



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

*DHA-IPM 16-004
December 23, 2016*

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, DEFENSE HEALTH AGENCY
DIRECTOR OF THE JOINT STAFF

SUBJECT: Interim Procedures Memorandum 16-004, Sexual Assault Medical Management
with Consideration of Male Service Members of the Armed Forces

References: See Attachment 1

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (k):

- Establishes a plan to improve medical care response to victims of sexual assault so that victims receive a coordinated, compassionate, and competent approach to address both physical and behavioral healthcare needs within the Military Health System (MHS).
- Meets requirements set forth in Reference (d) which necessitate establishment of guidelines that incorporate new or updated standards with respect to prevention and response to sexual assaults in which the victim is a male member of the Armed Forces.
- Is effective immediately; it will be incorporated into a future DHA-Procedural Instruction. This DHA-IPM will expire effective 12 months from the date of issue.

Applicability. This DHA-IPM applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this IPM as the "DoD Components").

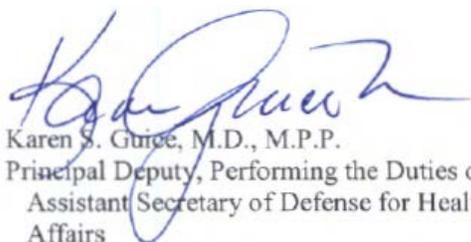
Policy Implementation. This DHA-IPM establishes that the MHS shall adopt the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examiners Adult/Adolescents (SAMFE-A) recommendations in Reference (e) as the clinical practice

guidelines for any victim of sexual violence regardless of age, sex, sexual orientation, or gender identity and meets requirements set forth in Reference (d).

Responsibilities. See Attachment 2

Procedures. See Attachment 3

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the Defense Health Agency (DHA) Website at <http://www.health.mil/dhapublications>.



Karen S. Guice, M.D., M.P.P.
Principal Deputy, Performing the Duties of the
Assistant Secretary of Defense for Health
Affairs

Attachments:

As stated

cc:

Under Secretary of Defense for Personnel and Readiness

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Medical Officer of the Marine Corps

Joint Staff Surgeon

Surgeon General of the National Guard Bureau

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (d) Public Law 114–92, Section 538, “Improved Department of Defense Prevention and Response to Sexual Assaults in which the Victim is a Male Member of the Armed Forces,” November 25, 2015
- (e) Department of Justice (DOJ), A National Protocol for Sexual Assault Medical Forensic Examinations - Adults/Adolescents, Second Edition, April 2013
- (f) Memorandum of Agreement between The Surgeon General of the U.S. Navy, Office of the Surgeon General, U.S. Air Force and Office of the Surgeon General, U.S. Army: Subject: Interservice Sexual Assault Medical Forensic Examiner Training, May 26, 2015
- (g) DoD Instruction 6495.02, “Sexual Assault Prevention and Response (SAPR) Program Procedures,” March 28, 2013, as amended
- (h) DoD Instruction 6400.01, “Family Advocacy Program (FAP),” February 13, 2015
- (i) DOJ, National Training Standards for Sexual Assault Medical Forensic Examiners, June 2006
- (j) DOJ, A National Protocol for Sexual Abuse Medical Forensic Examinations-Pediatric, April 2006
- (k) Public Law 113-291, Section 538, “Requirements Relating to Sexual Assault Forensic Examiners for the Armed Forces,” December 19, 2014

ATTACHMENT 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will collaborate with the Surgeons General of the Military Departments to develop any additional guidance necessary to ensure delivery of a trauma-informed, gender sensitive, and competent medical response to victims of sexual assault.

2. SURGEONS GENERAL OF THE MILITARY DEPARTMENTS. The Surgeons General of the Military Departments will:

a. Collaborate with the Director, DHA, and develop a plan to evaluate the differences in the medical and behavioral healthcare needs of male and female sexual assault victims and the respective care regimen. The plan will include, at a minimum, the following:

(1) Assurance that any victim of sexual violence in the Armed Forces—regardless of age, sex, sexual orientation, or gender identity—receives medical care response in alignment with guidelines established in Reference (e).

(2) Assurance that when any patient discloses a sexual assault, the healthcare teams respond appropriately which is critical to the patients' medical, behavioral, and recovery needs.

(3) Assurance that the healthcare response to sexual assault is trauma informed, patient-centered, and gender sensitive.

b. Require that victims of sexual assault be given emergency, priority treatment. Those military medical treatment facilities (MTFs) that operate a 24/7 Emergency Room must ensure they have a qualified SAMFE-A and a program to support victims and procedures to honor both restricted and unrestricted reporting of sexual assault, in accordance with Reference (g). This program can be met through a Memorandum of Understanding/Memorandum of Agreement with another DoD facility or the local civilian network. The Services will ensure the following:

(1) A qualified SAMFE or Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A) is appointed to those MTFs that operate a 24/7 Emergency Room, including deployed areas.

(2) Appropriate number of SAMFEs or SANE-As are available to provide such services for those MTFs that provide Sexual Assault Medical Forensic Exams (SAFEs).

(3) An appropriate, secure, gender neutral room is available for conducting the SAFE.

(4) All supplies, resources, and dedicated collaborative personnel who support victims of sexual assault are appropriately trained and responsive to the needs of patients.

(5) A responsible member of the healthcare team coordinates care for the patient throughout their treatment.

(6) The Sexual Assault Response Coordinator is notified as soon as is practicable after the patient is stabilized to assist with reporting the sexual assault in accordance with Reference (g).

c. Identify appropriate Service Subject Matter Experts from the medical and behavioral health communities of practice to participate with the DoD Sexual Assault Prevention and Response Office working group to achieve the objectives established in Reference (d).

ATTACHMENT 3

PROCEDURES

1. BACKGROUND. While we generally consider the medical approach to male patients similar to that of their female counterparts, there are some general differences that need to be considered, including belief about the availability of services. The notion that sexual violence overwhelmingly occurs to women and children has left adult male victims with few specific healthcare and recovery services, although this is beginning to change. Individualized care for sexual assault victims and inter-Service training requirements across the MHS address the different needs of male patients and will ensure the most targeted and appropriate response.

2. OVERVIEW. In accordance with Reference (g), the DoD Sexual Assault Prevention and Response Program directs specific healthcare procedures for Service members and their adult family members 18 years and older who are victims or suspects of sexual assault. For those victims under the age of 18, or sexually assaulted by an intimate partner, Reference (h) provides direction.

3. TRAINING. All members of the MTF response teams must receive annual training and competency appropriate to their role within the facility in order that victims are not re-traumatized. At a minimum, the following categories of personnel must be appropriately trained:

a. First Responders. All those employed by the MTF with the potential to encounter contact with a sexual assault patient, but not involved in the direct care, such as facilities, administrative roles, etc. They shall complete first responder training designated by their respective Service. This ensures timely referral to the most appropriate member of the healthcare team and notification of appropriate advocate(s) as applicable.

b. SAMFE-A/SANE-A. When a patient discloses a sexual assault, a cascading, simultaneous series of events occur. Most importantly, the patient must be medically stabilized prior to conducting the SAFE. In addition, the Sexual Assault Prevention and Response Coordinators and Sexual Assault Prevention and Response and Family Advocacy Program's Victim Advocates and on-call SAMFE(s)/SANE-As are notified as indicated.

(1) SAMFEs are healthcare providers (Doctors, Physician Assistants, Advanced Practice Registered Nurses, Registered Nurses, and Independent Duty Corpsman) who have attended a minimum of 40 hours of specialized training and receive and maintain certification. Note: The DoD recognizes the providers above who meet the established training and certification requirements as authorized to conduct SAFEs. Registered Nurses who receive their training and certification through the International Association of Forensic Nursing or SANE-A/Adolescent are also authorized to conduct SAFEs within the MTF.

(2) SAMFEs are trained in the healthcare response to victims of sexual assault. They are trained also in the specific timing of evidence collection; prophylactic treatments that may be needed for sexually transmitted diseases, evaluation of pregnancy risk and treatment, and will provide or arrange consultation for additional needed specialty care. To be eligible to become a SAMFE-A at the Army's training site, an individual must be selected or recommended by their Commander. They also must meet the clinical proficiency prerequisites and their Service specific criminal background checks.

(3) SAMFEs must receive training as described in References (e) (or latest version), (f), and (i), as applicable.

c. All other Healthcare Providers. This includes anyone who will have direct patient contact for those who disclose a sexual assault: such as Licensed Providers, nurses, medics/corpsmen, and medical assistants. While the SAMFE and medical providers support the acute medical and behavioral healthcare needs of the patient, other members of the healthcare team must provide appropriate measures in accordance with their scope of practice and clinical privileges to address the ongoing needs of the patient. This includes any necessary injury follow up, prevention or treatment of sexually transmitted diseases (including human immunodeficiency virus), assessment of the need for pregnancy prevention or evaluation, and behavioral health needs. In addition to this, first responder requirements mentioned above in 3.a. must be included.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

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| DHA | Defense Health Agency |
| DHA-IPM | Defense Health Agency-Interim Procedures Memorandum |
| DOJ | Department of Justice |
| MHS | Military Health System |
| MTF | medical treatment facility |
| SAFE | Sexual Assault Medical Forensic Exam |
| SAMFE-A | Sexual Assault Medical Forensic Examiner-Adult/Adolescent |
| SANE-A | Sexual Assault Nurse Examiner-Adult/Adolescent |