

## Why GAO Did This Study

The roles for women in the military have been expanding and evolving. Servicewomen today are integral to combat, combat support, and counterinsurgency operations, and serve in many roles they previously did not hold. Pub. L. No. 112-81, § 725 (2011) mandated that GAO conduct a review of the female-specific health care services provided by DOD to female servicemembers, including the treatment of servicewomen who are victims of sexual assault. In this report, GAO evaluates the extent to which (1) DOD is addressing the health care needs of deployed servicewomen; (2) female-specific health care services are available to deployed servicewomen; and (3) medical and mental health care are available to servicewomen who are victims of sexual assault. GAO reviewed pertinent DOD policies, guidance, and data. GAO also met with health care providers, servicewomen, and others during site visits to 18 locations where servicewomen are currently serving or deployed, including 15 installations in Afghanistan and Navy vessels.

## What GAO Recommends

To enhance the medical and mental health care for servicewomen who are victims of sexual assault, GAO recommends that DOD (1) develop department-level guidance on the provision of care to victims of sexual assault; and (2) take steps to improve first responders' compliance with the department's requirements for annual refresher training. DOD did not concur with the first recommendation, but cited steps it is taking that appear consistent with the recommendation. DOD concurred with the second recommendation.

View [GAO-13-182](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or [farrellb@gao.gov](mailto:farrellb@gao.gov).

## MILITARY PERSONNEL

### **DOD Has Taken Steps to Meet the Health Needs of Deployed Servicewomen, but Actions Are Needed to Enhance Care for Sexual Assault Victims**

## What GAO Found

The Department of Defense (DOD) is taking steps to address the health care needs of deployed servicewomen. For example, DOD has put in place policies and guidance that include female-specific aspects to help address the health care needs of servicewomen during deployment. Also, as part of pre-deployment preparations, servicewomen are screened for potentially deployment-limiting conditions, such as pregnancy, and DOD officials and health care providers with whom GAO met noted that such screening helps ensure that many female-specific health care needs are addressed prior to deployment. GAO also found that DOD components have conducted reviews of the health care needs of servicewomen during deployments and are collecting data on the medical services provided to deployed servicewomen.

At the 15 selected locations GAO visited in Afghanistan and aboard Navy vessels, health care providers and most servicewomen indicated that the available health care services generally met deployed servicewomen's needs. In Afghanistan and aboard Navy vessels, health care providers said they were capable of providing a wide range of the female-specific health care services that deployed servicewomen might seek, and servicewomen GAO spoke with indicated that deployed women's needs were generally being met. Specifically, based on information provided by the 92 servicewomen GAO interviewed, 60 indicated that they felt the medical and mental health needs of women were generally being met during deployments; 8 indicated they did not feel those needs were generally being met during deployments; an additional 8 indicated a mixed opinion; and 16 said they did not have an opinion. For example, some servicewomen told GAO that they were satisfied with their military health care, given the operating environment. Among those who expressed dissatisfaction with their military health care, GAO heard a concern about difficulty in obtaining medications. Among those who expressed mixed views, a comment was raised that junior health care providers were limited in the types of procedures they could perform and lacked practical experience.

DOD has taken steps to provide medical and mental health care to victims of sexual assault, but several factors affect the availability of care. For example, this care can vary by service and can be impacted by operational factors, such as transportation and communication challenges, that are inherent to the deployed environment. Further, military health care providers do not have a consistent understanding of their responsibilities in caring for sexual assault victims because the department has not established guidance for the treatment of injuries stemming from sexual assault—which requires that specific steps are taken while providing care to help ensure a victim's right to confidentiality. Additionally, while the services provide required annual refresher training to first responders, GAO found that some of these responders were not always aware of the health care services available to sexual assault victims because not all of them are completing the required training. Without having a clearer understanding of their responsibilities, health care providers and first responders will be impeded in their ability to provide effective support for servicewomen who are victims of sexual assault.