



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JUN - 5 2025

Dear Mr. Chairman:

The Department's response to House Report 118-529, pages 164-165, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2025, "Study on Medical and Behavioral Health Care Screening and Response for Victims of Sexual Assault," is enclosed. This report responds to the request to provide information on access to forensic examinations, behavioral health care, and other components of health care following a sexual assault.

Section 1631 of the Ike Skelton NDAA for FY 2011 (Public Law 111-383), "Annual Report Regarding Sexual Assaults Involving Members of the Armed Forces and Improvement to Sexual Assault Prevention and Response Program," as amended by section 537 of the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283), "Modifications of Annual Report Regarding Sexual Assaults Involving Members of the Armed Forces," requires that the Secretary of Defense publish an annual report regarding sexual assaults involving members of the Armed Forces. This report responds to six questions on delays in accessing and processing of sexual assault forensic evidence kits during FY 2021-2023 and to review the Department's guidance. Any delays reported by the Services were related to coronavirus disease 2019 or delivery issues with U.S. Postal Service or a commercial mail carrier. The Department of Defense continues to make improvements in the response to prevent and respond to sexual assault and is committed to reducing the incidence of sexual assault and providing timely and quality care and services to victims.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the House Armed Services Committee.

Sincerely,



Timothy D. Dill
Performing the Duties of the Deputy Under
Secretary of Defense for Personnel and
Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member





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PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JUN - 5 2025

Dear Mr. Chairman:

The Department's response to House Report 118-529, pages 164-165, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2025, "Study on Medical and Behavioral Health Care Screening and Response for Victims of Sexual Assault," is enclosed. This report responds to the request to provide information on access to forensic examinations, behavioral health care, and other components of health care following a sexual assault.

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Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the Senate Armed Services Committee.

Sincerely,

Timothy D. Dill
Performing the Duties of the Deputy Under
Secretary of Defense for Personnel and
Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to the Committees on Armed Services of the Senate and the House of Representatives



Study on Medical and Behavioral Health Care Screening and Response for Victims of Sexual Assault

June 2025

The estimated cost of this report or study for the Department of Defense is approximately \$2,540 in Fiscal Year 2025. This includes \$0 in expenses and \$2,540 in DoD labor.

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INTRODUCTION

This report is in response to House Report 118–529, pages 164-165, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2025, “Study on Medical and Behavioral Health Care Screening and Response for Victims of Sexual Assault,” which requests that the Secretary of Defense submit a report to the Senate and the House Armed Services Committees on regarding medical and behavioral health care screening and response for victims of sexual assault. This report responds to the following requested information:

(1) whether delays in medical examinations occurred following a reported sexual assault, including from a shortage of: sexual assault forensic [examination] (SAFE) kits, Sexual Assault Medical Forensic Examiners (SAMFE), or a certified health care provider trained to perform sexual assault forensic exams, or any other resource shortages for calendar years 2021, 2022, and 2023.

(2) any delays in processing of SAFE kits or any additional relevant data collected during the medical exam or any shortage of SAFE kits or other required testing or medical supplies necessary for the medical exam for the same time period as (1).

(3) recommendations for updates to procedural guidance for providing health care within the Military Health System for patients who are victims of a sexual assault, or any other offenses covered by sections 920, 920c, or 930 of title 10, United States Code, not otherwise included in annual reporting requirements to Congress.

(4) whether the Department’s guidance on prioritization of care for patients associated with a sexual assault should be expanded to include victims of sexual harassment.

(5) an assessment of current guidance regarding how and when providers screen patients for and provide access to behavioral health care services for experiences with unwanted sexual behavior and efforts to improve current guidance.

(6) any additional resources necessary to facilitate the proper care to victims of sexual assault seeking medical testing or care.

BACKGROUND

The Department’s response to sexual assault is a top priority with ongoing efforts to make improvements in the prevention and response to interpersonal violence, including sexual assault. Several Department of Defense (DoD) stakeholders participate in the DoD’s coordinated community response to interpersonal violence including, but not limited to, the Military Department (MILDEPs), the Office of the Inspector General of the Department of Defense, and the Defense Health Agency (DHA).

REQUESTED INFORMATION

(1) Delays in medical examinations due to resources following a reported sexual assault.

While the report requested the response be reported by calendar year, the information in this section was provided by the MILDEPs by FYs 2021, 2022, and 2023¹ in support of the DoD Annual Report on Sexual Assault in the Military (henceforth referred to as “Annual Report”). Therefore, the responses to the following represent data reported during each FY versus calendar year. As detailed below, the MILDEPs reported that any delays in medical examinations following a report to the Sexual Assault Prevention Response (SAPR) in 2021 and 2022 were influenced by challenges related to coronavirus disease 2019 (COVID-19) restrictions and subsequent access to sexual assault forensic examination (SAFE) kits.

In FY 2021, the Air Force reported one occurrence where access to a SAFE was delayed due to staffing shortages at the private sector facility. The nursing staff at the private sector facility was reduced due to either illness or quarantine caused by the COVID-19 pandemic. As a result, an active duty member had a delay in the member’s SAFE at the private sector facility from Saturday evening to the next morning due to the lack of a trained sexual assault nurse examiner being available. No further staffing challenges causing delays were noted.

In FY 2022, the Army reported that COVID-19 restrictions impacted the timely provision of medical examinations in outside the continental United States (OCONUS) locations. Host nation protocols and language barriers were contributing factors. While OCONUS military medical treatment facilities (MTFs) had no resource challenges, the Army reported that private sector facilities in the host nations lacked SAFE kits. However, the volume of cases impacted was not reported. No other MILDEP reported delays in forensic medical examinations due to resources in FY 2022.

In FY 2023, no MILDEP reported delays in forensic medical examinations due to resources.

(2) Delays in access to or processing of SAFE kits.

Between FY 2021 and 2023, there were two contributing factors leading to delays in the processing of SAFE kits. The first factor was COVID-19 restrictions, and the second factor was related to delivery issues. According to the Annual Report for FY 2021 and supporting enclosures reported by the MILDEPs, the MILDEPs reported delays in processing unrestricted SAFE kits were primarily caused by COVID-19 restrictions. The average turnaround time increased to 85 calendar days at the U.S. Army Criminal Investigation Laboratory. The average turnaround time was 73 calendar days in FY 2020 for the Army due to quarantine requirements for laboratory examiners and reduced laboratory operations but decreased to 64 calendar days in FY 2022. As restrictions eased, delays improved in FYs 2022 and 2023 across the Air Force and the Navy. Processing delays continued within the Army in FY 2023 due to delivery issues with the U.S. Postal Service and a commercial mail carrier.

¹ <https://www.sapr.mil/?q=reports>.

In FY 2021, the Aggregate Data Matrices² reported that a total of 676 SAFE kits were collected. Of the 490 unrestricted SAFE kits, 445 SAFE kits were conducted for Service members (SMs) and 45 SAFE kits for non-SMs (e.g., DoD civilians, dependents, contractors). There were four instances where unrestricted reports were made by SMs, and a SAFE kit or other needed supplies were not available; the report did not provide additional context as to the reason supplies were unavailable. Of the 186 restricted SAFE kits, 168 SAFE kits were conducted for SMs and 18 SAFE kits were conducted for non-SMs. For restricted reporting cases involving SMs, there was one case where a SAFE kit or other needed supplies were not available; the report did not provide additional context as to the reason supplies were unavailable.

In FY 2022, the Aggregate Data Matrices³ reported that a total of 783 SAFE kits were collected. Of the 530 unrestricted SAFE kits, 476 SAFE kits were conducted for SMs and 54 for non-SMs. There were three instances where unrestricted reports were made by SMs and one non-SM, and a SAFE kit or other needed supplies were not available; the report did not provide additional context as to the reason supplies were unavailable. Of the 253 restricted SAFE kits, 234 SAFE kits were conducted for SMs, and 19 SAFE kits conducted for non-SMs. For restricted reporting cases, there were four instances where a SAFE kit or other needed supplies were not available; the report did not provide additional context as to the reason supplies were unavailable.

In FY 2023, the Aggregate Data Matrices⁴ reported that a total of 661 SAFE kits were collected. Of the 452 unrestricted SAFE kits, 414 SAFE kits were conducted for SMs and 38 SAFE kits for non-SMs. There were five instances where unrestricted reports were made, and a SAFE kit or other needed supplies were not available at the time of the SM's exam; the report did not provide additional context as to the reason supplies were unavailable. There were no cases for non-SM victims or non-SMs in deployment areas of interest lacking SAFE kits or supplies at the time of the exam, and there was a single case for a SM in a deployment area of interest. Of the 209 restricted SAFE kits, 186 SAFE kits were conducted for SMs and 23 SAFE kits for non-SMs. Six cases were reported where a SAFE kit or other needed supplies were not available at the time of the SM victim's exam; the report did not provide additional context as to the reason supplies were unavailable.

(3) Recommendations for updates to procedural guidance to improve health care services for victims of sexual assault or other specific offenses.

DHA has no recommendations for updates to procedural guidance to improve health care services for victims of sexual assault or other specific offenses.

² https://www.sapr.mil/sites/default/files/public/docs/reports/FY21_Appendix_C.pdf.

³ https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY22/Appendix_D_Aggregate_DoD_Data_Matrices_FY2022.pdf.

⁴ https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY23/FY23_Appendix_D.pdf.

(4) Consideration of whether prioritization of care should include sexual harassment.

Current DoD policy and DHA guidance requires victims of sexual assault to be given priority to receive appropriate medical care as an emergency case, triaged in the category of life-threatening emergency response. Sexual harassment should not be included in this direction for prioritization of medical care as sexual harassment does not include a medical forensic need. However, if an individual who experienced sexual harassment requires medical care, then the appropriate medical service is available based on the presenting medical chief complaint and condition acuity.

(5) An assessment of current guidance for behavioral health screening and access to services.

Currently, there is no universally accepted behavioral health screening tool for unwanted sexual behavior. DHA recently added a screening tool for assessing sexual trauma to the behavioral health intake assessments process in the web-based Behavioral Health Data Portal. The screener is in the technology production process and anticipated to deploy in 2025.

Regarding access to services, 32 CFR Part 199 and Assistant Secretary of Defense for Health Affairs' Policy Memorandum 11-005, "TRICARE Policy for Access to Care," establish guidance on current access to care standards for specialty behavioral health (BH) care. Patients seeking referrals to specialty BH must be offered an appointment within 4 weeks (28 calendar days) or sooner and within 1 hour travel time from the beneficiary's residence. MTFs have the first priority to deliver care and if an MTF is unable to meet the access to care standard, then the MTF may defer the referral to the private sector network. BH care is available for sexual assault victims in the MTF and through TRICARE-authorized private sector care providers. In addition, SM victims can use Department of Veterans Affairs' Vet Centers for non-medical counseling. SMs and their families also have access to non-medical counseling from Military OneSource and the Military Family Life Counselors. When accessing specialty BH care, those who disclose sexual assault are prioritized for assessment, and the severity of clinical symptoms determines whether they will continue to be prioritized for treatment. Access to care is continually monitored, and efforts are in place to address any challenges.

DHA continues to monitor and address any needed revisions to current guidance as appropriate.

(6) Identification of additional resources required to facilitate access to medical testing and care.

Victims of sexual assault have access to medical testing and care in direct and/or private sector care settings. While access to these services may not always be available at the MTF, partnerships with civilian facilities via the TRICARE network or memoranda of agreement ensure appropriate medical care is available at the time the victim needs the service. DHA will ensure MTFs with 24/7 Emergency Departments meet the one full-time equivalent requirement for a sexual assault examiner. Networks and MTFs will prioritize hiring sexual assault examiners, as needed.

CONCLUSION

The DoD Annual Report on Sexual Assault in the Military provides information regarding access to medical and behavioral health care screening and response for victims of sexual assault. Victims of sexual assault have access to medical services, a SAFE, and BH care at MTFs and through the private sector care system. During FYs 2021-2023, the MILDEPs reported minimal delays in accessing medical forensic examinations.

The DoD's coordinated community response to interpersonal violence, including sexual assault, child abuse, and domestic violence, remains a top priority. DoD partners continue to collaborate to ensure that all victims have access to all appropriate services, both medical and non-medical, when the victim needs them most. The DoD will continue reporting FY data on sexual assault and address any challenges identified.