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A Data Call: Services and Combatant Commands



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

FEB 27 2004

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (SAF/MR)

SUBJECT: Department of Defense Care for Victims of Sexual Assaults Task Force

In accordance with the Under Secretary of Defense (Personnel and Readiness) memorandum of February 11, 2004, subject Department of Defense Care for Victims of Sexual Assault (attached), I request assistance in obtaining the following data on sexual assaults.

For purpose of this request, sexual assault cases include the alleged offenses of rape (Article 120, UCMJ), forcible sodomy (Article 125, UCMJ), assault with intent to commit rape or sodomy, indecent assault (Article 134, UCMJ), or an attempt to commit any of these offenses.

Provide the following:

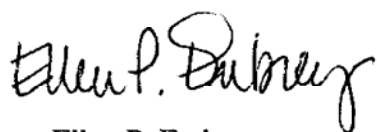
- (a) Number of sexual assault cases reported in CY 2002 and CY 2003 where the identified victim at the time of the incident was a uniformed Service member. Separately identify the number of cases where the alleged offense(s) occurred in the CENTCOM Area of Responsibility (AOR). For all cases reported, identify by calendar year:
 1. Number of cases in which alleged offender was a uniformed Service member at the time of the incident.
 2. Ages and genders of victim and alleged offender at time of incident.
 3. Number of cases where alcohol or substance use involved?
 4. Number of cases where the incident occurred in each of the following environments: training, permanent duty station, or combat theater.
 5. Number of cases occurring mixed-gender living quarters on military installations (e.g., barracks, dormitories, billeting, ships, tents).
- (b) Average time from the date of incident to date of initial report and the average time from date of initial report to date of forensic medical exam. Separately identify this information for alleged offense(s) that occurred in the CENTCOM AOR.
- (c) Identify the number of those reported cases that resulted in the following initial command dispositions: (1) court-martial charge(s) preferred (initiated) for sexual assault offense(s), (2) non-judicial punishment proceedings initiated for sexual offense(s), (3) handled by civilian/foreign authorities, (4) administrative action initiated (not as follow-on to other action) for sexual offense(s) (e.g., administrative discharge, reprimand, counseling), (5)

- insufficient evidence to take action, or (6) investigation or initial disposition pending. Separately identify initial command dispositions where the alleged offense(s) occurred in the CENTCOM AOR.
- (d) Provide a summary of any final disposition for each case reported. Separately identify final dispositions where the alleged offense(s) occurred in the CENTCOM AOR.
 - (e) Of the reported cases, the number of victims who received sexual assault-related support services in the each of the categories of medical, mental health, civilian referrals, and advocacy. Separately identify this information for alleged offense(s) that occurred in the CENTCOM AOR.
 - (f) Since 1991, all service-level studies and reports, pertaining to sexual assault prevention, protection, and offender accountability, including but not limited to, all service-level studies/reports pertaining to indicators, trends, and the performance of key responders to sexual assault (e.g. command, medical, victim's advocates, legal, law enforcement, mental health).
 - (g) All Service-level policies, training and/or other programs for prevention, reporting and responding to incidents of sexual assault (including, but not limited to all directives, instructions, manuals, and related documents for functional areas which provide sexual assault related support). If there are distinct differences between permanent duty stations versus deployed environments and/or for male versus female uniformed service members, describe accordingly.
 - (h) With regard to the material you provided in (g):
 - 1. Are trained sexual assault victims advocates (as distinct from victim witness advocates) provided?
 - 2. Are there time standards for reporting to and coordinating with other sexual assault responders (e.g. chain of command, victim's advocate, medical support, law enforcement, legal support, mental health/social services/chaplaincy, etc.)?
 - 3. Do sexual assault victims have an option to report anonymously?
 - 4. Do sexual assault victims have an option not to participate in the legal process?
 - 5. Identify any policies that safeguard victim's privacy, provide physically and emotionally safe environments, and protect against retribution.
 - 6. Identify any sexual assault response training and certification requirements for, commanders/leaders (O-6 to E-5 positions), victim's advocates, medical responders (forensic and general health issues—STD, pregnancy, etc), mental health/social services, chaplaincy, law enforcement, and legal support.
 - (i) Identify civilian or military best practices in relation to sexual assault response have been reviewed and/or applied?

The Secretary of Defense requires the Task Force report findings and recommendations by April 30, 2004, it is critical you provide all requested information NLT March 26, 2004. I realize much of this requested information may not be readily

available in existing databases. However, to effectively address Secretary Rumsfeld's concerns, the Task Force needs to understand the scope of the problems related to sexual assaults of service members and to evaluate the policies, programs, and procedures in place to help prevent sexual assaults, meet the needs of victims, and hold offenders accountable when they do occur.

The requested information must be provided NLT March 26, 2004. My POC for this matter is Col Ray Cunningham, (703) 578-8445, email edward.cunningham@ha.osd.mil.



Ellen P. Embrey
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)

Attachments:
As stated

cc:
Deputy Commandant USMC (M&RA)
Director, Joint Staff



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

FEB 27 2004

MEMORANDUM FOR DIRECTOR, JOINT STAFF

SUBJECT: Department of Defense Care for Victims of Sexual Assaults Task Force

In accordance with the Under Secretary of Defense (Personnel and Readiness) memorandum of February 11, 2004, subject Department of Defense Care for Victims of Sexual Assault (attached), I request assistance in obtaining the following data on sexual assaults separately identified by each Combatant Command.

For purpose of this request, sexual assault cases include the alleged offenses of rape (Article 120, UCMJ), forcible sodomy (Article 125, UCMJ), assault with intent to commit rape or sodomy, indecent assault (Article 134, UCMJ), or an attempt to commit any of these offenses.


Provide the following:

- (a) All studies and reports, pertaining to sexual assault prevention, protection, and offender accountability, including but not limited to, all studies/reports pertaining to indicators, trends, and the performance of key responders to sexual assault (e.g. command, medical, victim's advocates, legal, law enforcement, or mental health).
- (b) Since 1991, all policies, training and/or other programs for prevention, reporting and responding to incidents of sexual assault (including, but not limited to all directives, instructions, manuals, and related documents for functional areas which provide sexual assault related support).
- (c) With regard to the material you provided in (b):
 1. Are trained sexual assault victims advocates (as distinct from victim witness advocates) provided?
 2. Are there time standards for reporting to and coordinating with other sexual assault responders (e.g. chain of command, victim's advocate, medical support, law enforcement, legal support, mental health/social services/chaplaincy, etc.)?
 3. Do sexual assault victims have an option to report anonymously?
 4. Do sexual assault victims have an option not to participate in the legal process?
 5. Identify any policies that safeguard victim's privacy, provide physically/emotionally safe environment, and protect against retribution.

6. Identify any sexual assault response training and certification requirements for, commanders/leaders (O-6 to E-5 positions), victim's advocates, medical responders (forensic and general health issues—STD, pregnancy, etc), mental health/social services, chaplaincy, law enforcement, and legal support.
- (d) Identify any best practices developed in relation to sexual assault response.
- (e) Address accessibility and availability of the following:
1. Medical care and services, including testing for STD, HIV, and pregnancy.
 2. Mental health counselors, chaplains, victim advocates, judge advocates, or investigators.
 3. Victim rights information.
 4. Sexual assault evidence kits and trained personnel to perform examinations and evidence collection.

The Secretary of Defense requires the Task Force report findings and recommendations by April 30, 2004, it is critical you provide all requested information NLT March 26, 2004. I realize much of this requested information may not be readily available. However, to effectively address Secretary Rumsfeld's concerns, the Task Force needs to understand the scope of the problems related to sexual assaults of service members and to evaluate the policies, programs, and procedures in place to help prevent sexual assaults, meet the needs of victims, and hold offenders accountable when they do occur.

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Ellen P. Embrey
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)

Attachments:
As stated

cc:

Combatant Commanders
Assistant Secretary of the Army (M&RA)
Assistant Secretary of the Navy (M&RA)
Assistant Secretary of the Air Force (SAF/MR)
Deputy Commandant USMC (M&RA)