



DEPARTMENT OF DEFENSE
SEXUAL ASSAULT PREVENTION AND RESPONSE OFFICE



TOPIC: DHA DIRECTOR RESPONSIBILITIES

JULY 2024

Topics from Deputy Secretary of Defense Memo, "Updates to Department of Defense Policies to Enhance Support for Adult Sexual Assault Victims," signed July 2024. Available at www.sapr.mil/latest-policy-updates.

Enclosure 2, DoDI 6495.02, Volume 1, as follows:

Establishes SAPR responsibilities for the Director of the Defense Health Agency (DHA).

DHA Director Responsibilities

4. DIRECTOR, DHA. The Director, DHA, shall:

a. Require that medical care is consistent with established applicable standards for the healthcare of adult sexual assault victims, including forensic exams for adult sexual assault victims and suspects, in accordance with [DoDI 6310.09, "Health Care Management for Patients Associated with a Sexual Assault."](#) and instructions in the SAFE Kit and [DD Form 2911](#).

b. Appoint a healthcare provider, in each military treatment facility (MTF), to be the point of contact concerning SAPR policy and sexual assault care.

c. Require adherence to the SAPR policy in this DoDI 6495.02, vol. 1 and in the SAPR [DoD Directive 6495.01, "Sexual Assault Prevention and Response \(SAPR\) Program."](#) to include:

(1) Prioritizing sexual assault patients at MTFs as emergency cases, even if they are delayed reports, in accordance with [DoDI 6310.09, "Health Care Management for Patients Associated with a Sexual Assault."](#) as internal injuries or mental health issues can be exacerbated over time.

(2) Using "SAFE" as a standard term when referring to adult forensic examinations under the SAPR Program in accordance with the [DoD Dictionary of Military and Associated Terms](#), even though the DHA Forensic Healthcare Program may use a different term for forensic examinations associated with other inter-personal violence.

(3) Requiring that healthcare (medical mental health) personnel notify a SARC or SAPR VA of every incident of sexual assault (disclosed to medical personnel or mental health personnel) for which treatment is sought at the MTFs, regardless of the reporting option.

(4) Establishing procedures for MTFs to require that an adequate supply of resources, to include personnel, supplies, and SAFE Kits, is maintained in all locations where the DoD may conduct SAFEs.

(5) Requiring MTF healthcare providers, including mental health providers, to attend monthly Case Management Group (CMG) meetings, Quarterly Case Management Group (QCMG) meetings, and High-Risk Response Team (HRRRT) meetings, in accordance with Enclosure 9 of this DoDI 6595.02, vol. 1. In order to prioritize the availability of mental health appointments for victims, an assigned INFORMED REPRESENTATIVE may attend the CMG on

behalf of the mental health provider(s) to facilitate the exchange of information regarding the needs of the sexual assault victim, to the extent authorized by [DoD Manual 6025.18](#), [“Implementation of the Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule in DoD Health Care Programs,”](#) and [DoDI 5400.11](#), [“DoD Privacy and Civil Liberties Programs”](#).

(6) Requiring military treatment facility (MTF) commanders or MTF directors (depending on who has jurisdiction over the facility) to assess granting convalescent leave (non-chargeable) to Service members for their treatment and recuperation from sexual assault based on a recommendation from a healthcare provider (medical or mental health) or sexual assault medical forensic examiner in accordance with the procedures in the October 20, 2022 Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs Memorandum, [“Clarification of Convalescent Leave Policy for Service Members Recovering from Sexual Assault,”](#) (Convalescent Leave Memo) and [DoDI 1327.06](#), [“Leave and Liberty Policy and Procedures”](#).

(a) Convalescent leave is available for both Restricted and Unrestricted Reports.

1. Convalescent leave for adult sexual assault victims who file a RESTRICTED REPORT may be approved by MTF commanders or MTF directors, as they are able to accept a Restricted Report as “healthcare personnel” (see Glossary).

2. In accordance with the policy in the [Convalescent Leave Memo](#) and [DoDI 1327.06](#), [“Leave and Liberty Policy and Procedures”](#), convalescent leave may be approved to start immediately following the release from a medical facility, the completion of a SAFE, or the completion of an appointment with a healthcare (medical or mental health) provider after the sexual assault incident is reported.

(b) Only commanders of Service members, MTF commanders, or MTF directors are authorized to approve convalescent leave, in accordance with [section 701\(m\) of Title 10, United States Code](#), as amended by [Section 633 of the Fiscal Year 2023 National Defense Authorization Act](#), [DoDI 1327.06](#), and the [Convalescent Leave Memo](#).

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QUESTION 1: Do I need to request Convalescent Leave to go to regular medical or mental health appointments or to go see my SARC?

The Convalescent Leave Memo states: “Under existing policy, procedures, and procedures, commanders should allow members to attend, in a normal duty status during normal duty hours, any scheduled medical or non-medical appointments, services, or counseling related to their sexual assault incidents, in order to support them in their recovery. As such, these activities are the appointed place of duty for such personnel.”

QUESTION 2: Is there a limit to the amount of Convalescent Leave that I can request?

The Convalescent Leave Memo states: “Convalescent leave that is approved by a commander or MTF director may range from 1 day to 30 days. Convalescent leave exceeding 30 days is controlled at the level designated by the Secretary concerned. There is no cumulative limit to the number of days of convalescent leave that may be granted.”

d. Require at least one full-time sexual assault medical forensic examiner be assigned to each MTF that has an emergency department that operates 24 hours per day.

e. In cases of MTFs that do not have an emergency department that operates 24 hours per day, require that a sexual assault medical forensic examiner be made available to military health system (MHS) beneficiaries through a memorandum of understanding (MOU) or memorandum of agreement (MOA) with local private or public sector entities who provide care to MHS beneficiaries in accordance with [DoDI 6310.09, "Health Care Management for Patients Associated with a Sexual Assault"](#). The MOU or MOA will require that SARCs or SAPR VAs of the Military Department concerned are immediately contacted and that SAFE Kits are collected and preserved in accordance with Enclosure 8 of this volume.

f. Ensure the [DD Form 2911](#) is retained for 50 years, regardless of whether the Service member filed a Restricted or Unrestricted Report. If the victim had a SAFE Kit, the SAFE Kit will be retained in accordance with Enclosure 8 of this volume.

(1) When the forensic examination is conducted at a civilian facility in accordance with an MOU or an MOA, requirements for handling of the forensic kit will be explicitly addressed in the MOU or MOA.

(2) The MOU or MOA with the civilian facility will address the processes for contacting the SARC and for contacting the appropriate DoD agency responsible for accepting custody of the SAFE Kit.

g. Establish training and certification requirements for forensic healthcare examiners (FHEs) under the Forensic Healthcare Examiner Program as provided for [DoDI 6310.09, "Health Care Management for Patients Associated with a Sexual Assault"](#).

h. Require that DHA healthcare personnel are trained on the implementation of section 536 of the [Fiscal Year 2016 National Defense Authorization Act](#).

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QUESTION 1: What is Section 536?

Section 536 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2016 preempts State laws that require disclosure of personally identifiable information (PII) of the adult sexual assault victim or suspect to local or State law enforcement, except when reporting is necessary to prevent or mitigate a serious and imminent threat to the health or safety of an individual an exception applies.