



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

MAY 20 2014

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Senate Report 113-44, page 120, accompanying S. 1197, the National Defense Authorization Act for Fiscal Year 2014, requests the Secretary of Defense submit a report outlining the Department's plan to ensure that health care providers are appropriately trained to manage the health needs of victims of sexual assault, accredited as necessary to properly handle evidence, and to ensure that these trained health care providers are in Military Treatment Facilities based on the Department's projection of needs.

The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) requested information from the Services about their health care training programs and care delivery capabilities for sexual assault victims. The enclosed report summarizes Service responses. Health care providers in the Military Health System have appropriate training to address the health needs of victims of sexual assault. The Services have programs in place to certify providers who conduct sexual assault forensic examinations. Service enhancements to current training will expand the variety of experiences and teaching methods to further improve the quality of care, and the Services report that they have sufficient providers, or agreements with local civilian providers to provide forensic examinations, when requested.

ASD(HA) is working with the Services and the Sexual Assault Prevention and Response Office to monitor ongoing Service program progress and improvements.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairpersons of the other congressional defense committees.

Sincerely,


Jessica L. Wright
Acting

Attachment:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
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MAY 20 2014

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Sincerely,


Jessica L. Wright
Acting

Attachment:
As stated

cc:
The Honorable Adam Smith
Ranking Member



PERSONNEL AND
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UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

MAY 20 2014

The Honorable Barbara A. Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

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Sincerely,


Jessica L. Wright
Acting

Attachment:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAY 20 2014

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Sincerely,


Jessica L. Wright
Acting

Attachment:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

Response to Senate Report 113-44, Report on the Medical Management of Sexual Assault Cases



Office of the Assistant Secretary of Defense Health Affairs

June 1, 2014

The estimated cost of report or study for the Department of Defense is approximately \$21,000 for FY14. This includes \$0 in expenses and \$21,000 in DoD labor.

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EXECUTIVE SUMMARY

Senate Report 113-44, which accompanied S. 1197, the National Defense Authorization Act for Fiscal Year (FY) 2014, requested a report that outlines the Department's plan to ensure that:

- (1) Health care providers are appropriately trained to manage the acute and long-term health needs of victims of sexual assault,
- (2) Health care providers are accredited as necessary to properly handle evidence collection from victims of sexual assault, and
- (3) These trained health providers are located in military treatment facilities (MTFs) based upon the Department's projection of needs.

The Department of Defense (DoD) submitted an interim report on January 23, 2014, in order to permit compilation of the details of the most recent Service training and program enhancements.

The DoD has policies, a plan for program execution, and oversight in place to ensure:

1. Appropriate training for the health care personnel who manage the acute and long-term health care needs of victims of sexual assault,
2. Service-certification for providers who conduct sexual assault forensic examinations (SAFEs) and collect and handle evidence, and
3. The availability of SAFEs for Active Duty Service Members and eligible beneficiaries who request them while receiving care at MTFs.

The DoD published DoD Instruction (DoDI) 6495.02, "Sexual Assault Prevention and Response Program Procedures," on March 28, 2013. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) issued a memorandum to the Services on April 15, 2013, to notify the Services about the publication of the revised DoDI. The memorandum noted the enhancements to guidelines for provision of health care, including detailed specifications for the minimum standards for care and training requirements for health care personnel who manage both acute and long-term care needs for victims of sexual assault and for providers who would conduct sexual assault forensic examinations (SAFEs). The ASD(HA) also requested submission of an annual report to include information on the capability of each military treatment facility (MTF) to provide SAFEs, and information on agreements with local civilian providers in cases where there was not SAFE availability within the MTF. Finally, the ASD(HA) requested that the Services submit written plans with target dates for implementation to meet the requirements of the revised DoDI.

The Services report that they already have plans in place to assure adequate training and coverage to manage the health care needs of victims of sexual assault. Each Service submitted a written plan for additional enhancements based upon their continuous evaluation and monitoring efforts to assure the highest quality of care.

Training

The Services have reported that they had appropriate training programs in place to assure that providers in the Military Health System (MHS) are prepared to manage the acute and long-term health needs of victims of sexual assault and to train and certify providers to conduct SAFEs. They have provided their implementation plans for updating policies and training related to the March 28, 2013, publication of DoDI 6495.02 with target dates for completion. When published, these policies will assure the most up-to-date training for the management of acute and longer-term health needs and Service certification of SAFEs. The Services report that they will have these training and program enhancements completed by the end of Fiscal Year (FY) 2014.

Service implementation plans include enhancements to the training program for Service certification to perform SAFEs. These training programs include Service-specific criteria for certification that are consistent with the guidelines set forth in the US Department of Justice-National Protocol for Sexual Assault Medical Examinations for Adults and Adolescents (“DoJ National Protocol”). In an effort to provide the highest quality of care, the Services are continuously evaluating and updating training in this area. The Services report that they will have these training and program enhancements completed by the end of FY 2014.

Certification of Providers who conduct SAFEs

Enclosure 10 of DoDI 6495.02 mandates the criteria necessary to train providers who conduct SAFEs. These criteria are consistent with the DoJ National Protocol. Enclosure 8 of the same instruction establishes minimum standards for forensic evidence collection. This enclosure provides detailed specifications that establish the standardized process for evidence collection during a SAFE. The Services reported that they meet the established standards and have detailed instructions for evidence collection that include processes for SAFE kit labeling and handling. Services’ certification of SAFE provider processes are consistent with the DoJ National Protocol. Enhancements to training will expand the variety of experiences and teaching methods, adding additional supervised experiences with live volunteer or standardized patients and mock courtroom experiences.

Availability of SAFE Services at MTFs

DoDI 6495.02 sets requirements for availability of SAFE services (on-site or through agreement) at MTFs in Enclosure 7. Service reports indicate that there is full coverage for SAFE services through on-site providers or agreements with local civilian facilities. There are sufficient qualified Service-certified providers, or agreements with local civilian providers to provide SAFE services to Active Duty Service Members (ADSMs) and eligible beneficiaries who request them during treatment in MTFs.

Health Affairs Oversight

The ASD(HA) will monitor the Services’ annual reports to assure oversight of the capability to provide SAFEs to ADSMs and other eligible beneficiaries who are sexual assault victims

presenting to (MTFs) for care. Annual Service updates will include information about SAFE provider coverage, training enhancements, and policy and procedure changes for care, training and staffing related to the healthcare management of sexual assault. Additionally, OASD(HA) will monitor the program performance related to healthcare management on an ongoing basis throughout the year by participation in the Sexual Assault Prevention and Response Integrated Program Team and chairmanship of the Health Affairs Women's Health Issues Working Group.

INTRODUCTION

Senate Report 113-44, which accompanied S. 1197, the National Defense Authorization Act for Fiscal Year 2014, requested a report that outlines the Department's plan to ensure that:

- (1) Health care providers are appropriately trained to manage the acute and long-term health needs of victims of sexual assault,
- (2) Health care providers are accredited as necessary to properly handle evidence collection from victims of sexual assault, and
- (3) These trained health providers are located in military treatment facilities based upon the Department's projection of needs.

Background

On March 28, 2013, DoD published a revision of DoDI 6495.02, "Sexual Assault Prevention and Response Program Procedures"¹. It included changes in the guidelines for the health care management of sexual assault victims. Three enclosures in this revised instruction address guidance for health care providers.

1. Enclosure 7, "Healthcare Provider Procedures", provides guidance on medical management of victims of sexual assault to ensure standardized, timely, accessible, and comprehensive healthcare for victims of sexual assault. It includes detailed guidance on the minimum standards for treating all sexual assault victims. This includes treating the victim as an emergency, providing comprehensive, gender-responsive assessment, offering appropriate testing and prophylactic treatments and offering the services of a sexual assault response coordinator (SARC) and a SAFE. The Services are also required to establish agreements with civilian facilities where MTFs do not have SAFE providers and to ensure that the SARC arranges transportation for the victim to the civilian facility for the examination.
2. Enclosure 8, "SAFE Kit Collection and Preservation", provides guidance on forensic evidence collection, documentation and evidence handling for both unrestricted and restricted reports.
3. Enclosure 10, "Training Requirements for DoD Personnel", includes a section under Responder Training Requirements that applies specifically to healthcare personnel in MTFs (section 7.d). It provides detailed guidance on the necessary information that should be included in the training for all health care staff, and additional requirements applicable to providers who conduct SAFEs.

Following the release of DoDI 6495.02, the ASD(HA) issued a memorandum on April 15, 2013, notifying the Services about the publication of the revised DoDI. The memorandum noted the enhancements to guidelines for provision of health care, including detailed specifications for the minimum standards of care and training requirements for health care personnel who care for victims of sexual assault and for providers who would conduct SAFEs. The ASD(HA) also requested submission of an annual report to include information on the capability of each MTF

¹ <http://www.sapr.mil/public/docs/directives/649502p.pdf>

to provide SAFEs, and information on agreements with local civilian providers in cases where there was not SAFE availability within the MTF. Finally, the ASD(HA) requested that the Services submit written plans with target dates for implementation to meet the requirements of the revised DoDI.

DoD Response

DoDI 6495.02, “Sexual Assault Prevention and Response Program Procedures,” establishes guidelines that assure health care providers are trained to manage acute and longer-term needs of victims of sexual assault, are appropriately trained and certified to perform SAFEs, and assure adequate capacity to offer SAFE services at MTFs.

(1) Training

DoDI 6495.02 establishes the minimum standards for training of all “first responders” (i.e. healthcare providers, SARCs, law enforcement, judge advocates). Enclosure 10, Section 7.a, outlines the minimum basic information that must be included in the training for all first responders. Those minimums are:

1. Sexual Assault Prevention and Response (SAPR) policies,
2. Military Service-specific polices for sexual assault response,
3. The process of reporting a sexual assault,
4. Advocacy resources for victims of sexual assault,
5. The roles of the SARC and the sexual assault prevention response victim advocate (SAPR VA),
6. The potential range of victim behavioral responses following an assault,
7. The steps that occur during a sexual assault investigation,
8. Potential deployment issues such as remote location assistance, and
9. Local policies and procedures at the MTF where they are trained.

The instruction also sets the minimum standards for additional training for healthcare providers (Enclosure 10, Section 7.d). These standards have a two-tiered approach.

Tier One requirements apply to all healthcare personnel assigned to MTFs. The training curriculum at a minimum must include:

1. The information in the first responder training described above,
2. Procedures for treating the victim as a priority one emergency,
3. Procedures to medically stabilize the victim and offer all appropriate testing and treatment,
4. Procedures for referral to health care treatment resources, including behavioral health for acute and follow-up care,
5. Instruction on how to conduct a sexual assault patient interview,
6. Instruction on contents of a SAFE Kit, and the process for handling evidence to assure the chain of custody and confidentiality,

7. Instruction on requirement to immediately contact a SARC or SAPR VA if the patient agrees, and
8. Instruction on the responsibilities of the SARC for preparing evidence, once it has been collected, for unrestricted or restricted reports.

Tier Two training is required only for licensed healthcare providers who will perform SAFEs. This training must be consistent with requirements in the current version of the U.S. Department of Justice, Office on Violence Against Women, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”².

At a minimum, Tier Two training must:

1. Include all information in Tier One training
2. Teach how to conduct a SAFE with topics including:
 - a. The contents of the SAFE Kit and the DD2911 “DoD Sexual Assault Forensic Examination Report”³ (Data collection form for the SAFE)
 - b. Use of toxicology kit for suspected drug-facilitated cases
 - c. Chain of custody procedures
 - d. Explaining examination findings and testifying in court
 - e. The elements that must be documented during the exam
 - f. Evidence storage, identification and retrieval for restricted reports
 - g. Examination and appropriate medical care of the alleged offender
 - h. Relevant state and local laws and restrictions
 - i. Key elements of medical treatment, including deployed environments, including:
 - (1). Acute medical and behavioral care and stabilization
 - (2). Testing and prophylactic treatment and counseling
 - j. Procedures for medical management of victims of sexual assault, including the SAFE
 - k. Providing comprehensive gender-responsive care
 - l. How to conduct the medical forensic exam, collect evidence and assess injuries associated with the assault
 - m. Providing follow-up care, consultations and referral
3. Be consistent with the National Protocol which states that training must:
 - a. Include both didactic and clinical experiences
 - b. Have standards for trainers
 - c. Include the elements listed above
 - d. Have some form of peer assessment of performance
 - e. Include demonstration of competency in both clinical skills and didactic knowledge,
 - f. Include evaluation of the training and the trainers

Training (responder training, Tier One or Tier Two training) must be conducted upon orientation to the assigned MTF and repeated annually thereafter.

² Ibid

³ http://www.sapr.mil/public/docs/miscellaneous/toolkit/DD_Form_2911.pdf

The Services have provided their plans for meeting training requirements to DoD. Current DoD Service training plans meet the requirements set forth by DoDI 6495.02, and they are working further to enhance their training processes. As required, their plans are consistent with minimum guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents⁴.

(2) Certification of Providers who conduct SAFEs

Each of the Services already has policies for the training and certification of personnel who will conduct SAFEs. These policies meet the requirements of DoDI 6495.02, Enclosure 10, Section 7.d, as described above under training. These training programs include both didactic knowledge and clinical skills testing and peer evaluation. All training plans are consistent with the guidelines of the National Protocol. The Services include the number of personnel trained as SAFE providers in the annual report submitted to Sexual Assault Prevention Response Office (SAPRO).

(3) Availability of SAFEs in MTFs

DoDI 6495.02 requires that MTFs have available healthcare providers trained to conduct SAFEs or that they implement agreements with a local civilian facility for SAFEs by a trained provider. If a SAFE is conducted at a civilian facility, DoD policy requires that transportation must be provided to the victim. The Services report the coverage of SAFE providers, including all implemented agreements to the ASD(HA) annually.

Service Plans and Status

The National Guard does not operate MTFs. National Guard and Reserve Service members follow DoD policies when operating in a federal status or when activated. National Guard health care providers will adhere to the applicable regulations, instructions, and guidelines when in federal status. The Services have provided information to DoD on the status of their implementation plans for the revision of DoDI 6495.02.

Army

- The US Army Medical Command (MEDCOM) Sexual Harassment/Assault Response and Prevention (SHARP) Program Office provides comprehensive medical training program for health care providers who treat sexual assault victims. This training program has existed since 2007.
- All training modules have been updated and now include National Defense Authorization Act for FYs 2012 and 2013, and the DoDI 6495.02, of March 28, 2013, directed changes related to the medical management of sexual assault victims.

⁴ <http://www.sapr.mil/public/docs/directives/649502p.pdf>

- The Army Medical Department Center and School incorporates elements of SHARP training in all entry-level officer and enlisted courses as a part of the Program of Instruction.
- All healthcare personnel in MTFs receive training that meets the current requirements. Medical providers designated to work directly with victims of sexual assault receive additional specialized training that meets the requirements in the current DoDI 6495.02.
- Every Army MTF is required by MEDCOM Regulation 40-36⁵ to have 24/7 SAFE capability, either onsite or through a Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) with a local facility. Forty percent of Army MTFs offer SAFEs onsite, 58 percent through an MOU, and one MTF has a contract to provide SAFEs in-house through a contract provider. Most MTFs have both in-house and MOU/MOA coverage.
- A revision of MEDCOM Regulation 40-36⁶, Medical Facility Management of Sexual Assault, which will implement the changes associated with DoDI 6495.02, is approximately 75 percent complete, with anticipated publication by the beginning of the 3rd quarter of FY 2014.
- In August 2013, the MEDCOM SHARP Program Office and the Office of The Surgeon General SHARP Task Force convened a workshop to review the standards and training for sexual assault medical forensic examiners (SAMFEs). The review led them to enhance their training programs to include a wider variety of experiences in both care of the victim and courtroom testimony. This includes live examination experiences with standardized patients or volunteers and observation of mock trials. This new standard is in final review and MEDCOM anticipates publication in the 2nd quarter of FY 2014.

Navy

- Training is consistent, standardized and mapped against the Department of Justice National Protocol Standards.
- Mock Sexual Assault Response Drills are conducted in both Navy Medicine East and West Regions monthly to ensure that communication and training are up to date and coordinated between Naval Criminal Investigative Service, SARC, SAPR, and medical points of contact.
- MTF Victim Care protocols establish the need for a coordinated team approach to cover the health care needs of sexual assault patients.

⁵ <http://www.sexualassault.army.mil/files/R40-36.pdf>

⁶ Ibid

- Navy published a revised instruction, BUMED 6310.11A⁷, on September 18, 2013. This revision meets the requirements established by DoDI 6495.02.
- All Navy MTFs have 24/7 SAFE coverage through either on-site providers or MOU/MOAs.

Air Force

- Air Force Instruction (AFI) 36-6001⁸ provides guidance on health care procedures for sexual assault victims as well as reporting procedures. It is currently under review and is being revised to comply with requirements of DoDI 6495.02. The estimated completion date of this review/revision is June 2014.
- Air Staff has reviewed the Air Force annual First Responder computer-based training and revised it to ensure compliance with DoDI 6495.02 requirements.
- AFI 44-102⁹, is the primary Air Force policy guidance on medical care management, and includes a section on the care of sexual assault victims. It meets the minimum guidelines set forth in DoDI 6495.02. It is currently under revision to better clarify responsibilities, provide additional resource links, and assign appropriate executive oversight within Air Force medical treatment facilities to ensure program compliance with the guidelines for the health care management of sexual assault survivors. Estimated completion by end of FY 2014.

Health Affairs Oversight of Service Implementation Plans

- ASD(HA) requires annual reports from the Services for:
 - Service program and policy enhancements and updates related to sexual assault,
 - Current coverage for provision of SAFEs for sexual assault victims, whether provided on site in MTFs or through MOU/MOA with a local facility, and
 - Information on all MOU/MOAs, execution and expiration dates and location.
- ASD(HA) is in the process of consolidating these reporting requirements so that the Services will submit a single report that includes the information listed above and relevant information included in the annual report to SAPRO.

⁷ <http://www.med.navy.mil/directives/ExternalDirectives/6310.11A%20CH-1.pdf>

⁸ <http://www.ndguard.ngb.army.mil/family/services/sexualassault/Documents/AFI-36-6001-Sexual-Assault-Prevention-and-Response-SAPRO-Program.pdf>

⁹ http://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-102/afi44-102.pdf

- DoD also monitors sexual assault response program performance on an ongoing basis throughout the year through participation in Sexual Assault Prevention and Response Integrated Program Team meetings and through chairmanship of the Health Affairs Women's Health Issues Working Group.

CONCLUSION

DoDI 6495.02 sets minimum standards for the provision of acute and long-term health care, forensic evidence collection and training of health care providers who treat victims of sexual assault. Enclosures 7, 8 and 10 establish the minimum criteria required in training programs, a standardized process for evidence collection during a SAFE, and provide minimum requirements for availability of SAFE services at MTFs or through MOU/MOAs.

The Services have reported that they have appropriate training programs in place to assure that providers in the Military Health System (MHS) are prepared to manage the acute and long-term health needs of victims of sexual assault and to train and certify providers to conduct SAFEs. They have provided their implementation plans for updating policies and training related to the March 28, 2013 publication of DoDI 6495.02 with target dates for completion. When published, these policies will assure the most up-to-date training for the management of acute and longer-term health needs and Service certification of SAFEs. In an effort to provide the highest quality of care, the Services are continuously evaluating and updating training in this area. The Services report that they will have these training and program enhancements completed by the end of FY 2014.

Service implementation plans include enhancements to the training program for Service-certification to perform SAFEs. These training programs will continue to include Service-specific criteria for certification that are consistent with the guidelines set forth in the US Department of Justice-National Protocol for Sexual Assault Medical Examinations for Adults and Adolescents ("DoJ National Protocol"). The Services are enhancing their training programs to include a wider variety of experiences in both care of the victim and courtroom testimony. This includes live examination experiences with standardized patients or volunteers and observation of mock trials.

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DoD is monitoring completion of Service plans for program implementation and has a plan for ongoing oversight through annual Service updates of SAFE provider coverage, training enhancements, and policy and procedure changes. Additionally, DoD will monitor program performance on an ongoing basis throughout the year at the Sexual Assault Prevention and Response Integrated Program Team and Health Affairs Women's Health Issues Working Group meetings, both of which address health care related to the response to sexual assault.