.-b). Let's have a VetTogether. Retrieved from <http://iava.org/vettogether/>
- Jane Doe v. Franklin Lee Hagenbeck, William E. Rapp, and the United States on appeal from the U. S. District Court for the Southern District of New York; Brief of Amici Curiae: Service Women's Action Network, National Lawyers Guild's Military Law Task Force, National Veterans Council for Legal Redress, National Veterans Legal Services Program, Not in My Marine Corps, Common Defense, Georgia Military Women, Women Veterans United Committee Inc., and Protect Our Defenders, In Support of Plaintiff-Appellant Jane Doe and Urging Reversal, No. 18-185 (U. S. Court of Appeals for the Second Circuit 2018).
- Jane Doe 2 et al., v. Donald J. Trump et al., on appeal from the United States District Court for the District of Columbia: Brief of the Service Women's Action Network and other veterans service organizations and veterans advocacy groups as amici curiae in support of affirmance, No. 18-5257 (U. S. Court of Appeals for the District of Columbia Circuit 2018).
- Janus v. American Federation of State, County, and Municipal Employees, Council 31, et al., 585 U. S. Ct.(2018). Retrieved from https://www.supremecourt.gov/opinions/17pdf/16-1466_2b3j.pdf
- Jenkins-Smith, H. C., & Sabatier, P. A. (1994). Evaluating the Advocacy Coalition Framework. *Journal of Public Policy*, 14(2), 175-203.
- Joint Chiefs of Staff. (1995). *Joint doctrine for military operations other than war* (Joint Pub 3-07). Retrieved from Defense Systems Information Analysis Center, Belcamp, MD: https://www.dsiac.org/sites/default/files/reference-documents/jcs_jp_3-07_joint_doctrine_for_military_operations_other_than_war_19950616.pdf
- Judicial Proceedings Panel. (2016). *Report on retaliation related to sexual assault offenses*. Office of the Secretary of Defense. Retrieved from http://jpp.whs.mil/Public/docs/08-Panel_Reports/04_JPP_Retaliatio_n_Report_Final_20160211.pdf
- Kamarck, K. N., Kapp, L., & Torreon, B. S. (2017, December 14). *FY 2018 National Defense Authorization Act: Selected military personnel issues* (Congressional Research Service Report No. R44923). Retrieved from <https://fas.org/sgp/crs/natsec/R44923.pdf>

- Kamarck, K. N., & Torreon, B. S. (2017). *Military sexual assault: A framework for Congressional oversight* (CRS Report No. R44944). Retrieved from Congressional Research website: <http://fas.org/sgp/crs/natsec/R44944.pdf>
- Kang, H., Dalager, N., Mahan, C., & Ishii, E. (2005). The role of sexual assault on the risk of PTSD among Gulf War veterans. *Annals of Epidemiology*, *15*(3), 191-195. doi:10.1016/j.annepidem.2004.05.009
- Kelty, R., Kleykamp, M., & Segal, D. R. (2010). The military and the transition to adulthood. *The Future of Children*, *20*(1), 181-207. doi:10.1353/foc.0.0045
- Kimerling, R., Gima, K., Smith, M. W., Street, A., & Frayne, S. (2007). The Veterans Health Administration and military sexual trauma. *American Journal of Public Health*, *97*(12), 2160-2166.
- Kimerling, R., Pavao, J., Valdez, C., Mark, H., Hyun, J. K., & Saweikis, M. (2011). Military sexual trauma and patient perceptions of Veteran Health Administration health care quality. *Women's Health Issues*, *21*(4, Suppl.), S145-S151. doi:10.1016/j.whi.2011.04.007
- Kimerling, R., Street, A. E., Pavao, J., Smith, M. W., Cronkite, R. C., Holmes, T. H., & Frayne, S. M. (2010). Military-related sexual trauma among Veterans Health Administration patients returning from Afghanistan and Iraq. *American Journal of Public Health*, *100*(8), 1409-1412. doi:10.2105/AJPH.2009.171793
- Kingdon, J. W. (2011). *Agendas, alternatives, and public policies* (updated 2nd ed.). Glenview, IL: Pearson.
- Kintzle, S., Schuyler, A. C., Ray-Letourneau, D., Ozuna, S. M., Munch, C., Xintarianos, E., . . . Castro, C. A. (2015). Sexual trauma in the military: Exploring PTSD and mental health care utilization in female veterans. *Psychological Services*, *12*(4), 394-401. doi:10.1037/ser0000054
- Kitfield, J. (2012). The enemy within. *National Journal*, (September 13, 2012). Retrieved from <https://www-nationaljournal-com.libproxy.unm.edu/s/636235/enemy-within?mref=search-result>
- Klüver, H. (2011). The contextual nature of lobbying: Explaining lobbying success in the European Union. *European Union Politics*, *12*(4), 483-506. doi:10.1177/14651165114113163
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, *45*(3), 214-222.
- Landzelius, K. (2006). Introduction: Patient organization movements and new metamorphoses. *Social Science & Medicine*, *62*(3), 529-537.

- Leonard-Barton, D. (1990). A dual methodology for case studies: Synergistic use of a longitudinal single site with replicated multiple sites. *Organizational Science*, 1(3), 248-266.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lindbloom, C. E. (1992). *The policy-making process* (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Lofgren, H. (2004). Pharmaceuticals and the consumer movement: The ambivalences of 'patient power'. *Australian Health Review*, 28(2), 228-237.
- Longest, B. B. (2002). *Health policymaking in the United States* (3rd ed.). Chicago, IL: Health Administration Press.
- Loomis, B. A., & Cigler, A. J. (2002). Introduction: The changing nature of interest group politics. In A. J. Cigler & B. A. Loomis (Eds.), *Interest group politics* (6th ed., pp. 1-29). Washington, D.C.: CQ Press.
- Losey, S., & Everstine, B. (2014, September 3). Ex-Air Force instructor in prison for sex assault dies, Article. *USA Today*. Retrieved from <https://www.usatoday.com/story/news/nation/2014/09/03/military-training-instructor-sex-assault-dies-prison/15007015/>
- Lucero, G. (Winter 2015). Military sexual assault: Reporting and rape culture. *Sanford Journal of Public Policy*, 6(1), 1-32. Retrieved from <http://sites.duke.edu/sjpp/files/2015/01/Military-sexual-assault.pdf>
- Lutwak, N., & Dill, C. (2013). Military sexual trauma increases risk of post-traumatic stress disorder and depression thereby amplifying the possibility of suicidal ideation and cardiovascular disease. *Military Medicine*, 178(4), 359-361. doi:10.7205/MILMED-D-12-0042
- Madison, J. (1787). Federalist no. 10. The same subject continued (The union has a safeguard against domestic faction and insurrection). Retrieved from https://www.gutenberg.org/files/1404/1404-h/1404-h.htm#link2H_4_0010
- Markman, M. (2008). The increasingly complex world of cancer patient advocacy organizations. *Current Oncology Reports*, 10(1), 1-2.
- Mattis, J. N. (2018). Mattis delivers remarks at Virginia Military Institute. *Department of Defense Videos*: Department of Defense. Retrieved from <https://dod.defense.gov/Videos/videoId/628977/>
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Thousand Oaks, CA: Sage.

- Mendez, B. H. P., Kamarck, K. N., Kapp, L., & Torreón, B. S. (2018). *FY2019 National Defense Authorization Act: Selected military personnel issues* (Congressional Research Service Report No. R45343). Retrieved from <https://fas.org/sgp/crs/natsec/R45343.pdf>
- Merriam, S. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B. (1988). *Case study research in education: A qualitative approach*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: Jossey-Bass.
- Michalowitz, I. (2007). What determines influence? Assessing conditions for decision-making influence of interest groups in the EU. *Journal of European Public Policy*, 14(1), 132-151. doi:10.1080/13501760601072719
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data Analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- Military Justice Improvement Act (n.d.). Retrieved from <https://www.gillibrand.senate.gov/mjia>
- Military Justice Improvement Act of 2013. S. 967. 113th Congress, 1st Session, 2013. Retrieved from <https://www.congress.gov/bill/113th-congress/senate-bill/967>
- Military Justice Improvement Act of 2017. S. 2141. 115th Congress, 1st Session, 2017. Retrieved from <https://www.congress.gov/bill/115thCongress/senate-bill/2141>
- Military Retaliation Prevention Act. S. 2870. 114th Congress, 2nd Session, 2016. Retrieved from <https://www.congress.gov/bill/114th-congress/senate-bill/2870>
- Military Sexual Assault Victims Empowerment (SAVE) Act. S. 2521. 114th Congress, 2nd Session, 2016. Retrieved from <https://www.congress.gov/bill/114th-congress/senate-bill/2521>
- Moe, T. M. (1980). *The organization of interests: Incentives and the internal dynamics of political interest groups*. Chicago, IL: The University of Chicago Press.
- Montgomery, N. (2013, July 7). After 2 decades of sexual assault in military, no real change in message. *Stars and Stripes*. Retrieved from <https://www.stripes.com/news/after-2-decades-of-sexual-assault-in-military-no-real-change-in-message-1.229091>
- Morrall, A. R., Gore, K. L., Schell, T. L., Bicksler, B., Farris, C., Ghosh-Dastidar, B., . . . Williams, K. M. (2015). *Sexual assault and sexual harassment in the U.S.*

- military: Highlights from the 2014 RAND military workplace study*. Retrieved from http://www.rand.org/pubs/research_briefs/RB9841.html
- Morse, J. M. (2008). Confusing categories and themes. *Qualitative Health Research*, 18(6), 727-728.
- Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: Sage.
- Murdoch, M., Polusny, M. A., Hodges, J., & O'Brien, N. (2004). Prevalence of in-service and post-service sexual assault among combat and noncombat veterans applying for Department of Veterans Affairs posttraumatic stress disorder disability benefits. *Military Medicine*, 169(5), 392-395.
- names redacted. (2017). *FY2018 National Defense Authorization Act: Selected military personnel issues* (Congressional Research Service Report R44923). Retrieved from https://www.everycrsreport.com/files/20170822_R44923_af88a1a6eb518a342c736427c3700726deb8f5b5.pdf
- National Alliance to End Sexual Violence. (2013). Policy statement military sexual assault. Retrieved from http://www.ncdsv.org/images/NAESV_MSA-Policy-Statement_7-2013.pdf
- National Center on Domestic and Sexual Violence (2004). *An advocate's perspective: Sexual assault prevention and response in the Armed Forces*. (Testimony of Juliet Walters before the Armed Services Committee on Total Force, House of Representatives, 108th Cong. 2, 2004). Retrieved from <http://www.ncdsv.org/images/JulietWaltersTestimony.pdf>
- National Defense Authorization Act for fiscal year 2018. (2017, November 9). Conference Report to accompany H. R. 2810, 115th Congress, 1st Session (Report 115-404). Retrieved from <https://www.congress.gov/115/crpt/hrpt404/CRPT-115hrpt404.pdf>
- National Organization for Women Foundation. (2014, March 19). *Will military sexual assault survivors find justice? (Issue Advisory)*. Retrieved from <https://now.org/wp-content/uploads/2014/03/Will-Military-Sexual-Assault-Survivors-Find-Justice.pdf>
- Nelson, T. S. (2002). *For love of country: Confronting rape and sexual harassment in the U.S. military*. New York, NY: The Haworth Press, Inc.
- NLL Productivity. ACR Pro License [Call Recorder app]. (2017). Retrieved from https://play.google.com/store/apps/details?id=com.nll.acr.license&hl=en_US
- Novas, C. (2006). The political economy of hope: Patients' organizations, science, and biovalue. *Biosocieties*, 1(3), 289-305. doi:10.1017/S1745855206003024

- Obar, J. A., Zube, P., & Lampe, C. (2012). Advocacy 2.0: An analysis of how advocacy groups in the United States perceive and use social media as tools for facilitating civic engagement and collective action. *Journal of Information Policy*, 2, 1 – 25. doi:10.5325/jinfopoli.2.2012.0001
- Office of People Analytics. (2017). *2016 Workplace and gender relations survey of active duty members: Overview report* (OPA Report No. 2016-050). Retrieved from Defense Research, Surveys, and Statistics Center, Alexandria, VA: http://www.sapr.mil/public/docs/reports/FY16_Annual/Annex_1_2016_WGRA_Report.pdf
- Ogden, J. (2009). Tailhook '91 and the U.S. Navy. *Case Studies in Ethics*, 1-28. Retrieved from <https://web.duke.edu/kenanethics/CaseStudies/Tailhook&USNavy.pdf>
- Olson, M. (1971). *The logic of collective action: Public goods and the theory of groups*. Cambridge, MA: Harvard University Press.
- Paletz, D. L., Owen, D., & Cook, T. E. (2012). *21st Century American government and politics*. Los Angeles, CA: Creative Commons Corporation. Retrieved from <https://2012books.lardbucket.org/books/21st-century-american-government-and-politics/>
- “Party divisions of United States Congresses.” (2018, November 29). Retrieved from https://en.wikipedia.org/wiki/Party_divisions_of_United_States_Congresses
- Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Patient-Centered Outcomes Research Institute. (2011-2018). Retrieved from <http://www.pcori.org>
- Pending legislation regarding sexual assaults in the military, Hearing before the Committee on Armed Services, U. S. Senate, (S. HRG. 113-320), 113th Cong. 1* (2013). Retrieved from <https://www.gpo.gov/fdsys/pkg/CHRG-113shrg88639/pdf/CHRG-113shrg88639.pdf>
- Personalized Medicine Coalition. (2016). Retrieved from http://www.personalizedmedicinecoalition.org/About_Us/About_PMC
- Protect Our Defenders. (2015). Debunking claims of progress on military sexual assault [Fact sheet]. Retrieved from http://www.protectourdefenders.com/downloads/MST_Factsheet.pdf
- Protect Our Defenders. (2016). *Debunked: Fact-checking the Pentagon’s claims regarding military justice*. Retrieved June 1, 2016, from <https://www.protectourdefenders.com/debunked/>

- Protect Our Defenders. (2018a). *Facts on United States military sexual violence*. Retrieved from <https://www.protectourdefenders.com/wp-content/uploads/2018/02/1.-MSA-Fact-Sheet-180209.pdf>
- Protect Our Defenders. (2018b). Policy achievements. Retrieved from <https://www.protectourdefenders.com/policy-achievements/>
- Protect Our Defenders. (n.d.-a). Mission: Ending the epidemic of military rape. Retrieved from <https://www.protectourdefenders.com/about/>
- Protect Our Defenders. (n.d.-b). Policy priorities. Retrieved from <https://www.protectourdefenders.com/protect-our-defenders-policy-priorities/>
- Protect Our Defenders. (n.d.-c). Policy statement. Retrieved from <https://www.protectourdefenders.com/policy-statement/>
- Protect Our Defenders. (n.d.-d). Roadblocks to justice. Retrieved from <https://www.protectourdefenders.com/roadblocks-to-justice/>
- Protect our military trainees act. H.R. 430. 113th Congress, 1st Session, 2013. Retrieved from <https://www.congress.gov/bill/113th-congress/house-bill/430>
- Protecting Military Honor Act. H.R. 3209. 115th Congress, 1st Session, 2017. Retrieved from <https://www.congress.gov/bill/115th-congress/house-bill/3209>
- Protecting Military Honor Act. S. 1543. 115th Congress, 1st Session, 2017. Retrieved from <https://www.congress.gov/bill/115th-congress/senate-bill/154>
- Punch, K. F. (2005). *Introduction to social research: Quantitative and qualitative approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Ragin, C. C. (1992). Introduction: Cases of "What is a case?" In C. C. Ragin & H. S. Becker (Eds.), *What is a case? Exploring the foundations of social inquiry* (pp. 1-17). New York: Cambridge University Press.
- Ragin, C. C. (1999). The distinctiveness of case-oriented research. *Health Services Research, 34*(5 (Part II)), 1137-1151. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1089057/>
- Real-Dato, J. (2009). Mechanisms of policy change: A proposal for synthetic explanatory framework. *Journal of Comparative Policy Analysis: Research and Practice, 11*(1), 117-143.
- Redmond, S. A., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work: A Journal of Prevention, Assessment, and Rehabilitation, 50*(1), 9-20. doi:10.3233/wor-141987

- Richter, P. (1997, May 7). Army Sergeant gets 25-year term for rapes. *Los Angeles Times*. Retrieved from http://articles.latimes.com/1997-05-07/news/mn-56313_1_25-year-term
- Risen, J. (2013, February 26). Attacked at 19 by an air force trainer, and speaking out. *New York Times*. Retrieved from <https://www.nytimes.com/2013/02/27/us/former-air-force-recruit-speaks-out-about-rape-by-her-sergeant-at-lackland.html>
- Robinson Kurpius, S. E., & Lucart, A. L. (2000). Military and civilian undergraduates: Attitudes toward women, masculinity, and authoritarianism. *Sex Roles, 43*(3/4), 255-265. doi:10.1023/A:1007085015637
- Rock, L., Van Winkle, E., Namrow, N., & Hurley, M. (2014). *2014 Department of Defense report of focus groups on sexual assault prevention and response* (DMDC Report No. 2014-041). Retrieved from http://sapr.mil/public/docs/reports/FY14_POTUS/FY14_DoD_Report_to_POTUS_Annex_3_DMDC.pdf
- Rose, S. L. (2013). Patient advocacy organizations: Institutional conflicts of interest, trust, and trustworthiness. *Journal of Law, Medicine & Ethics, 41*(3), 680-687. doi:10.1111/jlme.12078
- Ruth Moore Act of 2013. H.R. 671. 113th Congress, 1st Session, 2013. Retrieved <https://www.congress.gov/bill/113th-congress/house-bill/671>
- Ruth Moore Act of 2015. S. 865. 114th Congress, 1st Session, 2015. Retrieved from <https://www.congress.gov/bill/114th-congress/senate-bill/865>
- Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods, 15*(1), 85-109. doi:10.1177/1525822X02239569
- Sabatier, P. A. (1988). An advocacy coalition framework of policy change and the role of policy-oriented learning therein. *Policy Sciences, 21*(2-3), 129-168.
- Sabatier, P. A. (1992). Interest group membership and organization: Multiple theories. In M. P. Petracca (Ed.), *The politics of interests: Interest groups transformed* (pp. 99-129). Boulder, CO: Westview Press.
- Sabatier, P. A. (1993). Policy change over a decade or more. In P. A. Sabatier & H. C. Jenkins-Smith (Eds.), *Policy change and learning: An advocacy coalition approach* (pp. 13-39). Boulder, CO: Westview Press.
- Sabatier, P. A. (2007). The need for better theories. In P. A. Sabatier (Ed.), *Theories of the policy process* (pp. 3-17). Boulder, CO: Westview Press.

- Sabatier, P. A., & Jenkins-Smith, H. C. (1999). The advocacy coalition framework: An assessment. In P. A. Sabatier (Ed.), *Theories of the policy process* (pp. 117-166). Boulder, CO: Westview Press.
- Sabatier, P. A., & Weible, C. M. (2007). The advocacy coalition framework. In P. A. Sabatier (Ed.), *Theories of the policy process* (pp. 189-220). Boulder, CO: Westview Press.
- Sadler, A. G., Booth, B. M., Cook, B. L., & Doebbeling, B. N. (2003). Factors associated with women's risk of rape in the military environment. *American Journal of Industrial Medicine*, 43(3), 262-273. doi:10.1002/ajim.10202
- Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Sanchez, L. (2013). The forty-first Kenneth J. Hodson lecture in criminal law. *Military Law Review*, 218, 265-280. Retrieved from https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/218-winter-2013.pdf
- Schwandt, T. A. (2007). *The Sage dictionary of qualitative inquiry* (3rd ed.). Thousand Oaks, CA: Sage.
- Servaes, J., & Malikhao, P. (2012). Advocacy communication for peacebuilding. *Development in Practice*, 22(2), 229-243.
- Servicemembers and Veterans Empowerment and Support Act of 2017. H.R. 1954. 115th Congress, 1st Session, 2017. Retrieved from <https://www.congress.gov/bill/115th-congress/house-bill/1954>
- Service Women's Action Network (SWAN). (2016). *Service women's action network*. Retrieved from <http://www.servicewomen.org>
- Service Women's Action Network. (2018). Community. Retrieved from <http://www.servicewomen.org/resource-portal/community/>
- Service Women's Action Network. (2016). Who we are: About. Retrieved from <https://www.servicewomen.org/who-we-are/#about>
- Shane III, L. (2017, November 26). Congress advances new sexual assault, harassment rules for the military. *Military Times*. Retrieved from <https://www.militarytimes.com/news/pentagon-congress/2017/11/26/congress-advances-new-sexual-assault-harassment-rules-for-the-military/>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.

- Silverman, D., & Marvasti, A. (2008). *Doing qualitative research: A comprehensive guide*. Thousand Oaks, CA: Sage.
- Skinner, K. M., Kressin, N., Frayne, S., Tripp, T. J., Hankin, C. S., Miller, D. R., Sullivan, L. M. (2000). The prevalence of military sexual assault among female Veterans' Administration outpatients. *Journal of Interpersonal Violence, 15*(3), 291-309. doi:10.1177/08862600001500300
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., . . . Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Retrieved from National Center for Injury Prevention and Control, Atlanta, GA: <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 443-466). Thousand Oaks, CA: Sage.
- Stander, V. A., & Thomsen, C. J. (2016). Sexual harassment and assault in the U. S. military: A review of policy and research trends. *Military Medicine, 181*(1 Suppl), 20-27. doi:10.7205/MILMED-D-15-00336
- Stige, B., Malterud, K., & Midtgarden, T. (2009). Toward an agenda for evaluation of qualitative research. *Qualitative Health Research, 19*(10), 1504-1516.
- Stimson, C. D. (2013). *Sexual assault in the military: Understanding the problem and how to fix it* (Special Report No. 149). Retrieved from The Heritage Foundation: <https://www.heritage.org/defense/report/sexual-assault-the-military-understanding-the-problem-and-how-fix-it>
- Street, A. E., Gradus, J. L., Stafford, J., & Kelly, K. (2007). Gender differences in experiences of sexual harassment: Data from a male-dominated environment. *Journal of Consulting and Clinical Psychology, 75*(3), 464-474. doi:10.1037/0022-006X.75.3.464
- Street, A. E., Stafford, J., Mahan, C. M., & Hendricks, A. (2008). Sexual harassment and assault experienced by reservist during military service: Prevalence and health correlates. *Journal of Rehabilitation Research & Development, 45*(3), 409-420. doi:10.1682/JRRD.2007.06.0088
- Suris, A., & Lind, L. (2008). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence and Abuse, 9*(4), 250-269. doi:10.1177/1524838008324419
- Suris, A., Lind, L., Kashner, T. M., & Borman, P. D. (2007). Mental health, quality of life, and health functioning in women veterans: Differential outcomes associated

- with military and civilian sexual assault. *Journal of Interpersonal Violence*, 22(2), 179-197. doi:10.1177/0886260506295347
- Suris, A., Link-Malcolm, J., & North, C. S. (2011). Predictors of suicidal ideation in veterans with PTSD related to military sexual trauma. *Journal of Traumatic Stress*, 24(5), 605-608. doi:10.1002/jts.20674
- Tailhook Association/Tailhook Educational Foundation (2018). Who we are. Retrieved from <http://www.tailhook.net/>
- Testimony on sexual assaults in the military, Hearing before the Subcommittee on Personnel of the Committee on Armed Services, U. S. Senate, 113th Cong. U. S. Senate (S. HRG. 113-303), 113th Cong. 1 (2013).* Retrieved from <https://www.gpo.gov/fdsys/pkg/CHRG-113shrg88340/pdf/CHRG-113shrg88340.pdf>
- To amend Title 38, United States Code, to provide veterans with counseling and treatment for sexual trauma that occurred during inactive duty training. H.R. 2527. 113th Congress, 2nd Session, 2014. Retrieved from <https://www.congress.gov/bill/113th-congress/house-bill/2527>
- Torreon, B. S. (2013, July). *Military sexual assault: Chronology of activity in Congress and related resources* (CRS Report No. R43168). Retrieved from <https://fas.org/sgp/crs/natsec/R43168.pdf>
- Truman, D. B. (1951). *The governmental process: Political interests and public opinion*. New York, NY: Alfred A. Knopf.
- Truth in Media. (2018). Reports of military sexual assault, retaliation increase. Retrieved from <http://truthinmedia.com/reports-of-military-sexual-assault-retaliation-increase/>
- Turner III, D. W. (2010). Qualitative interview design: A practical guide for novice investigators. *The Qualitative Report*, 15(3), 754-760. Retrieved from <http://www.nova.edu/ssss/QR/QR15-3/qid.pdf>
- U.S. Air Force. (2000). *Military operations other than war* (Air Force Doctrine Document 2-3). Retrieved from Secretary of the Air Force Washington, DC: <http://www.hsdl.org/?view&did=445408>
- Valente, S., & Wight, C. (2007). Military sexual trauma: Violence and sexual abuse. *Military Medicine*, 172(3), 259-265.
- Van Pelt, J. (2011). Military sexual trauma. *Social Work Today*, 11(2), 8-9.
- Victims Protection Act of 2014. S. 1917. 113th Congress, 2nd Session, 2014. Retrieved from <https://www.congress.gov/bill/113th-congress/senate-bill/1917>

- Weber, M. (1922 / 1946). Bureaucracy. In H. H. Gerth & C. W. Mills (Eds.), *From Max Weber: Essays in sociology* (pp. 196-244). New York: Oxford University Press.
- Weible, C. M., Heikkila, T., deLeon, P., & Sabatier, P. A. (2012). Understanding and influencing the policy process. *Policy Sciences*, 45(1), 1-21.
- Weible, C. M., & Sabatier, P. A. (2007). A guide to the Advocacy Coalition Framework. In F. Fischer, G. J. Miller, & M. S. Sidney (Eds.), *Handbook of public policy analysis: Theory, politics, and methods* (pp. 123-136). Boca Raton, FL: Taylor & Francis Group, LLC.
- Weible, C. M., Sabatier, P. A., & McQueen, K. (2009). Themes and variations: Taking stock of the advocacy coalition framework. *The Policy Studies Journal*, 37(1), 121-140.
- Weissert, W. G., & Weissert, C. S. (2012). *Governing health: The politics of health policy* (4th ed.). Baltimore, MD: John Hopkins University Press.
- Wood, B. (2000). *Patient power: The politics of patients' associations in Britain and America*. Philadelphia, PA: Open University Press.
- Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The Qualitative Report*, 20(2), 134-152. Retrieved from <http://www.nova.edu/ssss/QR/QR20/2/yazan1.pdf>
- Yin, R. K. (2012). *Applications of case study research* (3rd ed.). Thousand Oaks, CA: Sage.
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.